

### Recognition and Prevention of Major Mental and Substance Use Disorders

edited by Ming T. Tsuang, M.D., Ph.D., D.Sc.; William S. Stone, Ph.D.; and Michael J. Lyons, Ph.D. American Psychiatric Publishing, Washington, D.C., 2007, 411 pages, \$75.00.

Each year, the American Psychopathological Association (APPA) holds one of the best meetings available for psychiatric investigators. In 2005, the meeting focused on the prevention of psychiatric disorders and substance use disorders. This volume derives from the presentations at that meeting. Previous compilations of APPA meetings have been valued, though not widely distributed, contributions to the psychiatric literature. This volume, in at least 2 ways, stands somewhat apart from most of its predecessors. First, the meeting attracted an all-star cast to reflect on the current state of prevention in our attempts to address the rising public health burden of mental illness and substance use disorders. Two National Institutes of Health (NIH) Directors (Ting-Kai Li and Nora D. Volkow) and Richard K. Nakamura, from the National Institute of Mental Health (NIMH), along with Ming T. Tsuang, lead this cast. Of more importance, however, is the focus on prevention. Very few reports on psychiatric disorders focus on prevention, yet prevention is the key to reducing the frequency and the burden of these disorders.

The book is divided into 5 parts: Etiology of Major Mental and Substance Use Disorders, Vulnerability to Major Mental and Substance Use Disorders, Prevention: Lessons From Schizophrenia, NIH Perspectives on Prevention, and Challenges for the Near Future. Given Dr. Tsuang's career-long interest in genetic factors, genetic risk is a logical place to begin. This is followed by a discussion of the determinants of psychosis with a focus on drug abuse and a review of the role of the social environment by Jane M. Murphy (the recipient of the Paul H. Hoch Award at the APPA meeting). Modern psychiatry has neglected the role of the social origins of psychiatric disorders as an area worthy of exploring for interventions (or, as Dr. Murphy puts it, we are highlighting neuroscience and "lowlighting" social factors). The section on vulnerability focuses on the psychobiology of resilience to stress (with Dennis S. Charney as senior author, who has focused much of his interest in recent years on stress-related disorders such as post-traumatic stress disorder). This chapter is followed by a review of the Cognitive Vulnerability to Depression Project. The chapter on vulnerability to alcohol and drug use disorders is nicely balanced across genetic, behavioral, and social risks.

One of the strengths of the book is a focus on preventing schizophrenia, which some may consider an oxymoron—schizophrenia by definition cannot be prevented because it is built into the brain. The focus is on early detection and intervention, i.e., secondary prevention. I found no mention of the important work of Ezra Sussman and others on the role of neonatal and early childhood impoverishment, an area where primary prevention certainly has a role.

Each of the 3 institutes (NIMH, National Institute on Drug Abuse [NIDA], and National Institute on Alcohol Abuse and Alcoholism [NIAAA]) presented a conceptual framework for prevention. An interesting contrast emerges from these presentations. The NIMH presentation, perhaps predictably, focuses on advances in the neuroscience of psychiatric disorders (and no one can reasonably suggest neuroscience is not important). In contrast, however, the presentations by NIDA and NIAAA emphasize the interactions between the genome, behavior, and the social environment. If we are truly to become serious about prevention, this interactive approach is critical.

The book concludes with 4 chapters looking toward the future. Perhaps the most intriguing (and most controversial) proposal emerges from the final chapter, in which the authors discuss the use of pharmacologic agents. For example, propranolol (a  $\beta$ -adrenergic blocker) might be used very soon "post-trauma." Some (although I did not see this proposal from the authors of this chapter) suggest that such drugs could even be used in situations prior to trauma if the trauma can be predicted. Such controversial approaches to prevention will certainly stimulate conversation into the future.

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### The Hypomania Handbook: The Challenge of Elevated Mood

by Christopher M. Doran, M.D. Wolters Kluwer Health/Lippincott Williams and Wilkins, Philadelphia, Pa., 2008, 320 pages, \$54.95 (softcover).

There is a relative paucity of literature devoted to the topic of hypomania compared to the wealth of literature on mania and on depression. I suspect one of the major reasons for this discrepancy is the general perception that hypomania is a relatively benign condition; however, Dr. Christopher Doran, in *The Hypomania Handbook: The Challenge of Elevated Mood*, presents a persuasive argument that this fascinating condition warrants a text in its own right. The recognition of hypomania on longitudinal patient history is of great importance in guiding an appropriate diagnostic formulation and treatment plan. The ramifications of erroneously diagnosing unipolar rather than bipolar disorder include embarking on a treatment approach that at best confers incomplete efficacy and at worst causes or contributes to an exacerbation of symptoms and a difficult course of illness.

*The Hypomania Handbook* is clearly and evenly written, informative, and surprisingly comprehensive despite the comparatively low page count. The history, recognition, diagnosis, and treatment of elevated mood are succinctly covered in a little over 300 pages. Each of Dr. Doran's chapters is well referenced, completely current as of this review, and utilizes the latest diagnostic criteria and evidence-based treatment approaches for bipolar spectrum disorders. Additionally, Dr. Doran includes a chapter on psychiatric genetics that is state of the art in exploring the advances in this constantly evolving field.

The book is organized into 4 sections, comprising 14 chapters, and an appendix, the latter a brief one-page summary of Internet resources and books for patients and their families. Section I, "Elevated Mood—Past, Present, and Future Viewpoints," provides the reader with an evolutionary history and perspective on elevated mood, definitions and parameters of hypomania, and a review of bipolar spectrum categories and the role genetics may play in the future in aiding psychiatric diagnosis and treatment. Section II, "Diagnosis of Elevated Mood," focuses on diagnostic terminology, the role of temperament in mood disorders, and differentiating unipolar and bipolar depression. Section III, "Treatment of Elevated Mood," covers the gamut of biopsychosocial treatments for bipolar disorder and includes expert consensus guidelines. Section IV, "Special Situations," reviews mixed episodes and rapid cycling, comorbid substance use disorders and medical conditions, treatment resistance, and treatment considerations during pregnancy.

I remain impressed with the thoroughness that Dr. Doran is able to achieve in this slim text. He adequately covers all the important aspects of recognizing, diagnosing, and treating bipolar spectrum disorders that typically can be found only in books double the size of *The Hypomania Handbook: The Challenge of Elevated Mood*. The only criticisms I have of the book are relatively minor. The inclusion of sodium oxybate (Xyrem) as a sedative/hypnotic treatment option for bipolar disorder lacks, in my opinion, the necessary favorable benefit:risk ratio for consideration as a potential treatment for insomnia and is a bit too "off label" for my taste, despite my daily role as a clinician in the trenches. Additionally, several of the deceased celebrities listed as having suffered from bipolar disorder are controversial choices, since there remains a lack of consensus posthumously that one or more of these individuals indeed had bipolar disorder. These are sparse quibbles in a book that I would not hesitate to recommend to practicing psychiatrists, both in and out of training.

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### **Dimensional Approaches in Diagnostic Classification: Refining the Research Agenda for DSM-V**

*edited by John E. Helzer, M.D.; Helena Chmura Kraemer, Ph.D.; Robert F. Krueger, Ph.D.; Hans-Ulrich Wittchen, Ph.D.; Paul J. Sirovatka, M.S.; and Darrel A. Regier, M.D., M.P.H. American Psychiatric Publishing, Washington, D.C., 2008, 136 pages, \$60.00 (paper).*

*Dimensional Approaches in Diagnostic Classification*, by Helzer and colleagues, has a timely focus on refining the research agenda for DSM-V, advocating a stronger dimensional emphasis to our categorically structured current DSM-IV. The book was published in 2008 with a selection of articles that were originally published in the *International Journal of Methods in Psychiatric Research* in 2007. The articles reported the proceedings of a conference sponsored by the American Psychiatric Association, World Health Organization, and National Institutes of Health entitled "The Future of Psychiatric Diagnosis: Refining the Research Agenda." While the book primarily addresses a research agenda, the chapters are rich with discussion of dimensional clinical measures and references. The goals for the book were to (1) enhance diagnostic procedures through dimensional approaches, (2) establish a more

accurate measurement of comorbidity, (3) improve diagnostic precision, (4) define syndromes, and (5) improve applications in clinical settings.

All clinicians need to understand the limitations of our current categorical approach in DSM-III and DSM-IV, which Regier discusses in the foreword: "Psychiatry is at a crossroads with DSM-V. Research and clinical practitioners seek to determine whether the field is ready for diagnoses based on continuous measures of psychopathology. This readiness exists on at least two levels. First, there is clear evidence that psychiatric disorders can be measured dimensionally. Second, this evidence offers promise for translation into clinical decision-making" (p. 2). The book begins with chapters describing a dimensional approach to diagnostic classification and both the clinical and research contexts of the dimensional approach. Chapters on substance dependence, depression, psychoses, anxiety disorders, personality disorders, and developmental psychopathology are included. The authors propose an enhancement for DSM-V: the addition of a dimensional component to each diagnostic category. They believe that this addition would enhance the reliability and validity of diagnoses.

In the chapters focusing on the various diagnostic categories, the authors cover many aspects of a dimensional approach to diagnoses. For example, in substance dependence, they point to a growing body of evidence that the symptoms of abuse and dependence may form a single continuum, at least for some substances. For psychosis, they report studies that suggest that there is no definitive model for the symptom dimensions. They state that a 5-factor model comprising positive, negative, disorganized, manic, and depression dimensions may have greater internal validity. They concede that, unless carefully initiated, a dimensional approach could threaten the current diagnostic reliability among practitioners. They review anxiety disorders and conclude that it is time to add a dimensional assessment to the categorical system. However, they would add this as a cross-cutting assessment to the existing categorical system. Overall, they propose a staging approach that has a long tradition in internal medicine and give examples about how this would work.

In conclusion, the authors state that "any revision to DSM, such as dimensional equivalents for the categorical diagnoses, that renders research efforts more effective and communication of research finding more precise benefits us all: practitioners, investigators, and our patients" (p. 121).

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