

Practice Guidelines for the Treatment of Patients With Delirium

by the Work Group on Delirium of the American Psychiatric Association. Washington, D.C., American Psychiatric Association, 1999, 50 pages plus 13-page quick reference guide (paper, loose-leaf), \$22.50.

This volume of *Practice Guidelines* is one in a series of guidelines published by the American Psychiatric Association (APA). Although the *Guidelines* is not intended as a standard for medical care, it goes a long way toward establishing benchmarks for the diagnosis and treatment of delirium. Although delirium is a complex psychiatric syndrome, the APA Work Group on Delirium has succeeded in providing a readable, comprehensive, and effective tool for use by clinicians who treat delirium in their daily practice. The *Guidelines* consists of an executive summary and sections on disease definition, epidemiology, and natural history; treatment; formulating a treatment plan; and clinical features that influence treatment. In addition, there is a continuing medical education exercise and a quick reference guide with appropriate decision trees for diagnosis, psychiatric management, environmental interventions, and choice of specific somatic interventions.

In the first section of the *Practice Guidelines*, the psychiatrist's role in providing psychiatric management within the framework of the medical team is concisely outlined. The section is clearly written and should serve as a clear-cut reference for readers ranging from nonmedical professionals to experienced psychiatric clinicians. Two tables provide a comprehensive blueprint outlining possible causality for cases of delirium. These tables provide a quick reference for clinicians who are evaluating the syndrome. The discussion of delirium assessment methods is intended for clinical and research evaluation. Its accompanying references are invaluable for those who wish to measure aspects of delirium for either clinical or research purposes.

The section on treatment principles emphasizes coordinating with other physicians and identifying etiology. The table on assessment is so well done that physicians who treat delirium should laminate it and carry it with them. Other sections focus on disorder-specific treatment, safety, psychosocial characteristics, and the need to maintain patient and family alliances while providing education. Although the use of restraint is mentioned, more specific recommendations might have been helpful given the current political climate regarding that type of intervention. The discussion of somatic interventions is particularly comprehensive and outlines the need to keep a balance between efficacy and side effects. Routes of administration of neuroleptics including oral, intra-

muscular, and intravenous uses are well discussed. Unfortunately, case reports are used to recommend a specific atypical neuroleptic. While this particular neuroleptic does appear to be effective in clinical practice, other atypical neuroleptics are commonly used in the treatment of delirium. Comparative safety and efficacy studies have not been done to warrant citing one atypical neuroleptic over others. The use of other medications including benzodiazepines, cholinergics, vitamins, and morphine and other treatments such as electroconvulsive therapy are discussed in the proper context.

The section on the treatment plan provides effective methods of intervention with specific how-to recommendations. The discussion regarding issues of patient competency and consent is concise and thoughtful. Finally, there is a section on clinical features influencing treatment. The section includes a discussion of comorbid psychiatric disorders, comorbid general medical conditions, and advanced age. However, discussions of the interaction between delirium and dementia are somewhat limited.

The quick reference guide is an extremely useful and brief summary of the treatment guidelines. It focuses on diagnosis and assessment, psychiatric management, and environmental and supportive interventions. The outline of choice of specific somatic interventions is brief, to the point, and meets the needs of providing a comprehensive practice guideline.

In summary, the *Practice Guidelines* is extremely useful and more than meets its stated goals.

Joseph A. Kwentus, M.D.
Vanderbilt University
Nashville, Tennessee

Psychiatry (House Officer Series, 6th ed.)

by David A. Tomb, M.D. Baltimore, Md.,
Lippincott Williams & Wilkins, 1999,
291 pages, \$26.95 (paper).

My opportunity to review *Psychiatry* fortuitously came as I prepared to take Part 2 of my American Board of Psychiatry and Neurology certification examination for psychiatry. Having spent my last 2 years in a child and adolescent psychiatry residency, I needed a practical means to review general clinical psychiatry. According to the back cover, the House Officer Series is intended to provide "students, residents, and practitioners with basic clinical information on commonly encountered conditions. It is almost like having the chief resident right in your pocket during clinical rounds, Board review, or

everyday clinical practice.” I decided to use *Psychiatry* as an important part of my preparation for the examination.

The book is divided into 25 chapters. After the first 2 chapters on the classification and assessment of psychiatric illness, most of the subsequent chapters focus on a major diagnostic category such as dementia, delirium, psychosis, or depression. The chapters address the classification, clinical presentation, differential diagnosis, etiology, and treatment of each illness. References to the DSM-IV as well as to select journal articles and texts provide the reader direction in case more detailed information is sought. The chapters read quickly and easily. Tomb’s use of bold type, italics, and bullets direct the reader toward important points for quick reference.

Several of the chapters address topics particularly useful in clinical practice. The chapter “Biological Therapy” is by far the longest at 45 pages. It includes sections on electroconvulsive therapy along with the major classes of psychiatric medications. A 12-page color insert illustrates name brand psychotropic medications for easy reference in identifying medications. Other chapters address grief and the dying process, medical and neurologic causes of psychiatric illness, and treating the elderly patient. A chapter on psychotherapy gives a brief overview of the major types of psychotherapy available. Together these chapters provide concise guidance for clinicians in addressing commonly encountered conditions.

One aspect of the book that I found disappointing is its relative lack of attention to childhood psychiatric disorders. For example, other than mentioning that individuals with panic disorder often have a history of separation anxiety disorder as children, separation anxiety disorder is not addressed. The pervasive developmental disorders, including autistic disorder, are not mentioned other than in the differential diagnosis of psychotic disorders. Attention-deficit/hyperactivity disorder is included in the personality disorders chapter, where the focus is on lifetime pathology, with little attention to its presentation in children.

As I write this, I have yet to learn whether I passed my oral exams. However, if I did not pass, I believe I will be at fault, not David Tomb. This pocket-sized book addresses the fundamentals of the assessment, diagnosis, and treatment of psychiatric illness, making it a useful clinical resource for general adult psychiatry.

Christopher A. Lamps, M.D.

University of Arkansas for Medical Sciences
Little Rock, Arkansas

Breakthroughs in Antipsychotic Medications: A Guide for Consumers, Families, and Clinicians

by Peter J. Weiden, M.D.; Patricia L. Scheifler, M.S.W.;
Ronald J. Diamond, M.D.; and Ruth Ross, M.A. New York,
N.Y., W. W. Norton, 1999, 240 pages, \$22.95 (paper).

A conversation in a clinic might start, “Well, there’s a new medication available that may be better for you. You’ll probably want to know more about this before we decide.” The patient perks up just a bit, seeming interested but not saying anything. His negative symptoms seem worse every time he comes to the day center. The doctor tells him, “There’s a very good book in our clinic library and in the bookstore that helps you understand all about these new medicines. This book is very easy to read and answers many questions clearly. It will help you know what questions to ask and help us decide to-

gether about possibly trying this new medication.” The nurse practitioner and the social worker overhear this conversation—they should read this book cover-to-cover, too.

Breakthroughs targets a wide audience with a broad scope in content and an accessible writing style. There are 3 primary sections: Consumer Guide, Technical Information, and Paying for Medication. The coverage is not overly simplistic; in fact, it is almost too comprehensive. For the cognitively gifted consumers, this wealth of information will be more than sufficient without being overwhelming. For many other readers, the content of just 1 page will be too much to digest by reading alone, but the book structure is amenable for use by family members or in psychoeducation classes taught by clinicians. These uses would be altogether impossible if the writing tone carried even a hint of harshness or insensitivity toward our patients. Instead, the authors have assembled a thorough, definitive review of complex issues and cover the material fairly evenhandedly.

It is hard to miss the authors’ sense of urgency to get consumers to switch to the atypical antipsychotics. In a climate where tardive dyskinesia is cause for malpractice lawsuits, this urgency is well justified, even if couched in almost missionary zeal. A strong, pervasive feeling is that this is a book to read by starting from the encouraging and personal forward by the director of the National Alliance for the Mentally Ill (NAMI), Laurie Flynn, and ending with the Handouts (section 4). It may be Pollyanna-ish to think, though, that many consumers afflicted with negative symptoms will be really able to use the book this way. Many of them will look for “their” medicine or “their” side effect. They will probably stop at a few spots to read something that catches their eye and find segments that push the switch issue almost too far. I would not be surprised to hear, on occasion, “I was reading that orange book. Why do all those men doctors think that women want their periods back?” But these segments are balanced by fine, sensitive segments that discuss the psychosocial adjustment often encountered as activities are resumed and personal relationships developed after switching to the new medications.

The atypical antipsychotics are presented as having many advantages, so much so that even without a paranoid diagnosis, the reader may get suspicious. Look up white blood cells in the glossary (section 4) and you find “see agranulocytosis, clozapine.” If you want to look for “weight gain” in the index, you will find that there is no index. Back to the glossary, hich says, reasonably, that both conventional and atypical antipsychotics can cause weight gain, but that it is “more of a problem with the newer antipsychotic medications (both in terms of likelihood and number of pounds)” (p. 181). The specific drugs likely to worsen weight are not mentioned, nor does the glossary mention that one of the new drugs probably induces weight loss. Still, to the credit of this 1999 book, ziprasidone is given essentially equal treatment, and plentiful reminders state that other medications are in development.

The authors have produced a remarkable book, the writing of which was funded by a NAMI grant, and from which all royalties will go back to NAMI. The book is identified as a part of NAMI’s Campaign to End Discrimination. Hopefully, when that campaign achieves greater success, the section on how to pay for these medicines will be obsolete, and the best treatments will be available for all who can benefit from these pharmaceutical advances.

Ronald M. Salomon, M.D.

Vanderbilt University School of Medicine
Nashville, Tennessee