Treating the Aching Heart: A Guide to Depression, Stress, and Heart Disease

by Lawson R. Wulsin, M.D., Vanderbilt University Press, Nashville, Tenn., 2007, 256 pages, $49.95 (hard), $22.95 (paper).

I suspect I am like many family physicians, often left to wonder why many of my depressed patients and my patients with heart disease do not seem to respond well to standard treatments. I cannot explain why these patients do not get better or even how they got so sick in the first place. Dr. Wulsin's book illuminates some of the answers to these questions. *Treating the Aching Heart* is a fascinating and extremely helpful book for both patients and clinicians. The author tackles 2 enormous subjects, depression and coronary artery disease, and explores the pathologic links between the 2 as well as the influences they have on each other.

Dr. Wulsin presents his material logically, chapter building upon chapter. He makes a potent argument that Americans pay a high price for ignoring the connection between these 2 common diseases that cause a tremendous burden of suffering for many in the United States. He clearly explains how depression negatively affects the major risk factors for heart disease. He takes us through the current understanding of the neurobiology of depression and then elucidates its links with chronic inflammation and sympathetic nervous system overactivity in the pathophysiology of heart disease. Dr. Wulsin pulls all of this together in several elegant charts and diagrams that he intends to be used as practical tools for the assessment and treatment of depression and heart disease. He closes the book with a challenge to integrate the care of depression and heart disease in our fragmented health care system and so begin to ease the suffering of our patients.

This book has multiple features that will be helpful to both patients and the physicians who care for them. The Clinical Tips are practical suggestions that will help patients take a more active role in their treatment. I think the tips may be especially helpful in giving patients practical advice about depression. The appendices contain a number of figures, charts, and Web site links that provide practical tools for both patients and physicians. In particular, I found the Patient Health Questionnaire Depression checklist to be a tool I can easily put to use in my practice. There are several features I particularly enjoyed about the book. Dr. Wulsin's use of clinical vignettes reminded me of my own patients and grounded the book in day to day clinical practice. The figures at the end of chapters 7 and 8 are not just an excellent visual summary of his main thoughts but are also novel clinical tools I am anxious to apply directly to the care of my patients. I expect the visual summary of a patient's risk profile for coronary artery disease will make it easier to provide more comprehensive care. Finally, I appreciated his challenge to join the process of overhauling our health care system and work to integrate the care of these 2 common and debilitating diseases. I think most of us have been frustrated many times by the separation of mental health care and care for physical problems into separate fiefdoms that rarely communicate with each other. If we are frustrated, how must our patients feel?

While Dr. Wulsin points out there is much yet to be learned about the interconnections between the 2 diseases, I am greatly encouraged that he has written *Treating the Aching Heart*. This is a useful, thoughtful book worthy of wide reading in the medical community. I suspect it will lead the way to more efforts that connect the neurobiology of the brain to the pathophysiology of other common disease processes.

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Psychiatric Issues in Parkinson's Disease: A Practical Guide

edited by Matthew Menza, M.D., and Laura Marsh, M.D. Taylor & Francis, New York, N.Y., 2005, 356 pages, $189.95.

Parkinson's disease is a progressive neurodegenerative disorder characterized by motor, somatic, and neuropsychiatric features. It leads to significant disability for the patient and burden for the caregivers. Providing care for patients with Parkinson's disease can be very challenging. A biopsychosocial approach best meets these difficulties, and editors Menza and Marsh provide a comprehensive practical guide to these ends.

The book is divided into 4 sections. The first section offers an "introductory" overview to help the reader understand the clinical aspects of Parkinson's disease and its management. The information in this section is probably too basic for a neurologist but adequate for a nonneurologist clinician. The discussion on the etiology and pathogenesis of Parkinson's disease is brief but sufficient from a clinical perspective. Differentiating Parkinson's disease from other conditions with parkinsonian features is crucial for effective clinical management, patient and family education, and predicting clinical progression and outcome. A concise section in the first chapter tabulates the main features of other parkinsonian conditions to help in the differential diagnosis. Medical management of early Parkinson's disease is the focus of chapter 2. Antiparkinsonian medications are reviewed in this chapter with a brief section on the nonmedical treatments. The chapter guides prescribing practices and assessing patient's response to treatment. Motor complications related to disease progression and dopaminergic treatment are common in advanced Parkinson's disease. A concise discussion of these complications appears in chapter 3. An overview of the nonmotor somatic symptoms is offered in chapter 4.

Section 2 focuses on cognitive dysfunction in Parkinson's disease. Cognitive impairment not meeting the threshold of dementia is common in patients with Parkinson's disease and can adversely affect their social, recreational, and occupational functioning. Because of its "subthreshold" nature, such cognitive impairment may not draw enough clinical attention. We were pleased to see a complete chapter on this topic in the book. Dementia associated with Parkinson's disease is the topic of the next chapter. After a concise and clinically relevant review of the definition of dementia and epidemiology of dementia in Parkinson's disease, the authors discuss assessment and management in more detail. Once Parkinson's disease dementia has developed, it is extremely difficult to differentiate it from dementia with Lewy bodies. The last chapter in this section reviews the differences between these 2 types of dementia and provides guidelines for clinical

management of related issues that are found in both of these conditions.

Section 3 addresses topics that one would expect based on the title of the book. Depression as a symptom is very common in patients with Parkinson's disease, but the true prevalence of the syndrome of major depression is hard to establish because of this symptom-syndrome overlap. The first chapter of this section addresses these issues and provides guidelines for clinical assessment and management of depression. Anxiety disorders in Parkinson's disease are discussed in the subsequent chapter. The information in these chapters is probably too basic for a psychiatrist but quite sufficient for non-psychiatrist clinicians. Sleep disturbances are common in patients with Parkinson's disease and may contribute to other symptoms such as daytime tiredness, depression, and psychosis. A chapter in this section describes the range of possible sleep disturbances in Parkinson's disease and their management.

For readers of the *Journal*, perhaps the greatest challenge in managing Parkinson's disease is treating both the disease itself and psychosis either deriving from or running parallel with this condition. Medications used to treat the neurobiologic deficits in this condition may initiate or exacerbate psychosis. Many medications used to treat psychosis will likely worsen Parkinson's disease. Particularly valuable in this context are the chapters entitled "Psychosis" and "Behavioral Disturbances."

Clinical management of psychosis includes a series of general steps, nonpharmacologic treatments, and medication management. Particularly important in the management of psychosis is early detection, when small adjustments in medications for Parkinson's disease and behavioral management or small doses of newer antipsychotic drugs will likely reverse or effectively control psychotic features. Emerging reports are finding a place for acetylcholinesterase inhibitors in patients with a parkinsonian syndrome and disruptive behavior.

Behavioral disturbances are common in Parkinson's disease and pose problems for both the patient and the caretaker. An early task for the caretakers is to determine whether the stimulus leading to disruptive behavior is internally derived, such as in psychosis, or externally derived through interactions with the environment or staff and other patients. The authors guide us through the conundrum.

The fourth and final section truly makes this book comprehensive. Here, various psychosocial issues related to Parkinson's disease are discussed under the chapter headings of "Disability," "Coping," "Personality Issues," "Rehabilitation," "Long-Term Care and Nursing Home Issues," "Advocacy and the Parkinson's Disease Community: A True Triumph of the Spirit," and "Caregiving." This section adds topics that round out caring for patients with Parkinson's disease.

In summary, *Psychiatric Issues in Parkinson's Disease: A Practical Guide* enhances our general understanding of this condition and provides insight into both the behavioral management and drug treatment of Parkinson's disease. Readers from a wide background will find this a valuable addition to their library.

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Prevention and Treatment of Suicidal Behaviour: From Science to Practice

edited by Keith Hawton, D.Sc., Oxford University Press, New York, N.Y., 2005, 400 pages, $69.50 (paper).

Making any choice creates in us a sense of being vulnerable. With each decision, we lose all the other choices that we did not make. What about the decision to die? Regardless of the cause of suicidal gestures or attempts, the individuals involved usually feel an intense sense of anxiety. One of the reasons is that deciding to die involves no further choices after that. It cannot be undone and people that have reached operational stages of thinking know that. In children, however, suicidality is more dangerous, as they have no or a limited sense of the irreversibility of dying.

The majority of the successful acts of suicide are carefully planned in advance. It has been described as a process in which the persons develop suicidal thoughts without a plan but rather a passive desire to "not wake up." Most often, this ideation disappears for a time or leads to one or several plans regarding the means to be used. This stage can lead to acquiring the means to accomplish this task. It can last for months (e.g., storing months' worth of prescribed medication). In the time leading up to the act, many individuals go through a testing phase, mainly designed to decrease their anxiety (playing with the gun initially, cocking the gun without ammunition, buying the bullets, and loading the weapon, etc.). This interval often provides a prolonged window of time during which the individual can be identified as at risk by friends or physicians. This progression also might lead to reduction in anxiety about the final act. For example, some Golden Gate Bridge survivors did not report any anxiety symptoms as they fell, but others "changed their mind" about the act of dying.[1]

In light of the above conceptualization, we can hypothesize that the anxiety of "final choice" occasionally helps overturn the desire to die in some patients, at least for the time necessary to seek help. During this time, those caring for an individual at risk need to assure that the person is observed carefully to promote safety, assess protective and contributory factors, and develop a plan to anticipate and manage future attempts.

Unfortunately, even with our best efforts, the rate of completed suicide is high in those who have had a previous attempt. Those in whom thoughts of suicide recur are not "exploring new ground" anymore. They have been there before. We have limited information since patients are often secretive about these thoughts and hide them even from close family and friends. The risk of suicide is highest after hospital discharge in psychiatric patients, particularly if there is a change in provider at the time of discharge. Proposed explanations include that patients return to the same environment that caused their suicidal symptoms, perceive loss of the supports available during hospitalization, perceive a sense of shame about being hospitalized, and perceive "inadequacy." Therefore, immediate follow-up and close coordination between psychiatric and primary care services are necessary.

In the book, *Prevention and Treatment of Suicidal Behaviour: From Science to Practice*, the editor has assembled a series of thought-provoking chapters exploring these phenomena and describes the related research data. He integrates new hypotheses and outlines future directions for research in a well-rounded structure. The authors discuss the devastating and long-lasting effects of suicidal acts not only as a burden to society but also on relatives, friends, and workmates. The book overall provides a balanced perspective on suicidal behavior

without being too general or too specific, and without being too lengthy or too limited for use by a busy clinician.

The first 6 chapters introduce the epidemiologic evidence from several large studies, carefully considering the time trends and the geographic differences in completed suicide. This gives the authors the opportunity to introduce several hypotheses and prevention measures (e.g., national policies controlling access to the most common lethal means of suicide resulting directly in decreased suicide rates).

Is suicide a phenomenon in its own right or is it a secondary product of another illness? In the following chapters, the authors look at suicide from a different perspective. To deconstruct this phenomenon, the authors take a step back in Chapter 7, looking at the predictive value of the interplay of genes and environment. In Chapter 8, the emphasis is on traumatic stress and suicidal behavior, and in Chapter 9, the authors introduce a broad view of prevention.

With this overview, the remaining chapters present data regarding other risk factors for suicidal behavior and paired suggestions for treatment and prevention. Many factors are important when discussing this phenomenon (e.g., access to means, influence of the media, and lasting effects on survivors). The approach to these concepts makes the book easy to read and understand, giving this book a particular elegance.

In conclusion, the editor has assembled a cohesive text, easy to follow and well documented, which could be a valuable resource for practitioners and researchers working with suicidal patients.

Historically, the fascination of death has been around for centuries. Freud's perspective is that the death drive is an urge of living things to restore the earlier state of things.[2] How much more do we now understand about suicide compared with 100 years ago? As long as there still are patients completing suicide, certainly not enough.

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