

## Book Reviews

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### **Psychiatric Side Effects of Prescription and Over-the-Counter Medications: Recognition and Management**

by Thomas Markham Brown, M.D., and Alan Stoudemire, M.D.  
Washington, D.C., American Psychiatric Press, 1998,  
443 pages, \$75.00 (includes CD-ROM).

This first edition of this unique textbook is somewhat of a psychiatrically oriented combination of the *Medical Letter Handbook of Adverse Drug Interactions* and Goodman and Gilman's *Pharmacological Basis of Therapeutics*. The purpose is to facilitate the early detection and prompt treatment of neuro-psychiatric toxicity resulting from medication use. While the authors state the book is "merely an introduction to the subject," they have presented a comprehensive guide to the various psychiatric and neurologic side effects that can result from the use of practically any medication. They have achieved this in a highly readable and well-organized fashion.

The book is divided into 2 sections. Part I discusses drugs with actions directed at the central nervous system. This section includes chapters on antipsychotics, agents used to treat movement disorders, antidepressants (including psychostimulants), lithium, anticonvulsants, anesthetic agents, sedative-hypnotics (including ethanol), analgesics, and cholinergic agents. Part II details the side effects of agents with actions not directed at the central nervous system. These include antibiotics, cardiovascular agents, antineoplastic agents, antilipemic agents, drugs affecting the endocrine system, gastrointestinal agents, hematologic agents, modulators of immunity, pulmonary agents, and uricosurics. The list of medications discussed appears exhaustive and includes some esoteric and rarely used medications along with drugs that are still being studied but have not yet been released.

Each chapter begins with a general discussion of the side effects seen with each class of medication, along with how frequently they are seen. Percentages of side effects listed are based on the authors' best judgment of the literature (the 40 pages of references would indicate a thorough review was performed). Introductions to each chapter begin with interesting historical information on the class of drug, e.g., the 3 stages of bromide encephalopathy. Each chapter then goes on to discuss the pathophysiology of the side effects, along with drug interactions (both pharmacokinetic and pharmacodynamic). The suggested treatment of the side effects is then presented.

One of the more remarkable aspects of this book is the range of pharmacologic agents addressed. Information is presented on drugs that range from interferon to digoxin. One does not usually think of antibiotics as a cause of encephalopathy, and yet many common medications that cause various psychiatric and neurologic side effects would appear to be overlooked in such a fashion. Unfortunately, the authors chose to not include information on the psychiatric side effects due to illicit drugs or those caused by herbal and homeopathic remedies. Such a work is sorely needed.

While the authors agree that the potential side effects of any given medication are often rarely observed, the side effects detailed in this text are seen quite frequently. They include such common complaints as dizziness, sedation, agitation, insomnia, anxiety, and depression, along with more unusual symptoms such as confusion, hallucinations, seizures, and delirium. Anyone who deals with patients that present with such symptoms would benefit from having this book at his or her disposal. Certainly it should be part of the library of every psychiatrist, and it should be available in every emergency department in the country. It should also be noted that a CD-ROM comes with the book, which includes the entire text along with a search engine to find wanted information. For those wishing to gain further insight into the issues discussed, the authors present almost 200 suggested additional readings.

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### **Obsessive-Compulsive Disorder Case Book, revised ed.**

by John H. Griest, M.D., and James W. Jefferson, M.D.  
Washington, D.C., American Psychiatric Press, 1995,  
336 pages, \$38.50.

The idea of a 336-page compilation of case studies that helps the clinician explore and recognize the boundaries of an interesting but ill-understood condition such as obsessive-compulsive disorder (OCD) is a good one. This is especially so because the format is consistent with the direction in which medical education is heading, that of case- or problem-based learning. However, the book disappoints for a variety of reasons.

The introductory chapter begins with a statement of the authors' concern with comorbidity and boundaries of psychiatric syndromes. OCD is mentioned as an illustration of this concern. The book then presents 60 brief case vignettes, each followed by a diagnosis and a discussion that occasionally identifies some salient or unusual aspect of OCD. The organization of chapters seems random. It is driven, perhaps, by the desire to aggregate continuing medical education questions pertaining to only a small number of cases at a time.

The rationale used to arrive at the diagnosis of each patient is often arguable. Selective pieces of historic information, rather than an orderly description of present, past, and personal history, make it frustratingly difficult for the reader to form a comprehensive picture of these interesting and complicated patients. In the case of Donna (case 8), for example, the reader is left hanging about the correlation of the onset of her symptoms with the timing of her marriage and birth of her children. Delusional disorder is not even considered in the differential diagnosis of the 65-year-old Thomas (case 45), who developed an earlier

episode of “fear of particles” in his mid-40s. It is claimed, in case 5, that specific questions targeted to uncover obsessions and rituals readily clarify the diagnosis of OCD, but, later in case 29, the symptoms of OCD could only emerge in the course of psychotherapy sessions. There are many such contradictions.

In case 8, the authors appear to support the nonhierarchical approach of DSM-III-R/IV in allowing the diagnosis of multiple disorders without asserting the order of focus of attention or treatment. Yet, they stipulate on page xviii that the diagnoses are to be presented in order of importance. In case 44, they state, “Obsessive-compulsive symptoms do not ‘make’ the diagnosis of OCD.” One only wishes that they had followed this precept in cases throughout the book in which this distinction is usually unclear. Lastly, the suggested readings at the end appear to lack any psychodynamic perspective of this disorder. This absence unduly promotes a schism, which does a disservice to a scholarly or a clinically useful examination of the case material.

The book needs editorial tightening as well. In the first paragraph of the introduction on page xv, it is claimed that new edi-

tions of the DSM arrived ever more rapidly through DSM-III but have now settled into a 7-year cycle. The first 3 editions, as is incomprehensibly mentioned in the following line, actually appeared at much longer intervals than every 7 years. Another example of the need for tightening is, in case 9, the 18-year-old young man who is described as being 5'9" tall and having weighed “210 pounds most of his adult life.”

Fewer but more detailed case histories to illustrate the borders of OCD—whether syndromal, etiologic, or therapeutic—with other anxiety, psychotic, and personality disorders would have made the book more effective. As it is, the somewhat arbitrary manner of recognizing OCD on the basis of sketchy and inconsistently presented information runs the risk of turning it into merely a “fashionable” illness, much as dissociative identity disorder has become, rather than a challenging one.

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