

Child and Adolescent Psychiatry: The Essentials

edited by Keith Cheng, M.D., and Kathleen M. Myers, M.D.,
M.P.H. Lippincott Williams & Wilkins, Philadelphia, Pa.,
2005, 516 pages, \$79.95.

Although there are a number of excellent comprehensive textbooks available catering to the needs of a child and adolescent psychiatrist, the editors of *Child and Adolescent Psychiatry: The Essentials* aim their textbook at the extended group of practitioners in the field, including primary care clinicians, pediatricians, nurse practitioners, and general psychiatrists, the ranks of which reportedly treat up to 20% of all children in need of mental health services. The editors intended to provide succinct overviews of common child and adolescent psychiatric disorders as well as related issues such as violence, maltreatment, and custody disputes, all of which can be encountered in the outpatient setting. The book is divided into 4 sections: Evaluation, Psychiatric Disorders, Special Issues, and Treatment.

Section 1 succinctly describes all aspects of the evaluation, including the process for conducting a child psychiatric assessment, sources of information that should be used, required lab work to rule out underlying medical disorders that can cause the symptoms observed, a description of rating scales that are helpful in confirming or clarifying diagnoses, and available additional psychological testing. A small but important shortcoming in this section is the omission of a passage that illustrates the need for a complete blood count in the workup, while the provided vignettes describe an ideal but perhaps rather unrealistic assessment, since managed care companies will often not allow or reimburse the use of the described rating scales.

Section 2 describes all pediatric psychiatric disorders as described in the DSM-IV-TR. Most chapters give a good overview of assessment and current treatment of the described disorder. The chapters "Autism Spectrum Disorders" and "Pediatric Sleep Disorders" are especially well written. The former disorder currently receives much media attention, and a clear understanding of this disorder will help the practitioner educate families, while the latter disorder is often inadequately treated in children and adolescents. Truly outstanding is the chapter "Learning Disorders," in particular the way reading disorder is described. Less impressive are the chapters "Oppositional Defiant Disorder and Conduct Disorder" and "Eating Disorders." In the former, the use of older references may explain the limited and less than up-to-date, frequently used, pharmacologic treatments. The authors chose to put the emphasis on conduct disorder, thereby regrettably missing an opportunity to adequately address the at least equally prevalent oppositional defiant disorder, which has its own diagnostic and treatment challenges. The chapter on eating disorders contains a table with pharmacologic treatments, which appears to provide a general dosage range for the described agents rather than the actual treatment dosages used in the few available studies on eating disorders, in particular the ones that used antipsychotic medications. A discussion about monitoring for their potential side effects, such as extrapyramidal symptoms and cardiac risks, in this vulnerable patient group is omitted.

The solid third section focuses on suicide, trauma, maltreatment, custody, and violence. In particular, the chapters on custody and violence stand out; the latter provides excellent clinical advice.

The last section is focused on treatment and is well written overall, with the exception of "Behavioral Interventions," which is too complicated and could benefit from a case vignette

in a future edition. But the chapter "Family Process and Interventions," which covers a very important issue in child psychiatry, stands out.

Overall, this is a very useful and comprehensive book for the targeted group of practitioners. However, some topics, as mentioned above, are not adequately covered. Caution is therefore warranted in these cases, in particular when using this book in preparation for specialty boards, a possible use as indicated by the editors, since candidates would not be up-to-date or would be misinformed.

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Schizophrenia: A Practical Primer

by Ravinder Reddy, M.D., and Matcheri Keshavan, M.D.
Informa Healthcare, Abingdon, U.K., 2006, 211 pages,
\$99.95 (paperback).

Schizophrenia is, as its subtitle suggests, "a practical primer" for clinician and layman alike. Applying their own "BRIEFCase" (Brevity, Readability, Immediate utility, Essential material, Fun, and Case-driven) of principles to the task, the authors have crafted a practical resource of surprising depth, utilizing conventions of case studies, mnemonics, easily interpreted tables and diagrams, and chapter-specific self-assessment questions.

Beginning with a discussion of stigma and its consequences, the authors delineate an assessment process utilizing the psychiatrist's basic clinical tools: an empathic clinical interview and complete mental status examination, careful characterization of symptoms and abnormalities, and strategies to overcome barriers to accurate assessment are succinctly presented.

After considering roles of culture, environment, and spirituality, the authors offer suggestions for effectively presenting the diagnosis to patients and families, so as to promote a therapeutic alliance. Measured optimism and individualized consideration of prognostic factors are emphasized, as is the notion of "full and lasting recovery" as the objective of an integrated, "phase specific," and collaborative treatment approach.

Specific treatment aims and pharmacologic, psychosocial, and rehabilitative strategies are outlined: treatment phases may be nonlinear, necessitating ongoing education and collaboration between clinicians, patients, and supporters. Selecting and titrating medications requires complex consideration of their relative efficacy and side effect profiles, with adherence being the single most important predictor of effectiveness. Psychosocial interventions for reducing symptoms, improving adherence, and decreasing cognitive deficits are briefly summarized, while another mnemonic organizes a discussion of rehabilitation modalities. Evidence-based and other practices such as case management, assertive community treatment, supported employment, and family psycho-education are reviewed.

Principles for managing medication side effects, suboptimal response, and nonadherence are discussed. Side effects and common interventions are presented in tabular form, alongside a discussion of "metabolic syndrome" and diabetes. Case vignettes illustrate an algorithm for treatment nonresponders, while a summary of adherence strategies ends with the caveat that "Partial or non-response is a clinical reality. . . . The key, we believe is in positive engagement with the patient and active listening to his or her concerns" (p. 120).

Relapse, suicide, and violence are discussed. The sobering statistic that half of all patients with schizophrenia will attempt, and 10% to 13% will successfully commit, suicide serves as reminder of the high personal toll of this disorder. Violence is discussed as a “medical emergency” that may occur even when patients are receiving adequate treatment.

A chapter on recovery presents the dilemma of varying expectations: 10 factors important to achieving recovery, including access, cognitive ability, duration of illness, family supports, medication response, substance use, treatment adherence, and others, are suggested. Comorbidities, including depression, chemical dependency, and smoking, are discussed, as are suggestions for their treatment and prevention.

Finally, having characterized the disorder and its diagnosis, prognosis, and treatment, the authors turn to its history and biological underpinnings: one chapter discusses genetic, familial, and environmental risk factors, while another considers the neuro-anatomical, chemical, and physiologic alterations discov-

ered over the past century of research. Advances in molecular genetics, integrative biology, services research, and other fields are hoped to result in better treatments. Better understanding of developmental factors suggests the possibility of prevention approaches, while prevention efforts utilizing our available medications with their inherent medical risks raise serious ethical considerations.

In summary, *Schizophrenia: A Practical Primer* is what it purports to be: a practical and accessible summary of our current evaluative, treatment, and rehabilitative approaches to a complex and all too common disorder. Deceptively sophisticated for its brevity, it belongs in the library of every medical student, psychiatry resident, and community mental health provider.

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