

## Book Reviews

Michael H. Ebert, M.D., Editor

### Concise Guide to the Psychiatric Interview of Children and Adolescents

by Claudio Cepeda, M.D. Washington, D.C.,  
American Psychiatric Press, 2000, 382 pages, \$21.95 (paper).

What is a "concise guide"? As part of the publishers' *Concise Guides* series for clinical practice, this work at first glance fits the bill. It also fits into a pocket, and its price is easy on the pocketbook. The table of contents and back cover present a quick and accurate view of what's inside. But is it concise? Given the breadth of this volume on psychiatric interviewing of children and adolescents, I think not. There are 72 case examples, which add a touch of South Texas and the military influence prevalent in the author's San Antonio environs. Then there are 29 tables and various figures illustrating the key concepts contained in the 11 chapters. Does it serve as a useful guide? That it does. It is a contemporary signpost of how to interview, conduct a mental status examination, engage in the diagnostic process, and undertake formulation with younger patients. The author integrates the importance of diagnostic validity and reliability and the consequent demand for more reliable interviewing methods. Parents have been shown to be better at reporting their children's externalizing symptoms and providing developmental, medical, and family history. What about their children? Children (and adolescents) alone are the best authorities on their own internalizing symptoms like guilt, anxiety, low self-esteem, depression, suicidality, obsessions, hallucinations, and delusions. We are reminded that the purpose of interviewing is to aid in diagnosis and treatment and that the initial interview lays a foundation of trust and interest which engages children and their families in the subsequent diagnostic and therapeutic process. This guide balances unstructured and structured interviewing techniques. Unstructured interviews allow children to express their private feelings and inner thoughts that will impact treatment. Structured techniques, however, yield data related to the presenting problem, and those data become the central organizer of the interview process.

Chapter 1 describes the diagnostic interview as a collaborative process involving the interviewer, a patient, and the patient's family. The reader is cautioned that children and teenagers should be prepared for the interview and that a complete family assessment should be undertaken. Props such as toys, rating scales, and age-appropriate strategies are discussed. In Chapter 2, nonverbal techniques like drawing and play are featured as particularly useful with preschoolers. No guide today is complete without acronyms, although Chapter 3 stresses only one. The acronym AMSIT (appearance, mood, sensorium, intelligence, and thought) has been adapted for use with children and adolescents, taking metaphors and the age of established reality testing into account. Chapter 4 addresses anxious, depressive, suicidal, schizoid, and psychotic internalizing symptoms, while Chapter 5 deals with the externalizing symptoms of opposition-

ality, hyperactivity, impulsivity, aggression, self-abuse, homicidality, and bipolarity. Subsequent chapters go on to discuss special topics such as interviewing abused children, comorbidity of symptoms, resistance, and countertransference. Special attention is directed in Chapter 7 to neuropsychiatric interviewing and neurodevelopmental evaluation of brain dysfunction and impairment. Chapter 8 offers a rich discussion of formulation and how to assess intrinsic and extrinsic factors.

Who should own this book? Perhaps medical students, probably psychiatric residents, certainly child clinicians, and even seasoned child and adolescent psychiatrists. Anyone who is curious about how children think and who wonders how best to approach psychiatric interviewing of children and adolescents will find this work a valuable guide.

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### Synopsis of Neuropsychiatry

edited by Barry S. Fogel, M.D.; Randolph B. Schiffer, M.D.;  
and Stephen M. Rao, Ph.D. Philadelphia, Pa.,  
Lippincott Williams & Wilkins, 2000, 528 pages, \$49.00.

*Synopsis of Neuropsychiatry*, as its title implies, is a condensed and updated version of its parent volume *Neuropsychiatry*, first published in 1996. The original was a pioneer in the field, providing readers with a neurologically oriented view of psychiatric illness, as well as the psychiatric manifestations of neurologic illness such as stroke, Parkinson's disease, dementia, and so on. The present synopsis provides much of the same information but in shortened form. Included are chapters on neuropsychological testing and evaluation, normal functional brain systems (including neurochemistry, endocrine, and immune systems), pain, memory, language, emotion, perception, and executive systems. The synopsis, like the original text, is multiauthored, and so there is variability in the construction and content of each chapter. As in the original book, many of the chapters are outstanding. The neurologically based contributions (basal ganglia disorders, cerebrovascular disorders, white matter disorders, epilepsy, traumatic brain injury, and neurotoxicology) are superb. The introductions to neuropsychiatric assessment and normal brain functional systems are equally outstanding. Less successful are the chapters on treatment, psychosis, and dementia. The treatment chapter attempts to summarize the entire body of psychopharmacology into a few short pages. There are curious omissions and inconsistencies. For example, the authors state that the best-established indication for antidepressants other than major depression is for the treatment of obsessive-compulsive disorder, somehow for-

getting the major usefulness of antidepressants for panic and agoraphobic disorders for which they are the first-line treatment. In a section under monoamine oxidase inhibitors they have bupropion, nefazodone, and venlafaxine, surely an editing oversight. The book's recommended dosing for lamotrigine starts at 50 mg q.h.s., although most clinicians would start at 25 mg q.d.

The chapter on dementia, written by 2 leaders in the field, is curiously short. The clinical descriptions are too brief to be useful, and the treatment section (2 sentences are devoted to donepezil) is also too brief. There is no discussion at all about the pharmacologic management of agitation and psychotic symptoms. The chapter on psychosis provides a brief review of schizophrenia, but too brief to be useful to most clinicians. Other psychotic illnesses are not mentioned, although there is an excellent review of different types of hallucinations and delusions.

The chapter on mood disorders and suicide is misnamed. It provides an outstanding condensed review of the relationship of stroke to depression as well as mania associated with stroke, as well as an excellent summary of suicide. But there is nothing in this chapter about the diagnosis of depression, or its treatment.

There are inconsistencies between some of the chapters, which sometimes occurs in multiauthored books. In the chapter on endocrine and immune systems, the control of corticotropin-releasing hormone (CRH) is given as a balance between cholinergic excitatory pathways and adrenergic inhibitory pathways. In the chapter on anxiety, however, CRH (now called CRF, or corticotropin-releasing factor) is increased via locus ceruleus noradrenergic neurons.

In summary, much of the content of *Synopsis of Neuropsychiatry* is a condensed version from the previous excellent volume from which it is extracted. The synopsis is uneven in content, consistency, and editing. Readers, however, are likely to appreciate the chapters that are particularly devoted to brain functioning and neurologic symptoms.

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### Childhood Onset of "Adult" Psychopathology: Clinical and Research Advances

edited by Judith L. Rapoport, M.D. Washington, D.C., American Psychiatric Press, 2000, 418 pages, \$58.50.

On the basis of the title of this book, one might expect that it would focus solely on child and adolescent manifestations of psychiatric disorders that typically occur during adulthood. As expected, this book does have chapters dedicated to the topics of schizophrenia and mood and anxiety disorders in the young. However, this work contains much more than that. It also provides the reader with an appreciation of how a developmental perspective can be employed to provide a greater overall understanding of psychopathology.

This multiauthored work is divided into 5 sections. Most of these sections consist of 3 chapters each. The first section reviews genetic and other influences that could affect age at onset for psychiatric illnesses. The genetics of bipolar disorder, schizophrenia, and fragile X syndrome are considered. In addition, a review of the rationale for examining early-onset forms of psychiatric illness is also included. The book's second section focuses on biological markers and triggers that may be associated with the development of psychopathology.

The next section considers schizophrenia. Within this section, one of the chapters focuses on the neurodevelopmental hypothesis of schizophrenia. Not surprisingly, a review of what is known and what can be learned from studies of childhood-onset schizophrenia is also included. Another chapter is dedicated to late-onset schizophrenia, which complements the rest of the book by providing the reader with a perspective about what can be learned from examining illnesses that develop later in life.

Mood and anxiety disorders are then reviewed, with chapters focusing on depression, bipolar disorder, high-risk studies, and the longitudinal examination of depression and anxiety. The last section of this book is dedicated to the topic of prevention, and an overview of different preventive strategies is provided. In addition, prevention studies in affective disorders, alcoholism, and antisocial personality disorder are each discussed in separate chapters.

In summary, this book is excellent. Although numerous authors contributed to this work, the chapters are uniformly well written. In addition, this book is well edited. The 16 chapters fit together in a cohesive fashion. This book is certainly recommended to clinicians who treat children and teenagers. However, because it also reviews how developmental considerations can be used to advance the understanding of psychopathology across the life cycle, it is strongly recommended to those clinicians who solely treat adults as well.

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### Unmet Need in Psychiatry: Problems, Resources, Responses

edited by Gavin Andrews and Scott Henderson. Cambridge, United Kingdom, Cambridge University Press, 2000, 444 pages, \$90.00.

How do we address the unmet need for psychiatric services? Do we define need by symptom, diagnosis, or disability? Do we have sufficient data to recognize the scope of the problem? Have we the skills and knowledge to effectively treat these conditions? Do we have the resources to treat them all? And if not, how do we choose? These are the questions posed by the distinguished international panel of contributors to *Unmet Need in Psychiatry: Problems, Resources, Responses*.

In Part 1, Andrews et al. define the problem: *The Global Burden of Disease*<sup>1</sup> (cited p. 25) demonstrates that mental disorders account for 22.4% of the total burden of disease in developed countries, while those countries spend less than 5% of health care dollars on mental health. In virtually every epidemiologic survey of mental disorders, the majority of those in need are not receiving treatment. *Met need* is defined as the proportion of people with a disorder who see a health professional; *unmet need* is that proportion who do not. *Met un-need* is defined as the proportion of those in treatment with no current serious disorder—nearly half in some surveys—and herein lies a recurring question: Could we address unmet need by better managing existing resources alone?

Efficient systems would favor more effective and less costly treatments, focus treatment resources on those considered "most treatable," and emphasize prevention and education for self-care. Yet we customarily focus on the individual rather than the greater good: "... every patient wants personal treatment and every clinician wants to treat patients, even though indirect measures may be more effective" (p. 13). We spend the majority

of mental health dollars on costly interventions such as hospitalization and virtually nothing on health education or prevention.

Part 2 begins with a 50-year history of mental health services, contrasting the dramatic expansion in treatment capacity with our lack of progress in reaching higher proportions of those in need. Barriers to addressing the more treatable mood and anxiety disorders are contrasted with our concerted efforts on the refractory psychoses. Alternative strategies, emphasizing evidence-based practices, provider education, and preventative medicine are presented, as well as a discussion of the potential roles of primary care and alternative medicine.

Parts 3 and 4 consider specific disorders and populations. Approaches to schizophrenia, mood, anxiety, and substance use disorders and the oft-neglected somatoform disorders are described in detail. Chapters on services for children and adolescents, unmet needs in indigenous populations, and particular issues for low-income countries are complemented by chapters on "mental health literacy," which contrast social viewpoints and address improving public perception about mental disorders as prerequisite to social change.

Preceding Henderson's concluding remarks is a provocative chapter by Copeland suggesting the broad-based implementation of automated clinician substitutes, including his hierarchical "cone of morbidity" (p. 423) emphasizing the importance of interventions in the primary care arena. He calls for better and more specific epidemiologic data to inform our social choices and concludes with a call for the "rational" allocation of resources to balance economic and humanistic values. Indeed, this is the challenge of *Unmet Need*: how to effectively integrate public health principles into consumer-responsive, professionally satisfying, economically responsible systems of care. *Unmet Need* takes the first step.

#### REFERENCE

1. Murray CJL, Lopez AD, eds. The Global Burden of Disease: A Comprehensive Assessment of Mortality and Disability From Diseases, Injuries, and Risk Factors in 1990 and Projected in 2020. Cambridge, Mass: Harvard University Press; 1996

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