

Psychiatry:**1200 Questions to Help You Pass the Boards**

by Maju Mathews, M.D., M.R.C.Psych., Dip.Psych.; Kumar Budur, M.D.; Biju Basil, M.D.; and Manu Mathews, M.D. Lippincott Williams & Wilkins, Philadelphia, Pa., 2005, 426 pages, \$39.95 (paper).

This Q&A book is an excellent additional resource for the psychiatry boards, the other being the one from Massachusetts General Hospital.¹ Two attributes set this book apart from that one: in this book, the questions are grouped by topic, and there's a comprehensive index. The grouping by topic makes it easier to find your strengths and weaknesses, and the index helps you find questions you may want to check again. The index almost makes this something of a reference book. The other day, for example, I was trying to remember the 7 psychosomatic disorders identified by Franz Alexander and found them by looking in the index.* The answers, however, tend to be brief. The answer to my question didn't mention, for example, that Alexander was a psychoanalyst or that his major book on psychosomatic disorders was published in 1950.

This offering has a good mix of questions relevant to the boards. About 30% of the approximately 1200 questions are in 2 chapters: neurology and psychopharmacology. Another 30% are in 4 chapters: substance abuse and psychotic, mood, and anxiety disorders. Five chapters account for about 20% of the questions: child psychiatry, consultation-liaison psychiatry, descriptive psychopathology, psychology, and psychotherapy. Topics for 7 other chapters include mental retardation, geriatric psychiatry, sleep disorders, eating and sexual disorders, personality disorders, emergency psychiatry, and forensic psychiatry. The final chapter, on miscellaneous topics, contains about 5% of the questions.

The lead author, Maju Mathews, is associated with Drexel University College of Medicine in Philadelphia, Pa. Besides an M.D., his credentials include M.R.C.Psych. (Member of the Royal College of Psychiatrists) and Dip.Psych. (Diploma in Psychiatry). The Royal College of Psychiatrists is the professional and educational body for psychiatrists in the United Kingdom and Ireland, fulfilling a role similar to the American Psychiatric Association and the American Board of Psychiatry and Neurology combined. The Diploma in Psychiatry is typically awarded for proficiency in scholarly work. Dr. Mathews is also the author of *800 Individual Statement Questions for MRCPsych Part 1* (2001),² so he has some experience in the art of question writing. Among his collaborators, Dr. Basil is with Drexel, too, while the others are from the Cleveland Clinic Foundation in Cleveland, Ohio.

A strong familiarity with British psychiatry is evident. There are even questions about moclobemide and flupenthixol

*The "holy 7" psychosomatic disorders identified by Franz Alexander, by the way, are peptic ulcer disease, ulcerative colitis, essential hypertension, Graves disease, neurodermatitis (lichen simplex chronicus), rheumatoid arthritis, and bronchial asthma (question 19:49). According to the authors, alexithymia is common in these and other psychosomatic disorders, as well as in posttraumatic stress disorder (question 19:34), but it is also said to be common in addictive disorders. Alexithymia is the inability to describe or recognize one's own emotions, but it is also characterized by an inability to experience emotions, which is somewhat different, as well as by a lack of empathy and reduced fantasy and symbolic thinking (question 1:35). What the book doesn't say is that the term was coined by the psychoanalyst Sifneos in 1972 to identify personality traits specifically associated with psychosomatic disorders.

(the former is a reversible inhibitor of monoamine oxidase A without all the dietary restrictions that accompany most monoamine oxidase inhibitors, and the latter is an antipsychotic with an antidepressant effect, as opposed to sulpiride, an antidepressant with an antipsychotic effect). Also included is a question about *pethidine*, which is the British term for *mepheridine* (like *phenobarbitone* for *phenobarbital*, or *paracetamol* for *acetaminophen* . . . or *chips* for *fries*). The occasional British terms do not keep this book from being useful for the boards. DSM-IV is the standard reference for all diagnostic issues, and U.S. statistics are the norm.

There are a few errors that could have been eliminated with careful editing. For example, one question (14:102) asks, Which drug increases the plasma concentration of carbamazepine? It's clear from the answer "phenytoin" that the question should be, Which drug *decreases* the plasma concentration of carbamazepine?

REFERENCES

1. Stern TA, Herman JB. Massachusetts General Hospital 1000 Psychiatry Questions & Annotated Answers. New York, NY: McGraw-Hill; 2004
2. Mathews M. 800 Individual Statement Questions for MRCPsych Part 1. London, UK: Royal Society of Medicine Press; 2001

Russell G. Andreasen, M.D.

Texas A&M University
College Station, Texas

Schizophrenic Speech: Making Sense of Bathrooms and Ponds That Fall in Doorways

by Peter J. McKenna and Tomasina M. Oh. Cambridge University Press, New York, N.Y., 2005, 210 pages, \$95.00.

Thought disorder is one of the major symptom presentations of schizophrenia. As the pathophysiology of schizophrenia is heterogeneous, explaining the complex nature of thought disorder in schizophrenia is not an easy task. In *Schizophrenic Speech*, the authors provide a concise review of the wide range of literature and try to provide the common theoretical framework explaining thought disorder in schizophrenia. The authors evaluate whether schizophrenic thought disorder is the disorder of thought, language, or both; they examine schizophrenic thought disorder in comparison with dysphasia in neurologic patients from the linguistic point of view and in relationship with neuropsychological function, such as executive and semantic memory dysfunction. Although the authors believe that all of these theoretical frameworks provide explanation of some aspects of schizophrenic thought disorder, they conclude that none explains it fully due to the inherent complexity of thought disorder.

This book starts with a review of the historical evolution of the concept of thought disorder in schizophrenia and progresses to the modern concept, which is mainly based on Nancy Andreasen's proposal of thought disorder. Chapter 2 evaluates the relationships of thought disorder with other symptoms of schizophrenia, such as positive and negative symptoms. The next chapter, chapter 3, comparatively reviews thought disorder in other psychiatric and neurologic conditions as well as in the general population, especially in eccentric and creative people.

Chapters 4 through 7 examine the architecture of schizophrenic thought disorder within the theoretical framework of dysphasia, communicative competence, dysexecutive phenomenon, and the dyssemantic hypothesis. In chapter 8, the authors conclude with some speculations. Throughout, the book presents numerous quotations from the original writings of researchers and numerous examples of patients' thought disorder, which provide readers with a clear picture of what is being discussed.

Schizophrenia is considered a neurodevelopmental disorder with impaired neural circuit connectivity. Cognitive dysfunction is a cardinal feature of schizophrenia. Thus, it is not surprising that the authors found that all theoretical frameworks they examined explain some aspects of schizophrenic thought disorder, since all of those theoretical frameworks tap various aspects of brain function. Thought disorder has been reported to predict development of schizophrenia in adulthood, as it is present in children who later develop schizophrenia. Thus, inclusion of the more global view, which encompasses neurodevelopmental factors, neural circuit connectivity, familial factors, and environmental factors as a possible explanation for thought disorder, would have been useful.

This book is an informative, easy-to-read reference for people in the field of psychiatry and psychology who want a quick tour of thought disorder from the conceptual to the theoretical framework.

Myung A. Lee, M.D.

Vanderbilt University School of Medicine
Nashville, Tennessee

Clinical Manual of Addiction Psychopharmacology

*edited by Henry R. Kranzler, M.D., and
Domenic A. Ciraulo, M.D. American Psychiatric
Publishing, Inc., Washington, D.C., 2005, 408 pages,
\$52.95 (paper).*

The *Clinical Manual of Addiction Psychopharmacology*, edited by Henry R. Kranzler, M.D., and Domenic A. Ciraulo, M.D., provides a comprehensive and detailed review of the pharmacologic mechanisms of most commonly used and abused drugs as well as the psychotherapeutic approaches to treat the abuse of these drugs and their dependence properties. This book is drafted and designed with a clinical emphasis; obviously, the intent is for the book to be an ideal manual for busy health and mental health practitioners, psychologists, social workers, and other mental health professionals at large, as well as for psychiatric educators and students. In my opinion, this objective was, indeed, met.

One of the best characteristics of this volume is the fact that most of its chapters cover all critical clinical and basic areas for the purpose of comprehensively understanding the substances addressed. The editors have also assembled a roster of experts who are highly distinguished clinicians, educators, and investigators vis-à-vis the use and abuse of the substances covered in their assigned chapters. This group of top experts in the field of addiction adds nicely to the quality and relevance of this manual.

Following a brief preface, 9 individual chapters address the 9 substances selected for discussion; a tenth chapter attempts to integrate the pharmacotherapy and the psychotherapy approaches of these 9 substances. Two notable features are the conclusion sections of most chapters that offer practical summaries of the issues addressed and an extensive and relevant roster of references for all 10 chapters.

The first chapter focuses on the use and abuse of alcohol. This chapter includes the epidemiology of drinking behavior and of alcohol use disorders and the pharmacologic mechanisms of alcohol and its relationship to medications development; additionally, it reviews the pharmacologic approaches with regard to heavy drinking and alcohol use disorders.

The second chapter reviews all aspects of the use and abuse of opioids. It includes a brief history of this substance, its pharmacologic mechanisms, the etiologic factors related to opioid dependence, the clinical aspects of tolerance and withdrawal, the different therapeutic approaches, and the associated problems, such as pregnancy and psychiatric conditions.

The third chapter discusses sedative-hypnotics; it includes benzodiazepines and selected γ -aminobutyric acid A1 (GABA_{A1}) agonists as well as barbiturates. All relevant factors related to these substances are meticulously addressed, including general addiction prevalence, special population prevalence, neuropharmacology, pharmacokinetics, etiologic theories, signs and symptoms, medical and psychological consequences of abuse, protocols for detoxification, and role of psychosocial treatments. Finally, a brief section focuses on glutethimide dependence.

The fourth chapter explores all relevant issues related to the use and abuse of cannabis; it encompasses prevalence, dependence and withdrawal factors, and all available treatment approaches.

The fifth chapter focuses on cocaine and psychostimulants; it embraces topics such as chemistry and pharmacology, the neurochemical actions mediating stimulants' rewards, the neurobiological effects of chronic stimulant abuse, behavioral effects, treatment guidelines, and specific pharmacologic treatments.

The sixth chapter provides a well-conceptualized review of hallucinogens and phencyclidine. It includes tryptamine-related hallucinogens, phenylalkylamine hallucinogens, phencyclidine and ketamine, and anticholinergic plants, as well as synthetic agents.

The seventh chapter addresses all relevant club drugs; it includes γ -hydroxybutyrate (GHB) and related compounds, 3,4-methylenedioxymethamphetamine (MDMA or ecstasy), and ketamine. Sections on epidemiology and clinical presentations, basic and clinical pharmacology, toxicology, and treatment approaches are included for all substances discussed in the chapter.

The eighth chapter covers inhalants, with sections on historical aspects, epidemiology, types of inhalants, pharmacokinetics, behavioral pharmacology in animals and humans, effects on specific neurotransmitters, phenomenology and variations of the presentation of inhalants use disorders, clinical evaluations, and treatment approaches.

The ninth chapter focuses on tobacco; topics include phenomenology and clinical aspects of withdrawal, pharmacologic treatment for dependence, and treatment for special populations.

The tenth chapter integrates psychotherapy with the pharmacotherapy for the treatment of substance use disorders. Included in this chapter are brief interventions, motivational enhancement therapy, cognitive-behavioral therapy, behavioral treatments, behavioral couples therapy, and 12-step therapies. Interactions of psychotherapy and pharmacologic treatments are also included.

In summary, this clinical manual is an excellent resource on the pharmacology of addictive drugs and the available pharmacologic treatments to manage the abuse and dependence of these substances.

Pedro Ruiz, M.D.

University of Texas Medical School at Houston
Houston, Texas