

Handbook of Addictive Disorders: A Practical Guide to Diagnosis and Treatment

edited by Robert Holman Coombs, Ph.D.
John Wiley & Sons, Inc., Hoboken, N.J., 2004,
600 pages, \$80.00.

The *Handbook of Addictive Disorders: A Practical Guide to Diagnosis and Treatment* nicely addresses some of the most relevant contemporary issues in the field of addiction. The editor, Dr. Robert H. Coombs, put together an international group of experts who represented quite well the multidisciplinary needs of a field such as addiction. The text gives emphasis to diagnostic considerations as well as treatment perspectives. In so doing, Dr. Coombs and his collaborators discussed the most relevant clinical issues pertaining to addictive disorders in a practical and clinically relevant manner. This approach will certainly be of much benefit to readers.

While most clinicians and researchers in the field of addiction traditionally focus on drugs and alcohol in their work, in this volume the editor and his collaborators emphasize the fact that the process of neuroadaptation, which encompasses tolerance and withdrawal, also takes place among persons addicted to substance-free conditions, that is, behavior such as pathological gambling, use of pornography, overeating, overwork, excessive shopping, and other similar compulsive excesses. It is this emphasis that makes this book unique and appealing for those professionals and laypersons who want to have a good overview of the field of addictive disorders in a comprehensive manner. Within the context, the "reward" that leads to addictive behavior can be perceived not only as an outcome of chemical substances but also as an outcome of an experienced phenomenon. Theoretically, the difference between an addictive condition and an enjoyable activity is difficult to draw; Dr. Coombs and his collaborators, however, nicely define the differences as well as the similarities in this text. In this context, this book is not a classical one as far as the traditional focus in the addiction field on chemical dependencies is concerned; it is, however, very unique and creative in its focus on the behavioral and experiential aspects of addiction.

The book is divided into 8 parts that encompass 16 chapters. In Part I, attention is given to the definition of addiction. The emphasis here is broad, and includes 2 chapters. The first chapter addresses the nature of addiction itself; the second chapter discusses addiction as an interactive disorder, which includes its comorbidity aspects. Part II, which addresses the chemical dependencies, has 2 chapters. The first chapter underlines the different diagnostic considerations of substance use disorders, including psychological and physiologic dependence as well as biological, behavioral, and cognitive predictors; the second chapter focuses on the different treatment modalities, including pharmacologic options, therapeutic communities, and others. Part III discusses compulsive gambling and has 2 chapters. One deals with the diagnostic understanding of compulsive gambling and the other with approaches to its treatment. Part IV relates to sex addiction, and its 2 chapters address diagnostic aspects and treatment considerations. Part V focuses on eating disorders, and its 2 chapters discuss the diagnostic and treatment aspects of these disorders. Part VI addresses workaholics, and its 2 chapters focus on the diagnostic and treatment perspectives of this condition. Part VII analyzes compulsive buying, and its 2 chapters relate to the diagnostic and treatment considerations of this disorder. Finally, Part VIII addresses the prevention and public policy aspects of addictive disorders, and it has 2 chapters that discuss each of these aspects.

I should underline that this book also has 2 features that should be of benefit to its readers. One is the traditional subject index, and the other is the author index, which I found very useful. Additionally, the text has summary boxes that I also found very useful as a way of synthesizing the content of the material discussed in the book. In summary, I found this book very valuable for clinicians, educators, and researchers in the field of addictive disorders and conditions.

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Assessing and Managing Suicide Risk: Guidelines for Clinically Based Risk Management

by Robert I. Simon, M.D. American Psychiatric
Publishing, Inc., Arlington, Va., 2004, 234 pages,
\$34.00 (paper).

Assessing and Managing Suicide Risk is full of information that may be useful to a busy clinician. Dr. Simon has written this book for psychiatrists doing both inpatient and outpatient work, for psychopharmacologists and psychotherapists, and for novices as well as seasoned clinicians. He approaches many different topics related to the suicide of patients, all from the vantage point of how psychiatrists should cover themselves legally. He begins with a description of a systematic risk assessment, which thematically is the cornerstone of what he is trying to present. In fair detail, he goes through what makes a clinical and legal assessment valid and useful. After this practicum, he enters into a description of how to manage oneself in today's litigious environment. At one and the same time, he focuses on highly conceptual information (such as the meaning of the malpractice vocabulary and other entities that physicians are afraid of and therefore don't learn and understand) as well as practical matters (such as how to keep good and legally sound written notes). In fact, his treatment of record keeping stands out as both the most thorough and the most readable element in the text.

Many other essential topics are covered as well, and although the list is too long to duplicate here, some shining elements are as follows. The author makes important points concerning the crucial nature of the therapeutic alliance, not only with the patient (protective against suicide), but also with the family (protective against being sued if suicide does occur). He describes managed care protocols as not being clinically or legally authoritative, which puts the clinical psychiatrist in a bind. Although anyone looking at this text for an answer to this pervasive quandary will be disappointed, Dr. Simon succeeds in raising many fundamental questions and in educating us about the legal liabilities we may face if we adhere only to managed care guidelines. Although much of what is written in this book may strike one sometimes with the feeling, "Well of course, I knew that," especially in the fear-driven realm of suicide litigation, it is nice to have a reference to turn to when one's own head is on the block. Finally, we must mention his excellent treatment of the proverbial "contract for safety," in which he notes its possible use as an element in the therapeutic relationship, but its absolute inefficacy in legal or even psychiatric documentation.

Dr. Simon provides many case examples, some of which are quite interesting and remain with the reader. These cases cer-

tainly add to the depth of the text and explain some of the complexity inherent in this issue, but the examples always show the psychiatrist doing the right thing and managing the case in an excellent way. This is good modeling, but it would perhaps be more helpful to the reader if occasional problematic scenarios were presented as well.

Early in the book, Dr. Simon notes an imperfect fit between legal and medical terminology. Legalese—a stereotype of repetition, redundancy, and impenetrability—has eluded physicians for many years. Dr. Simon's text evades the impenetrability and abstruseness of legal linguistics, but within paragraphs and chapters, much of what he writes is repeated, making the work at times difficult to read. It would be much more pleasant to read this text only a chapter at a time, thereby minimizing the repetition. Perhaps this is how the book is meant to be used: as a reference. However, approaching it in this piecemeal manner, one misses the obvious and educational flow of topics, with each building on the previous. It would seem that 2 books could be made of this 1: a short text that is meant to be read from cover to cover, and a longer reference text that one could use as the unfortunate need arose. Good advice gets lost because of the desire to skip the repetitions. Thankfully, Dr. Simon has bulleted his top points at the end of each chapter in a section entitled "Clinically Based Risk Management." Perhaps these are the parts that should be read straight through—in 1 sitting, if you will—while the text itself may be used as the reference material.

We would recommend this book to clinical psychiatrists with the following instructions: read and reread the summaries at the end of each chapter, and keep a copy on your shelf should the need for reference arise.

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*Of no relation to author of book being reviewed.

Clinical Geriatric Psychopharmacology, 4th ed.

edited by Carl Salzman, M.D. Lippincott Williams & Wilkins, Philadelphia, Pa., 2004, 700 pages, \$99.00.

Beginning with a slim volume of expert advice first published in 1984, Carl Salzman and the contributors have established *Clinical Geriatric Psychopharmacology* as the most comprehensive and definitive textbook available on this topic. This latest revision and expansion updates the 1998 third edition with valuable new material for both clinicians and researchers. No general textbook on geriatric psychiatry can approach the depth of this book's discussions of psychopharmacologic treatment, and no other currently available psychopharmacology textbook discusses the treatment of geriatric patients with comparable range and authority.

Substantial revisions of previously published chapters were made necessary by the explosion of new information on the treatment of psychiatric disorders in the elderly, especially disorders of mood and cognition. The mood disorders of late life, in particular, are addressed in great depth. Much new information on geriatric bipolar disorder is incorporated in the chapter on this topic by Satlin and colleagues. Four previously published chapters on diagnosis and treatment of late-life depression have been expanded to include new information on the neuropsychiatry of depression and the newly described syndromes of vascular depression and depression with execu-

tive dysfunction. Complementing these, this edition includes 2 excellent new reviews. Salzman and colleagues' discussion in the chapter "Treatment of Late-Life Depression Associated With Medical Illness" will offer clinicians guidance in treating depressed elders with comorbid cardiovascular disease, hypertension, stroke, Parkinson's disease, cancer, or dementia. "Response Prediction, Maintenance Treatment, and Late-Life Depression" by Alexopoulos and colleagues puts into perspective new research findings regarding prognosis and the need for continued treatment. Readers will want to supplement these discussions with information on the several effective psychotherapeutic approaches to nonpsychotic late-life depression and their beneficial acute and maintenance effects.

In Salzman's 1998 third edition, only clozapine and risperidone were considered in reviewing the emerging class of atypical antipsychotics. *Clinical Geriatric Psychopharmacology*, 4th ed., by contrast, comprehensively discusses the newer atypicals and catalogs the studies that document their benefits and risks in treating elderly patients. The chapters on psychosis and agitation will ground a clinician thoroughly in the differential diagnosis and treatment of these disordered states, and they offer a wealth of information on pharmacologic treatment. Clinicians are increasingly supplementing pharmacologic approaches with nonpharmacologic ones, and a future edition would be enhanced by a concise discussion of nonpharmacologic treatment interventions for agitation or some guidance for clinicians seeking to learn about these potentially useful techniques.

Other chapters cover useful basic material on pharmacokinetics, aging, and the epidemiology of mental illness among the elderly. Diagnostic and treatment issues related to anxiety syndromes, sleep disturbances, and cognitive disorders are reviewed. The chapter on treatment of insomnia by Reynolds and colleagues discusses both pharmacologic and nonpharmacologic treatment approaches in such a way as to promote safe and well-informed use of hypnotic medications when these are appropriate. The chapters on dementia by Zubenko and by Schneider and colleagues update previous discussions with comprehensive reviews of neuropathology and treatment strategies. An innovative and interesting new chapter in this edition is authored by Kyomen and Gottlieb, who discuss the cost of psychotropic drug use for the elderly. This chapter makes comprehensible some important new Medicare initiatives and illuminates the interface between individual prescribing and broader public policy issues. The appendices that list interactions of drugs with the cytochrome system and with each other remain useful, although computerized resources are becoming necessary as new medications and information on their interactions proliferate.

A caveat that accompanies reviews of even the most iconic of textbooks is that no single volume can keep pace with a rapidly evolving field of knowledge. Major events of importance to patients and clinicians have unfolded even since the very recent publication of this book. The newly available antidepressant duloxetine is not discussed. Treatment recommendations for "mild cognitive impairment," still taking form, are not included. U.S. Food and Drug Administration warnings about cerebrovascular and/or cardiovascular risks associated with several frequently used medications (e.g., atypical antipsychotics, vitamin E, and at least 1 cholinesterase inhibitor) have been issued too recently to be discussed in this book. Clinicians will need, as always, to supplement a textbook with perusal of current journals and newsletters.

Nonetheless, this new edition of *Clinical Geriatric Psychopharmacology* remains both unique and indispensable in providing comprehensive background information and informed perspectives that cannot be obtained in any other way. A text-

book such as this, at its best, provides both a knowledge base and the wisdom of a mentor to the community of clinicians and researchers. As my copy becomes increasingly dog-eared, I will be among those grateful to Dr. Salzman and his colleagues for providing a new and better edition of a book of exceptional breadth, wisdom, and usefulness.

Dr. Ellison has received grant/research support from GlaxoSmithKline and serves on the speakers or advisory boards of Forest, Wyeth, GlaxoSmithKline, Pfizer, and Bristol-Myers Squibb.

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Understanding Sleeplessness: Perspectives on Insomnia

by David N. Neubauer, M.D. The Johns Hopkins University Press, Baltimore, Md., 2003, 192 pages, \$45.00.

Insomnia is a common clinical problem affecting millions of Americans. Nearly everyone experiences insomnia at some point in their lives. Yet insomnia can be a difficult condition to define and to write about. This difficulty stems from the varying definitions of insomnia, the multiple methods of classifying insomnia (e.g., acute vs. chronic, primary vs. secondary), and competing nosologies (e.g., DSM-IV and the *International Classification of Sleep Disorders* [ICSD]). Insomnia can be a symptom of other medical, neuropsychiatric, and sleep disorders, such as depression and obstructive sleep apnea. In addition to being a symptom associated with another disorder, insomnia can also be a disease, as in the DSM-IV diagnosis of primary insomnia and the ICSD diagnosis of psychophysiological insomnia. Heightening the confusion, the term *idiopathic insomnia*, which might logically be supposed to refer to a case of insomnia without an underlying etiology, actually refers to a very rare ICSD syndrome of relentless childhood-onset insomnia, and is not synonymous with the DSM-IV diagnosis of primary insomnia.

After discussing the difficulties with the definition and conceptualization of insomnia in Chapter 1, "The Problems With Insomnia," Dr. Neubauer describes normal sleep in the following chapter. The next 4 chapters consider insomnia from 4 fundamentally distinct perspectives adapted from the approach to psychiatric reasoning introduced by Paul R. McHugh, M.D., and Phillip R. Slavney, M.D., in *The Perspectives of Psychiatry*. Chapter 3, "Sleep as a Motivated Behavior," describes factors such as circadian processes and homeostatic sleep pressure that affect the opposite poles of sleepiness and arousal. In Chapter 4, "The Dimensions of Sleep," Dr. Neubauer discusses enduring individual predispositions, such as the psychological traits of internalization and perfectionism, that frequently contribute to insomnia. The following chapter, "Life as the Context of Sleep," emphasizes the importance of obtaining a narrative history of the patient's insomnia. The "life-story approach" involves obtaining a patient's "individual life-story," as well as the patient's perspective on what may be causing the insomnia. The life-story approach can help to guide the treatment of primary insomnia by suggesting specific cognitive-behavioral treatments such as cognitive restructuring, sleep restriction, and stimulus control. Chapter 6, "Insomnia as a Symptom or a Disease," emphasizes that insomnia can be a symptom of a wide variety of underlying psychiatric, medical, substance abuse, or sleep disorders. In this chapter Dr. Neubauer discusses insomnia-producing psychiatric and sleep disorders

such as depression, obstructive sleep apnea, and restless legs syndrome. Later in Chapter 6 the author discusses the evidence for and against considering the diagnosis of primary or psychophysiological insomnia to be a disease within the disease model. Finally, in the chapter "Evaluation and Treatment," Dr. Neubauer presents numerous insomnia case examples and shows how the 4 previously described perspectives on insomnia can be used to explain an individual's insomnia and guide treatment.

Essentially, *Understanding Sleeplessness* is a guide to the formulation of insomnia. The author's 4 perspectives on the understanding of insomnia are compatible with the psychiatric biopsychosocial model. *Understanding Sleeplessness* is a valuable resource for psychiatrists and sleep fellows who desire an in-depth framework for understanding the complaint of insomnia. This book is not, however, aimed at the busy clinician who would like to look up a disorder in between seeing patients. Individual chapters are not designed to be read in isolation. Though general features of phototherapy, chronotherapy, pharmacotherapy, and cognitive-behavioral therapy are discussed, *Understanding Sleeplessness* is not aimed at those who desire detailed instructions regarding the treatment of insomnia. Not enough information about the practical use of these therapies is provided to allow the physician unfamiliar with these therapies to comfortably use them to treat his or her patients. Dr. Neubauer's book is not excessively long, and clinicians who take the time to read it from cover to cover should gain a better understanding of the differential diagnosis and conceptualization of the complaint of insomnia.

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Concise Guide to Child and Adolescent Psychiatry, Third Edition

by Mina K. Dulcan, M.D.; D. Richard Martini, M.D.; and MaryBeth Lake, M.D. American Psychiatric Publishing, Inc., Washington, D.C., 2003, 382 pages, \$29.95 (paper).

The *Concise Guide to Child and Adolescent Psychiatry* is a handy pocket book, accessible in format and packed with very relevant and up-to-date information on a plethora of issues related to child and adolescent psychiatry. It is aimed at the novice in child and adolescent psychiatry and serves as a wonderful resource for general psychiatrists in practice, general and child psychiatry residents, medical students, and pediatric residents and practitioners. The book is designed to provide practical information about the treatment of children and adolescents in a variety of settings, including inpatient psychiatric units, outpatient clinics, private offices, and consultation-liaison settings.

Originally printed in 1991, the guide is now in its third edition. Following the accelerated pace of new research in child and adolescent psychiatry, the contents have been updated, and new relevant data have been incorporated into the text. Every effort has been made to include information that is as comprehensive as possible while maintaining the simplicity and brevity intended by the design of the book. The contents generally follow the outline of more comprehensive and lengthier child and adolescent psychiatric textbooks. The various sections include current information on all Axis I disorders beginning during childhood and adolescence, adult disorders beginning earlier in life, developmental disorders, and other clinical scenarios important in practice such as psychiatric emergencies. The indi-

vidual chapters cover epidemiologic data, DSM-IV-TR criteria, and assessment and treatment outlines for the various diagnostic entities. Emphasis is on evidence-based treatments, and frequent reference is made to the practice parameters published in the *Journal of the American Academy of Child and Adolescent Psychiatry*. There are separate chapters assigned to psychopharmacology and psychosocial treatments used in child and adolescent psychiatry. The tables and charts are used to complement the text and provide relevant clinical material in a succinct manner.

To provide easy access, the book has a detailed table of contents, an index, and a list of the tables, charts, and figures. Each chapter includes references to relevant detailed texts for those seeking additional reading. The appendix contains particularly useful information on resources available to parents, both on the Internet and in published books.

In summary, the *Concise Guide to Child and Adolescent Psychiatry* serves as an excellent resource for important clinical information pertaining to the practice of child and adolescent psychiatry. Although it will be most widely used by trainees, the book is also useful for clinicians in practice, as it can serve as a quick reference to complement the expansive material published in other sources.

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Abetting Madness: The Role of Illicit and Prescribed Drugs in Promoting Psychotic and Manic Disorders

by *Malcolm Bowers, Jr., M.D. Xlibris Corporation, Philadelphia, Pa., 2003, 110 pages, \$17.84 (paper).*

Malcolm Bowers, Jr., a professor of psychiatry at Yale and a leading American researcher in the neurobiology of schizophrenia, has written a useful, concise historical review of the relationship between illicit drugs and prescribed medication and the development of psychosis. Bowers begins with a historical review of the role of hallucinogens in the 1960s and their potential for producing what was considered to be "a model psychosis." Their usefulness as a model for psychosis, however, was short-lived, as they were increasingly used by the counterculture of the 1960s. He presents case histories of seemingly healthy young individuals who took LSD (lysergic acid diethylamide) and similar drugs in college and became psychotic. His description is sympathetic to these students, as he portrays their confusion and psychological stress. It is refreshing to read a "hard" neuroscientist who writes with a "softer" clinical under-

standing of young people's confusion and search for meaning and identity through these drugs. He adds, however, that at the same time that illicit use of these substances was producing psychotic experiences in some vulnerable individuals, it was also stimulating research into the neurochemistry of psychosis, as well as being studied for its potential use in psychotherapy and in the treatment of alcohol abuse and dying patients. A separate chapter on cannabis supplements the information on hallucinogens by citing literature suggesting that the lifetime risk of schizophrenia in first-degree relatives of cannabis users was significantly greater than in first-degree relatives of those who did not use cannabis.

After discussing hallucinogens and cannabis, Bowers moves to chapters on PCP (phencyclidine) and amphetamine psychosis. He reminds the reader of the heuristic value of PCP toxicity in our understanding of the glutamate NMDA (*N*-methyl-D-aspartate) receptor and its possible role in psychosis. Similarly, a chapter on amphetamines discusses their role in causing a paranoid psychosis. Case histories illustrate the role of these drugs (and, more recently, NMDA, or Ecstasy) in producing a psychosis with paranoid characteristics.

Dr. Bowers then turns from illicit drug use to the role of prescribed antidepressant drugs in producing psychosis, especially mania and hypomania. That antidepressants can trigger a manic psychosis is well known to all psychiatrists, so that this information is likely to be familiar to most readers. Much of the chapter is taken up by a poignant clinical illustration of a patient who suffered from an antidepressant-induced psychotic mania. As in the other illustrative case histories, Dr. Bowers describes the patient with great compassion and clinical wisdom. This is not simply a DSM diagnosis of mania; it is the description of a complex, suffering human being who has become manic and psychotic while taking antidepressants.

This clearly written slim volume should serve as a useful historical review of the role of drugs, prescribed and illicit, in inducing psychosis. Written with great sensitivity by a master clinician who is also a renowned researcher, the book synthesizes a wealth of both clinical and research information. It is likely to be most useful to readers who would like a quick review of this subject rather than an exhaustive survey of the literature. The case reports, in particular, are illustrative and sensitively prepared. They are a pleasure to read.

One small correction on names: Timothy Leary's colleague was named Richard Alpert, not Gordon Alpert. Gordon is the name of R. Gordon Wasson, the Harvard mycologist who studied hallucinogenic mushrooms, leading to the study of psilocybin. This section describing the Leary era at Harvard may be eye-opening to younger readers.

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