

Book Reviews

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Early-Onset Dementia: A Multidisciplinary Approach

edited by John R. Hodges. Oxford University Press, Oxford, U.K., 2001, 478 pages, \$115.00.

This monograph is a comprehensive review of dementing illnesses, including epidemiology, clinical syndromes, laboratory testing, neuropathology, pathophysiology, molecular biochemistry, and treatment. The book has an emphasis on early-onset dementing illnesses, but most of the chapters consider dementias comprehensively, irrespective of age; in fact, the title might be more accurate with "early-onset" omitted. The most admirable features of the book include its comprehensive coverage of the dementias, the quality of the authors and the literature reviews, and the helpful summaries of key points at the end of each chapter. Some of the later chapters have interesting case examples, and even a quiz on unidentified cases of dementia presenting as prion diseases. The book rewards the thorough reader with a vast array of information.

One problem with this book, common to multiauthor volumes, is the repetition of topics from one chapter to another. There are chapters on each aspect of dementia across the range of specific diseases, each of them discussing Alzheimer's disease, Lewy body dementia, frontotemporal dementia, and others, then a separate chapter on each disease. A chapter near the end of the book is devoted to "dementia in young people," the topic of the book as a whole. This chapter repeats some of the material from earlier chapters on Alzheimer's disease and related disorders, then discusses the more unique, young-onset category of inherited lysosomal, lipid storage, and metabolic disorders. The perhaps misnamed chapter on psychiatric disorders mimicking dementia includes discussion of organic disorders resembling psychiatric syndromes, such as hypothyroidism, Vitamin B₁₂ deficiency, hydrocephalus, and space-occupying lesions. Similar topics are discussed in the chapter on neuropsychiatric assessment. A few contradictions emerge. The chapter on Lewy body dementia considers this the second most common cause of dementia after Alzheimer's disease, whereas both the vascular dementia chapter and the chapter on dementia in young people list vascular dementia as the second most common cause.

One area of controversy in the field of dementia is the prodromal illness called "mild cognitive impairment." In chapter 11, the authors state that the definition of Alzheimer's disease needs to be changed because of the clear demonstration that isolated memory loss is common in patients who go on to develop definite Alzheimer's disease. I would disagree with a change in the definition until such time as isolated memory loss is proved to lead to dementia in all cases.

The book ends with discussion of treatment. The chapter on practical and cognitive-behavioral therapies has interesting and useful case examples not included in many medical treatments of the subject. On the other hand, the discussion of drug therapies is somewhat eclipsed by the many new clinical trials reported since publication of the book. In fact, the subject of

dementia, especially the areas of molecular neurochemistry and therapy, is under such intensive research investigation that any book in this field is destined to be at least partially outdated within a few months.

In summary, this book is recommended as an excellent source of information on the dementias. It serves as a useful reference book on all of the separate disorders, not restricted to early-onset cases, though it would not be my first choice as a book to read from cover to cover on the topic.

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Concise Guide to Anxiety Disorders

by Eric Hollander, M.D., and Daphne Simeon, M.D.
American Psychiatric Publishing, Inc., Washington, D.C.,
2003, 272 pages, \$27.95 (paper).

Concise Guide to Anxiety Disorders by Hollander and Simeon is well organized, excellently written, and contains a wealth of information that should be extremely useful to medical students, residents, and practicing psychiatrists.

The book is organized in 8 sections covering epidemiology, diagnosis and differential diagnosis, course and prognosis, biological theories, psychological theories, somatic treatments, psychotherapy treatments, and combined treatments. Each section covers the major anxiety disorders: panic disorder, generalized anxiety disorder, specific phobias and agoraphobia, social phobia, obsessive-compulsive disorder, and posttraumatic stress disorder. This arrangement makes it easy for the reader to obtain information about a specific disorder or to contrast the various disorders.

The longest sections are on diagnosis and differential diagnosis, biological theories, and somatic treatments. The extensive section on diagnosis would be of most interest to medical students and residents and of less interest to psychiatric practitioners. The section on biological theories is quite comprehensive and is supported by 17 pages of references. The longest section is on somatic treatments, and it too is supported by 17 pages of excellent references. Obviously, a small, concise, pocket-sized book like this can only list the main findings, and does not have the space to critique or discuss the data or to mention many dissenting views. However, the excellent list of references should allow the reader to obtain more information on topics of interest.

The sections on psychological theories and psychotherapy treatments are significantly shorter and contain fewer references than the other sections. The data on these topics are well organized and presented, and fewer pages and references probably reflect the current state of well-documented research in these areas.

In conclusion, I feel that every student and resident would be well advised to obtain this pocket-sized treasure of information for easy access to clinically pertinent data. The critically selected references will lead the reader to a deeper understanding of the theoretical and practical issues concerning anxiety disorders.

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Concise Guide to Psychopharmacology

by *Laura B. Marangell, M.D.; James M. Martinez, M.D.; Jonathan M. Silver, M.D.; and Stewart C. Yudofsky, M.D.*
American Psychiatric Publishing, Inc., Arlington, Va., 2002, 224 pages, \$27.95 (paper).

This book is a part of the American Psychiatric Press "Concise Guide" series, which covers multiple topics including anxiety disorders, drug interactions, and brief dynamic and interpersonal therapy. The goal of this particular text is to provide practical psychopharmacology information for psychiatrists, residents, and medical students. It is structured to act as a complementary source of information for more detailed literature sources on the topic. Thus, this publication is oriented to clinical practice in the hospital, clinic, or office. Although it is a pocket-sized text, it contains a substantial amount of useful information including numerous tables, figures, and charts. The references for each chapter are limited to those most relevant to the topic area. An initial chapter on general principles of psychotropic use is followed by individual chapters spanning antidepressants, anxiolytics, antipsychotics, mood stabilizers, stimulants, and cholinesterase inhibitors. In addition, there is an appendix with trade and brand names of the medications that appear in the text. The book is well indexed, with page numbers of tables in boldface type for easy reference.

This text carries a 2002 copyright; however, it is remarkably up-to-date given that it is a year old. The chapter on general principles highlights the use of a target symptomatology approach to using psychotropics and the use of rating scales to assess drug effect. The authors briefly discuss rational and irrational polypharmacy and factors that come into play in making drug choice decisions. Generic substitution issues are discussed and a brief, but concise, review of drug interaction principles is presented with a chart listing inhibitors and substrates. Specific drug interactions are discussed in the corresponding text.

Each of the remaining chapters concerns itself with a drug class. Each chapter is divided into topics on mechanisms of action, clinical use, contraindications, risk and side effects, overdose, and drug interactions. General class information is discussed, followed by a review of the individual drugs, and finishes with a brief review of the disorders that are responsive to that class of drugs. Each chapter presents a thorough discussion. Due to the limited space and complexity of the topics, the mechanisms of action discussions are kept to a minimum but present the prevailing theories for each agent. Tables present data such as starting doses, usual daily doses, and dosing forms as well as pharmacokinetic parameters, which makes for easy reference. In addition, many chapters include major side effects in a table format.

While presenting the basic information for each drug group as any pharmacology text would, this publication also presents the nuances involved in using these agents. The antidepressant

section includes the unique information regarding amoxapine and its relationship to the side effects of antipsychotics, a thorough discussion of sexual dysfunction and the serotonin syndrome, as well as the syndrome of inappropriate antidiuretic hormone secretion associated with the selective serotonin reuptake inhibitors (SSRIs). In addition, the apathy syndrome associated with SSRI use is presented. Dietary and medication restriction tables are presented for the nonselective monoamine oxidase inhibitors (MAOIs). This table includes up-to-date information regarding the tyramine content of various foods and significant drug interactions. However, a possible editing mistake neglects to list the over-the-counter agent pseudoephedrine and its brand name Sudafed in the list of agents to be avoided. While an italicized sentence in the table indicates that decongestants containing pseudoephedrine, phenylephrine, or phenylpropranolamine should be avoided, the list of drugs contains only the latter 2 agents and not the more common pseudoephedrine/Sudafed. This is a potentially serious oversight, as a person hurriedly scanning the list of drugs may miss the sentence and therefore not see this agent. It is suggested that the reader pencil in pseudoephedrine/Sudafed. A very helpful list of the safe cold and allergy medications is included. Also, instructions for patients who are prescribed MAOIs are included in a table format that could be copied and given to individual patients.

A thorough discussion of antipsychotic therapy is presented including traditional and second-generation antipsychotic compounds. Despite the 2002 copyright, there is a brief discussion of the new second-generation antipsychotic, aripiprazole. The section on long-acting injectable antipsychotics contains a discussion of the loading-dose technique used for haloperidol decanoate. However, only the average dosage of fluphenazine decanoate is listed without any recommendations for converting from the oral therapy to the depot preparation. The table concerning anticholinergic treatment for extrapyramidal side effects lists the bztropine dosage forms as oral or intravenous, neglecting to include the intramuscular route, which is the more frequently used route of administration for this agent. Specific distinguishing features regarding the second-generation antipsychotics are well presented in the text. However, the risperidone discussion does not include identification of the dose-related extrapyramidal side effect risk. Weight gain is thoroughly discussed for each agent, and the recommendation for ocular monitoring is put into the appropriate clinical context in the discussion of quetiapine.

The clinical implications of various adverse reactions associated with mood stabilizers are also thoroughly discussed and put into appropriate clinical context. These include the hepatotoxicity and thrombocytopenia associated with valproate and the hematologic effects of carbamazepine as well as the rash associated with lamotrigine. The discussion of lithium side effects includes a description of tremor. The tremor is described as a "fine resting" tremor. Whereas a fine tremor is a side effect of lithium therapy, it is an intention tremor. This discrepancy may lead to confusion with the resting tremor that is associated with traditional first-generation antipsychotics that may be used in combination with lithium therapy. The resting tremor associated with antipsychotics is best treated with anticholinergic therapies, while the fine intention tremor that lithium causes is usually treated with beta blockers such as propranolol.

The chapter on psychostimulants includes a very helpful table identifying the different brands of various stimulants that are currently on the market as well as their onset of action, duration of effect, and potential adverse reactions. Another table includes dosing strategies for each agent. Therefore, the reader is better able to choose among the various different formulations of methylphenidate and dextroamphetamine.

Overall, this text is particularly impressive due to the inclusion of thorough and insightful discussions regarding the application of the psychopharmacologic agents to clinical practice. Rather than just listing drug facts, the authors present interpretations of those facts that a person beginning the study of clinical psychopharmacology will find helpful, thus providing the reader with a superb foundation on which to build psychopharmacology expertise.

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Concise Guide to Managing Behavioral Health Care Within a Managed Care Environment

by Michael Isaiah Bennett, M.D. American Psychiatric Publishing, Inc., Arlington, Va., 2002, 104 pages, \$24.95 (paper).

The Concise Guide series, developed by American Psychiatric Publishing, is an important presentation of selected topics, presented in synopsis form, for psychiatrists, residents, and medical students who are working in a variety of clinical settings. Its format is a small, condensed pocket-size paperback book that can be available at the patient's side in any number of psychiatric settings. The author of this volume is especially qualified as both a user and administrator of managed care, having had experience in public sector psychiatry where the scarcity of budgetary resources was a constant issue. The author's working definition of managed care is "a method of practice that balances the needs of the individual patient against the need for resource preservation. Resource preservation, in a public sector system, ensures the availability of care for the community." Scarce resources can make patient and caretaker alike look again at the resources they can collectively muster for adequate care. Bennett articulates that a managed care organization (MCO) is not only an insurance company and a manager of service utilization, it also bears responsibility for adequate and appropriate clinical care. Also, the provider of care must hold the MCO to this obligation for the patient.

General principles for managing care are described in chapter 1, while in chapters 2 and 3, these principles are applied to the practical management of nonacute and acute care. Chapter 4 encompasses marketing to managed care organizations, and chapter 5 discusses managing utilization review. Chapter 1 describes the ethical dilemma of serving the individual patient and conserving health care resources for the community as follows: "If we were not responsible for conserving resources, we could prescribe treatments until they were proven *unnecessary*...rather than *not* prescribe treatments until they were proven necessary." Bennett argues that physicians do have a responsibility to develop methods of practice that balance good care with low costs. Here I would disagree with the author and say that good care must be balanced with adequate costs to deliver that care—they may not be low!

Bennett admonishes that "our goal is to find morally satisfactory middle ground between two unacceptable outcomes: substandard care and wasted resources," underscoring the need for evidence-based medicine, randomized controlled trials, and meta-analysis offered by the Cochrane Collaboration (Oxford, England). Whether it be bone marrow transplant for breast

cancer or steroid treatment for premature delivery, evidence-based medicine must guide the use of resources. Unfortunately, for much of medical practice there is insufficient evidence. The author does not sufficiently address this missing link in providing necessary and adequate care: without evidence, we can be overtreating or undertreating a patient—squandering resources or denying them. And, although Bennett carefully outlines the need for nonprofessional support, or care by the level of professional most appropriate to the needs of the patient, he does not take up the thorny issue of "product substitution," i.e., evidence-based findings that a lower level professional or non-professional can offer care just as good as a higher level professional. The level of experience of the caretaker needs to be assessed in the same way that the effectiveness of treatment should reach the rigor of evidence-based medicine. Determining medical necessity for treatment requires knowledge of the potential benefits of treatment and what level of professional should deliver that care.

In the chapter on managing nonacute care, the author argues that we have to limit care and that it should be based on a DSM-IV-TR diagnosis, self-harm, or dysfunction. He does not argue how much of the gross national product could/should go to behavioral mental health, or whether the profits engendered by managed care would be more appropriately assigned to treatment. Who determines how much should be spent, and should part of the expense for medical care accrue to the profits of MCOs?

Bennett underscores the concept that MCOs are care systems as well as insurers, and they are responsible for correcting access problems that prevent patients from receiving the care they need. He guides the practitioner in how to negotiate for the patient and, if need be, to go for appeal, including expedited concurrent (rather than retrospective) reviews with physician advisors. In fact, "...we have a moral and legal obligation to appeal...and protect our patient's safety." Some would disagree with the author's position to use a structured intake to ascertain if a psychiatric evaluation is necessary: "We try to address issues that may cause depression. If this is ineffective, we arrange for a psychiatric evaluation" (p. 53).

However, this small compendium does inform the reader about the important issues of MCOs, from how they operate to how practitioners can present themselves to become participating members. It also presents the MCOs as a part of our medical society and explains that we should learn how to work with them for the betterment of our patients. In addition, the author believes that MCOs can improve medical care by encouraging distributive justice and the elimination of unnecessary but costly treatment to ensure that health care dollars are maximized in their usefulness. In so doing, he presents important information for the practitioner with which to navigate the world of managed care. My concern is that evidence-based medicine may not prevail against the clinical managers who initially make decisions, and that the issue of considerable profits to the owners and shareholders of MCOs may in itself weigh against distributive justice regarding the employment of health care dollars. It would enhance this important volume if the author had addressed these seminal issues that abound in the realm and actions of the MCOs. Bennett has done a considerable service to present a complex conceptual framework in such a succinct and precise fashion. He has managed to explain in a most helpful way how to deal with one of the conundrums that confront the psychiatric clinician.

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Defining Psychopathology in the 21st Century: DSM-V and Beyond

edited by John E. Helzer, M.D., and James J. Hudziak, M.D.
 In book series: American Psychopathological Association Series, American Psychiatric Publishing, Inc., Arlington, Va., 2002, 288 pages, \$49.00 (paper).

Modern psychiatric epistemology and taxonomy have been picked apart every 10 years since their conception in the Alpine mountaintops over 100 years ago. Their origins go back 5000 years according to this volume, where the analogy is all but drawn to Prometheus's liver. Once again, we will soon receive an ever-so-slightly new approach to designations of our perceptions of our emotional dysfunctions. Here, in this volume, 15 essays review our current status and add new insights, but we will be waiting a long time for the Herculean rescue from this repetition compulsion. Every regrowth of our taxonomy sparks renewed hope of finality, but instead appears to produce more questions. No matter, each rebirth brings improvements, generates debate, and creates revenue from *Diagnostic and Statistical Manual of Mental Disorders* (DSM) sales. Does this regrowth every decade or so, with all of its anguish to the profession, really change the situation? Just a little bit.

In 4 sections of approximately 4 essays each, Helzer and Hudziak have edited a concise update to the goals and guidelines needed for creating a taxonomy, using carefully selected examples from arenas of current knowledge that emphasize the most prevalent and controversial diagnoses. The book is based on a conference held at the turn of the millennium, a propitious moment, and celebrates the work of the late Sam Guze. It took 2 years to be released but barely shows signs of age. Hercules will not rescue us in the near future even if some essayists set a radical mark for future revisions of our descriptive practices, since most essays are tempered with an acceptance that DSM-V will be another incremental advance.

This book is an informative and provocative update for a clinician or student who cannot read all the journals all the time and might be wondering, "How are scientific findings distilled into facts that produced the early DSM versions, and what will be the theoretical basis for the next DSM?" Section 1 (Definitional Tensions) thoughtfully considers optimal goals for our diagnostic system, with an outstanding first essay by Kendell on improving taxonomy itself, and also fine works by Regier and Spitzer, who are leaders among the authors of previous DSM versions. The essays form a debate, pitting arguments against each other regarding the importance of clinical significance in structuring the diagnostic tree. The second section (Imaging Psychopathology) is weaker but still quite credible, offering primers on imaging methodology and assumptions and reporting recent findings with only minor biases. The practical aspects, though, of tying neuroanatomical data to diagnostic refinements are not made clear.

In the third section (Longitudinal Studies) essays 1 and 3 rekindle views of symptoms in series over a lifetime, serving as valuable reminders of Bleuler's initial naturalistic observations,

modernized only by the use of new survey tools. The reader would naturally hope for relationships to the prior section, but the now-fresh imaging data are ignored without allusion to, for example, recent findings on the brain's regional volume losses throughout the life span as a neuroanatomical life course. The second and fourth essays in this third section emphasize longitudinal patterns in alcohol use (as studied by computer-telephone interviews!) and attention-deficit/hyperactivity disorder (ADHD) comorbidity, respectively. These are important, sociopolitically complex diagnoses. Who can forget the Supreme Court decision¹ that alcoholism constitutes "willful misconduct" in the hands of Veteran's Administration patients? And no sentient being is unaware of the current maelstrom surrounding ADHD. The ADHD chapter presents data from the Multimodal Treatment Study of Children with ADHD (MTA) in considerable detail. The science of these societally watched diagnoses is addressed with solid data that will support the next revision, hopefully sufficient to preempt the mockery of the weekly news media.

The fourth and final section (Exploring Alternatives), again offering 4 powerful essays, attempts to reaggregate the direction of the book with an emphasis on genetics. Merikangas, Hudziak, and Faraone each authored essays that together draw a thread through the seemingly disparate preceding sections. Comorbidity and correlative data on substance use and attention deficit disorders provide bases for discussions of genetic strategies. Tsuang's chapter on schizotaxia explains his landmark work in a highly readable form and clearly relates the work to the new taxonomy.

This book could be good weekend or winter vacation reading given the importance of the issues, the digestible length of each relatively independent essay, and the variety of scientific flavors, from genetics and epidemiology to neuroanatomy and imaging, from which to choose. But it is also a difficult book if the reader is looking to learn about the science of writing about diagnostic criteria, which seems to be difficult unless examples of specific data are given, and then it is all too easy to get lost in the data. A detailed description of our new diagnostic organ's framework, the knowledge that it will be based on, and the goals that it must seek to fulfill are problems that could fill multiple volumes, but are conservatively managed here by sticking to limited but critical examples. There's no mystery about the ending, though. We know that even this fifth growth of the DSM will be pecked again, and that Hercules remains a mythical rescue fantasy. This book is timely and important. Who would want a false prediction of doom for our cherished perpetual anguish that we call revising psychiatric taxonomy?

REFERENCE

1. Allen v Principi, 237 F3d 1368 (Fed Cir 2001)

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