

Book Reviews

Michael H. Ebert, M.D., Editor

Dual Diagnosis and Treatment: Substance Abuse and Comorbid Medical and Psychiatric Disorders

edited by Henry R. Kranzler, M.D., and Bruce J. Rounsaville, M.D., New York, N.Y., Marcel Dekker, Inc., 1998, 584 pages, \$125.00.

The concepts of comorbidity and dual diagnosis have become increasingly important in the treatment of substance use disorders. In fact, it is in the diagnosis and treatment of comorbid psychiatric and medical disorders that psychiatrists can make a special contribution to substance abuse patients. *Dual Diagnosis and Treatment: Substance Abuse and Comorbid Medical and Psychiatric Disorders* is a new book that provides comprehensive and scientifically based information in this important area. Over 30 authors from well-recognized academic institutions contributed to it.

The book is divided into 2 parts. The first section, called "Basic Issues," consists of 4 chapters and provides an excellent overview of basic concepts, models, methods, epidemiology, and general treatment modalities for dually diagnosed patients. For example, the book nicely details "three generations" of different types of epidemiologic studies, and the 3 major epidemiologic psychiatric surveys, including the Epidemiologic Catchment Survey of 1984, the National Comorbidity Survey of 1994, and the National Longitudinal Alcohol Epidemiologic Survey of 1996. Theories of various models of comorbidity such as familial aggregations, causal association, self-medication, shared liability, and others are concisely explained. Specific diagnostic instruments, such as the Schedule for Affective Disorders and Schizophrenia, Diagnostic Interview Schedule, Structured Clinical Interview for DSM-III-R, and the Psychiatric Research Interview for Substance and Mental Disorder, are discussed in detail, and useful references are provided to help the reader better understand research in this field. An overview of treatment issues such as integrated, parallel, or sequential approaches, as well as psychopharmacology, psychotherapy, stages of readiness to change, 12-step programs, and others are also included. Overall, this section is a well-written, comprehensive, and useful resource.

The second portion of the book, called "Specific Disorders," includes 13 chapters and addresses various comorbid conditions. Most chapters discuss epidemiology, diagnosis, neurobiology, causality, and treatment. The associations between mood and anxiety disorders and alcohol/drug abuse are given particular attention. In addition, chapters on substance abuse issues concerning posttraumatic stress disorder, personality disorders, eating disorders, attention deficit disorder, and schizophrenia are included. I was pleased to note a timely chapter on nicotine and associated psychiatric disorders. Only the last 3 chapters of this section are devoted to medical aspects of comorbidity. These chapters are concerned with traumatic brain injuries, HIV, and medical disorders in substance abuse patients (i.e., the medical consequences of drug abuse). In this respect, the subtitle of the book ("...Medical and Psychiatric Disorders") seems a bit misleading, as the book clearly emphasizes comor-

bid psychiatric disorders over general medical illnesses. The text would also have benefited from more figures and tables to help summarize and clarify issues discussed.

Overall, this book is well written and comprehensive, and I highly recommend it to those interested in dual diagnosis.

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Geriatric Psychopharmacology

edited by J. Craig Nelson, M.D. New York, N.Y., Marcel Dekker, 1998, 488 pages, \$175.00.

Geriatric Psychopharmacology provides an authoritative review of the pharmacologic treatment of psychiatric disorders in the elderly. The contributors are recognized experts in the areas that they discuss. The conclusions are based on supporting clinical research and, in some cases, offer practical guidelines for therapy. The 7 sections—general principles, depression, depression associated with medical conditions, bipolar disorder, late-life psychosis, anxiety disorders, and dementia—are logically divided, but well integrated, and each chapter is well referenced.

The introductory section devotes chapters to neurochemistry, pharmacokinetics, and drug interactions. Each of these chapters presents a succinct and comprehensive review of the subject matter, enabling the clinician to review the basic principles involved in clinical decision making. The basic principles are well laid out, and there is sufficient source information so that the text can serve as a ready reference. The section on drug interactions is particularly comprehensive and useful. This chapter has practical information presented in an understandable manner for the practicing physician.

The section dedicated to the treatment of depression gives a comprehensive review and has many pearls to help the clinician decide the appropriate form of therapy. Selection of antidepressant and augmentation strategies are considered. Resistance to treatment, including the effect of medical illnesses on treatment response, is discussed. The consideration of maintenance therapies is particularly thoughtful.

The discussion of depression is scholarly and thorough. However, the delineation of a clear algorithm for the optimal treatment of late-life depression would have made the book more useful to treating physicians. A table or chart demonstrating the pros and cons of the various treatments would have been very helpful. For example, electroconvulsive therapy (ECT) is an extremely common modality used to treat very depressed elderly people, but it has significant morbidity in this population. A more thorough discussion of the role of ECT in the treatment of elderly people would have been beneficial.

Particularly strong is the section dedicated to the treatment of depression in patients with concurrent medical illnesses. This section is highly detailed and very practical. Chapters on heart disease, stroke, cancer, and Parkinson's disease reflect on psychosocial as well as biological factors. The medical context

in differential diagnosis is well considered. The section on the use of stimulants in depressed patients with medical illness is very clear and helpful. In this section and the section on cancer, bullets serve as a guide for treatment. These bullets both simplify the complex discussion and serve to make the academic material practical.

The section on bipolar disorder in elderly patients lacks a discussion of the natural history of bipolar disorder in this age group. A discussion of manic symptoms in elderly people who have organic disorders includes the use of valproate and carbamazepine for treatment. Also, a comprehensive review of the use of lithium in older individuals is extremely thorough and practical.

This discussion of late-life psychosis is evenly divided between a consideration of indications and side effects. The authors present discussions of neuroleptic choice, drug interactions, dosing strategies, patient compliance, and maintenance. There is also a chapter dedicated to the treatment of psychosis in Parkinson's disease. This chapter gives a detailed approach to the special considerations in this patient population. There is also a chapter on sedative hypnotics that is particularly well designed. This chapter gives an algorithm for treatment that is useful in organizing the academic discussion.

The book concludes with a discussion of dementia with emphasis on cognitive therapies, neuroleptics for behavioral control, and nonneuroleptic treatment of dementia complications. This concluding section is well organized and to the point. The discussion on rating scales and the development of metaphors for treatment serve to guide the clinician.

The strengths of *Geriatric Psychopharmacology* are its scholarly discussion and solid basis in clinical research. It should be recommended reading for someone studying for the geriatric psychiatry board examination. It is also a useful reference text for the practicing psychiatrist and should be on the shelves of psychiatrists who treat a significant number of geriatric patients. The contributors who organized their chapters with the busy clinician in mind added to the practical usefulness of those chapters. Unfortunately, some of the chapters remained academic without specific guidance. Although this may represent an unbiased approach to the material, most clinicians would benefit from more specific direction.

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Treatment of Offenders With Mental Disorders

edited by Robert M. Wettstein, M.D. New York, N.Y., The Guilford Press, 1998, 438 pages, \$45.00.

Treatment of Offenders With Mental Disorders contains just about everything you ever wanted to know about the psychiatric treatment of people who have been arrested. Here are some questions addressed by the book that you may have wondered about.

Since most violent offenders are eventually returned to the community, how can treatment personnel reduce the risk of future violence?

The treatment plan should be considered a risk reduction plan, and should include studying the person's history of violence, teaching the person to identify and avoid risky situations, helping the person acquire skills to resolve the risky situations that are inevitable, and planning ahead for crisis resolution by teaching the person how to access help in an emergency.

What level or intensity of psychiatric treatment must the state provide to incarcerated individuals?

In general, the state does not have to provide the optimal or most desirable treatment or the treatment that the inmate prefers. The state is required to provide treatment that is medically necessary, i.e., the prisoner has a serious mental illness, the illness is treatable, and failure to treat would cause harm to the prisoner.

Can prison psychiatrists medicate offenders who have already been tried and sentenced and who refuse treatment?

Although some states allow for judicial review when prisoners refuse psychiatric treatment, the Supreme Court has emphasized the importance of prison safety and security and held that prison authorities are better equipped than courts for making these difficult decisions. For instance, an inmate's objection to psychotropic medication could be overridden by a special review committee consisting of a psychiatrist and other prison staff, none of whom were involved in the prisoner's current treatment.

What is the legal basis for the state's obligation to provide mental health services to inmates?

The Eighth Amendment of the U.S. Constitution prohibits cruel and unusual punishment. In the 1976 landmark case of *Estelle v. Gamble*, the Supreme Court found that the Eighth Amendment encompassed certain claims to medical care by state prisoners; that is, the Supreme Court said that it would be cruel and unusual punishment for prison personnel to be "deliberately indifferent" to the serious medical needs of an inmate. This finding means that inmates have a fairly high threshold to cross to successfully sue the state for poor medical care, a higher threshold than that in a medical malpractice situation.

Are there any racial implications to prison demographics?

You bet there are. During the 1990s approximately 30% of black men 20 to 29 years old were in prison or jail, on probation, or on parole on any given day, compared with about 12% of Hispanics and about 7% of white men in the same age range.

These and hundreds of other issues are addressed in *Treatment of Offenders With Mental Disorders*. The various authors cover the general principles and specific details of the management and treatment of psychiatric disorders in the mainstream prison population. They also discuss the needs of specific populations, including sexual offenders, offenders with mental retardation, and juvenile offenders. The editor of this book, Robert M. Wettstein, M.D., previously edited *Behavioral Sciences and the Law*. Here, he has assembled a multidisciplinary panel of psychiatrists, psychologists, and attorneys to write the chapters. The chapters are well organized with minimal redundancies and there are generous lists of citations, although the use of different methods of organizing them is a little disconcerting (numbered footnotes vs. alphabetical references, for example).

Prison psychiatry is a growth industry because there are more incarcerated individuals than ever in this country, and most states have well-developed treatment programs. In some cases, individuals who previously were in mental hospitals now are in prisons. This book will be very helpful to both the administrative and clinical staff who work in these programs, as well as attorneys and others who have an interest in offenders with mental disorders.

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