

HIV and Psychiatry: A Training and Resource Manual, 2nd ed.

edited by Kenneth Citron, M.D.; Marie-Josée Brouillette, M.D.; and Alexandra Beckett, M.D. Cambridge University Press, New York, N.Y., 2005, 346 pages, \$65.00 (paperback).

HIV and Psychiatry is a training and resource manual for psychiatrists and practitioners who deal with the emotional and mental problems of persons living with acquired immunodeficiency syndrome (AIDS). This syndrome was first reported by the Centers for Disease Control and Prevention in the June 5, 1981, edition of the *Morbidity and Mortality Weekly Report*.¹ Since that time, human immunodeficiency virus (HIV) has become a rapidly spreading epidemic touching virtually every country in the world. Extensive research and dissemination of medications to halt the epidemic resulted in treatments that could convert the epidemic from an acute crisis with a fatal outcome to a chronic disease that can be managed in those countries where the drugs are available.

HIV and Psychiatry is organized around numerous questions and case discussions involving approaches psychiatry can take to improve the quality of life for persons living with HIV and AIDS. Clear guidance is given for understanding the options and recommended treatment, using current technology and known psychiatric approaches.

The first chapters relate to medical approaches to control HIV in infected persons. A medical overview is provided in the chapter on transmission and clinical manifestations of HIV infection. This chapter describes the usual latency period following which 40% to 90% of HIV-infected persons can recall an illness suggestive of primary HIV infection. Oral, pulmonary, gastrointestinal, and multi-organ involvement are also described. Neurocognitive and neurologic manifestations are described in later stages of HIV and AIDS.

It is assumed that management of HIV will be done by a primary care doctor or HIV specialist, but the questions regarding recognition, drugs involved, and laboratory studies are discussed in sufficient detail to enable the psychiatrist to be a well-informed collaborative partner. This chapter on the medical overview should be read by every practitioner who deals with persons at risk for HIV.

There are currently 20 approved antiretroviral drugs used in various combinations to treat HIV infection. The 4 classes are the nucleoside and nucleotide transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors, protease inhibitors, and entry inhibitors. Approximately two thirds of patients who were started on combination antiretroviral therapy achieved an undetectable HIV viral load. These drugs have facilitated the management of HIV as a chronic disease. Successful management is monitored by the CD4 cell count and the HIV viral load.

The partial success that has turned HIV infection from an acute epidemic into a chronic pandemic is requiring more involvement of the psychiatrist to address a new set of challenges. When do we see cognitive changes in individuals with central nervous system involvement? How can HIV-associated cognitive/motor complex disorders be diagnosed and treated? What are the general principles for pharmacotherapy for these patients? How are psychiatric illnesses such as major depression, bipolar disorder, anxiety disorder, psychotic disorders, and sleep disorders being treated psychopharmacologically? The psychiatrist who treats these illnesses in non-HIV patients is familiar with current medications, but must consider interactions with antiviral drugs as well as considering the frail hosts. The authors address treatments in these subjects separately. Anti-

retroviral drugs have a wide spectrum of side effects, including depression, mania, anxiety, irritability, sleep disturbances, disorientation, and others. Patients using antiretrovirals may also have psychotic symptoms, confusion, and disorientation.

Choosing a psychopharmacologic agent for the HIV-infected person requires careful consideration of drug-drug interactions. A wide range of drugs are useful in the patient with depression and other mood disturbances. Significant interaction between antiretrovirals and paroxetine and fluoxetine are expected, and alternative approaches are suggested. Specific suggestions are also given for the treatment of other mood disorders.

This training manual discusses all aspects of the issues involved in the treatment of the HIV-infected child, adult, or couple in and out of the hospital. *HIV and Psychiatry* addresses the appropriate time to use cognitive-behavioral techniques, insight-oriented psychotherapy, and interpersonal psychotherapy in children.

More than half of the book deals with nonpharmacy questions. An especially enlightening chapter addresses psychological issues faced by men who have sex with men. This chapter addresses those facing the issues of homophobia, shame concerning childhood gender nonconformity, and male development pathways. While the authors state that homosexuality is no longer seen as pathological or deviant, men who have sex with men must constantly deal with hurdles to achieve what culture and the law can provide to help them live healthy and confirming lives.

This manual presents the psychiatrist as a member of the medical team whose special contribution results from the understanding of the HIV disease, but focusing on the individual who is living with the disease. Because of his or her psychiatric expertise in recognizing and dealing with the mental and emotional aspects of HIV plus interpersonal effects on the HIV-infected person's children, family, and associates, the psychiatrist is able to help the HIV-infected person have a productive and meaningful life.

This will not only be a reference book for the psychiatrist who is already involved in treating persons with HIV, but will also be invaluable for the person who is considering becoming involved for the first time in adding psychiatric experience and expertise to this growing worldwide disease.

REFERENCE

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Improving Mental Healthcare: A Guide to Measure-Based Quality Improvement

by Richard C. Hermann, M.D., M.S. American Psychiatric Publishing, Inc., Washington, D.C., 2005, 697 pages, \$79.00 (hardcover).

As I was engaged in reviewing this text, I came upon the following headline: "Quality-Improvement Efforts: Will Psychiatry Be Left Behind?"¹ The article continued, "In a recent report by the Agency for Healthcare Research and Quality on the state of measuring quality in medical practice, only 4 of 179 quality

indicators were related to mental health care” (p. 14). It occurred to me that I was reviewing a book that could assist our field in the development of meaningful quality measures.

I found this book highly informative from its initial pages. The Foreword (by Dr. Darrel Regier) highlights the relevance and importance of quality assessment in the current mental health care treatment environment, while the Introduction provides an excellent overview of the goals and content of the book.

Section I includes 5 chapters that provide a general overview of the field of quality measurement and in-depth reviews of the fundamental aspects of measurement-based quality improvement. Chapter 1 provides an overview of the variability in health care quality seen in the U.S. health care system. Quality issues particularly relevant to behavioral health care interventions are highlighted, while the major perspectives from which quality measures are generated are described in a clear and informative manner. Chapter 2 describes process measures—how they are used in health care and by whom. The 7 domains of technical processes, sources of data for process measurement, and concepts of process measure construction are all reviewed. Chapter 3 begins with a discussion of process measure selection, detailing the important considerations involved. The process used to reach consensus in the development of a core measure set by a multi-stakeholder group of national impact is outlined. Chapter 4 discusses concepts of case-mix and risk adjustment and reviews the use of comparative data to provide perspective in interpreting measure results. Chapter 5 provides specific discussion of the stages involved in implementing measurement-based quality improvement activities. The demonstrated effectiveness and limitations of such activities are discussed, as are organizational and external characteristics impacting implementation of measurement-based quality improvement. A highly informative description of implementing measurement-based quality improvement is then offered.

Section II is an inventory of mental health quality measures derived from the National Inventory of Mental Health Quality

Measures. Two hundred seventy-five measures of technical processes are described in a highly structured format. A brief introductory section describes the process of measure selection and evaluation and provides descriptions of the attributes detailed for each of the measures. Seven sections of measures, organized by domain of quality to which the measure pertains (prevention, access, assessment, treatment, coordination, continuity, safety) follow. Several indexes, which group the measures by differing characteristics (domain of quality, diagnosis or treatment modality associated with the particular measure), assist the reader in locating measures of particular interest.

The book is not meant to be a comprehensive resource on the topic of quality improvement. The Introduction clearly indicates, “This book is intended to be a volume amid a shelf of different approaches to quality assessment” (p. xv). The depth of exploration of the intended topic makes this book a comprehensive resource for one desiring a firm grounding in measurement-based quality improvement. I would wholeheartedly recommend it to this audience. The writing style facilitates understanding of complex topics while several key figures and tables reinforce and enhance the related text.

A behavioral health care organization desiring to initiate efforts utilizing these types of quality improvement techniques would be advised to review this book for use as a cornerstone in developing such a program. The extensive inventory of process measures constitutes a valuable resource for use in initiating data-gathering efforts.

REFERENCE

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