Book Reviews

Eating Disorders

Mario Maj, Katherine Halmi, Juan José López-Ibor, Norman Sartorius, editors. West Sussex (UK): John Wiley & Sons Ltd; 2003. 422 p. US$110.00.

Reviewer rating: Excellent

Review by Hany Bissada, MD, FRCPC Ottawa, Ontario

This book is part of the World Psychiatric Association series on Evidence and Experience in Psychiatry, which presents the latest theory and research on specific psychiatric disorders. The current volume addresses the topic of eating disorders. It covers all aspects of anorexia nervosa (AN), bulimia nervosa (BN), and binge eating disorder (BED), including their diagnosis, epidemiology, medical complications, pharmacologic and psychological treatments, and the economic and social burdens associated with them. These themes are addressed in 6 chapters written by international experts in the field, and each chapter is followed by commentaries from a group of different experts who highlight points of controversy and recommend directions for future research. Although the 6 chapters and the many commentaries were written by authors from different countries, the text is uniformly well-written and easy to read.

I found it intellectually stimulating to review this book: the topics are addressed in depth and often challenge existing theory or practice. For example, in the chapter on “Classification and Diagnosis,” Katherine Halmi addresses the issue of excluding amenorrhea as an essential criterion for the diagnosis of AN, citing studies that found many patients were still menstruating while meeting all the other diagnostic criteria for AN. The chapter “Epidemiology and Cultural Aspects of Eating Disorders” is a good epidemiologic review with informative discussion of culturally specific and nonspecific risk factors. In his commentary, Blake Woodside refers to the work of Lee and others that describe a type of “Chinese” or “ascetic” AN wherein deliberate food avoidance and the achievement of a low weight are not associated with body image distortion or a drive for thinness. The chapter “Physical Complications and Aberrations in Eating Disorders” is a systematic review of the possible medical complications encountered with eating disorders, accompanied whenever possible by a description of their physiological etiologies. The authors note with interest that sometimes medical complications such as amenorrhea, thought to be caused by low weight, appear before the onset of any significant weight loss and persist after weight restoration. Further research is required to investigate the possible cause–effect links between medical alterations and total or partial food deficiency.

In the chapter “The Pharmacological Treatment of Eating Disorders” the authors deplore the paucity of randomized controlled trials (RCTs) in AN. This is understandable, given its relatively low prevalence; its ego-syntonic nature, which makes patients reluctant to participate in a study leading to weight gain; and the fact that the often potentially life-threatening nature of the illness makes research unadvisable in these emaciated patients. The authors conclude their review by stating that no drug therapy is indicated at present for emaciated anorexia sufferers, although they encourage RCTs on the possible beneficial effects of some of the new atypical antipsychotics. Their review, however, does support the use of selective serotonin reuptake inhibitors in weight-restored anorexia patients, as well as in patients with BN and BED.

The chapter “Psychological Interventions for Eating Disorders” concludes that cognitive-behavioural therapy has been tested in several RCTs for BN and BED and proven effective. The situation is quite different for AN, where the authors conclude that consistent evidence for the efficacy of any psychological treatment is lacking, except for family therapy in young AN patients. It is unfortunate to note that, with the exception of BED, no conclusions can be drawn on the pharmacologic or psychological treatment of patients diagnosed with an eating disorder not otherwise specified, because they are not included in treatment trials.

The last chapter, titled “The Economic and Social Burden of Eating Disorders,” was refreshing, since that topic is rarely addressed in the literature. It is important to educate third-party payers, who are frequently reluctant to provide the required funding for treatment programs. The authors review the limited literature available about the social, occupational, and family burdens associated with eating disorders and then address the cost and cost efficacy of treating these illnesses, describing the new trends in day-hospital programs. The authors also review the morbidity and mortality of eating disorders, although this information duplicates the information provided in the chapter “Epidemiology and Cultural Aspects of Eating Disorders.”

In summary, this book, although short of being a reference, reviews in depth some of the most important aspects of eating disorders. It is informative reading for psychiatrists and psychologists specializing in eating disorders. It is, however, too expensive for those who most need it, that is, psychiatric residents and postgraduate students studying in the field of eating disorders. I urge the publisher to consider producing a more affordable, softcover version.
Substance Abuse


Reviewer rating: Good

Review by Nady el-Guebaly, MD, FRCPC, Calgary, Alberta

The call for integrated treatment of substance use disorders and mental illness is now 15 to 20 years old. To date, most empirical data on the outcome of integration come from samples of populations with severe and persistent mental illness receiving care in the US public health system. There is a need for the separate systems of mental health care and addiction services to pool their resources to care for those suffering from concurrent disorders; beyond that, clinical trials are also required to define practice guidelines customized according to diagnostic interaction as well as biopsychosocial interventions. It is with this expectation that I reviewed the 8 chapters of this new book focusing on the interaction between mood disorders and substance use.

The 3 editors, who each contribute a chapter, are well-known faculty in the field of addiction psychiatry from the University of Minnesota Medical School, Harvard Medical School, and Robert Wood Johnson (New Jersey) Medical School, respectively. The remaining authors are also well-known contributors to the area of concurrent disorders.

In the introductory chapter, Jo Westermeyer reviews the epidemiologic and clinical ambiguities involved in developing a consensus regarding the management of cooccurring mood and substance use disorders.

The second chapter, by Nerissa DelBello and Stephen Strakowski, is a scholarly review of the research underpinning each of the following 3 hypotheses: 1) affective disorder initiates substance dependence, 2) substance dependence initiates affective disorder, and 3) affective disorders and substance abuse share a common risk factor. Subsets of patients can be found with each of these presentations.

Shelly Greenfield discusses in detail the concurrent assessment process for 4 general clinical presentations, depending on the respective prominence of either substance use or mood disorder or both, as well as on the presentation of a mood disorder after remission from substance use disorder—a challenge often clinically dismissed as evidence of “lack of motivation”! Clinicians will appreciate the case vignettes.

The next 2 chapters, by lead authors Dennis Daley and Douglas Ziedonis, respectively, complement each other. Daley reviews the concept of recovery espoused by the field of chemical dependency. According to this concept, both disorders need to be managed, but in the context of changes in self and lifestyle. Management issues to be tackled during each of 6 phases of recovery are discussed. Ziedonis’ detailed description of a phase-based motivational enhancement therapy complements Daley’s chapter. Relevant principles of other psychotherapies, including psychodynamic, cognitive, and behavioural approaches, complete that chapter.

In the sixth chapter, Roger Weiss reviews the clinical controversies surrounding the decision to prescribe and the choice of medication, as well as the need to enhance medication compliance. A solid doctor–patient relationship is critical to the entire process. Chapter 7, by Jill Williams and Caroline Eick, appropriately reviews the common reasons for treatment nonresponse: inaccurate diagnosis, inappropriate treatment, comorbidities, and clinician–client mismatches.

The last chapter, by John Slade and Betty Vreeland, describes the management of tobacco dependence and the impact of mood disorders on the timing, course, and outcome of integrated management. A brief listing of suggested reading, support groups, Web sites, and videos concludes the book. I was surprised by the absence of concluding remarks, which leaves the reader with the impression—perhaps accurate—that the development of evidence-based guidelines for the management of this clinical challenge is very much a work in progress.

My overall impression is that the book reflects appropriately and competently on the current art and science of dealing with these common comorbidities. Experienced clinicians will readily identify with many of the management issues raised. As in many edited books, the chapters differ in style and readability. Duplication of material is minimized—a tribute to the editors.

Despite its stated goal of being a primer appealing to a wide audience, this book will, in my opinion, be most appreciated by those with a special interest and knowledge in mood disorders and concurrent disorders involving substance abuse. They will understand the complexities and will most likely gain new knowledge about the breadth of management options available. They will also recognize that the last word on the matter is far from written. At the price, this well-laid-out book will be a welcome addition to the libraries of those with that special interest.