Book Reviews

General Psychiatry


Reviewer rating: Excellent

Review by Mary V Seeman, MD, DSc
Toronto, Ontario

Susan Bradley is a child psychiatrist; thus it is no surprise that she carefully delineates the quality of affect in infants and children, its modulation, and the consequences to children of learning to regulate affect through reciprocal gambits with attachment figures.

What is surprising is Dr Bradley’s erudition. She knows and explains the trajectories of unregulated affect through development and all forms of psychopathology. In her scope, she embraces current knowledge of neuroanatomy and neurochemistry, as well as theories of mind. She presents well-integrated speculations on the role of affects and their dysregulation throughout life and the important role of experiential, cognitive-behavioural, and psychodynamic healing. These ideas are new, though they draw on current knowledge. Her arguments are mounted gradually from the first chapter to the last, so that the reader is slowly introduced to an ever more complicated system of integrative thought.

Placing affect regulation at the centre of the complicated system leads to the conclusion that individuals differ in their likelihood of developing psychopathology. Some of the difference is inborn, while some arises from exposure to prenatal and postnatal events that increase reactivity to stress. Stress reactive individuals, when faced with developmental hurdles, have difficulty regulating their affect, especially their negative affect. Attempts to cope and compromise with unregulated affect lead to all varieties of symptoms, which are accompanied by uncomfortable levels of arousal. How states of arousal are dealt with by the individual, by parents, by caregivers, and by treatment attempts all influence the specificity of the various forms of psychopathology. This book tries to understand all psychopathology and, by doing so, leads to a better understanding of specific pathologies and specific benefits of parent–child relationships, therapist–patient interactions, and medication effects. This book is masterly in its scope, and at the same time, the prose is lucid and easy to read. It is a must-read for students of psychology and psychiatry who want to integrate what they have learned by experience in the clinic.

Psychosocial Aspects


Reviewer rating: Good

Review by Alex Adsett, MD, FRCPC
Hamilton, Ontario

Why another book on psychosocial aspects of medicine in this age of exciting rapid developments in biotechnology? It is this current fascination with the biology of the biopsychosocial health care model that makes this book relevant. Moreover, time pressures on physicians allow them less time to talk with patients and to build a therapeutic doctor–patient relationship. Along with increased biotechnology, we have seen an amazing increase in patients turning to alternative medicine, perhaps partly because the average primary care physician spends 7 minutes with each patient, while the average alternative practitioner spends 30 minutes.

This book’s goal is to help the reader gain a comprehensive and integrated understanding of both the biomedical knowledge and the psychosocial aspects of various medical disorders, a goal that is achieved by a multidisciplinary group of authors. The editors consist of 2 psychologists and 2 psychiatrists. Each chapter is written by at least 2 authors, the total of whom comprise 7 psychologists, 7 psychiatrists, 1 professor of nursing, and 7 clinical medicine specialists. In the preface, the editors indicate that the book is directed to a wide range of health care providers, including psychiatrists, psychologists, social workers, and nurses.

The introductory chapters review research findings for such important clinical issues as treatment adherence, delay in seeking medical aid, and the value of patient participation in treatment decisions. This section also presents evidence showing that environmental and work factors and lifestyle and social supports significantly influence illness and disease. The authors discuss theoretical models that help clarify health behaviour, including a patient’s locus of control and health beliefs and the transtheoretical model of stages of change. The editors recognize the complexity of medically unexplained symptoms and somatization and the need for an evolving interactional view as more research is done on this group of difficult patients.

Chapters 3 through 10 present psychosocial considerations in women’s health and in various common medical disorders, such as cancer, cardiovascular or renal disease, gastrointestinal disorders, endocrine disorders, neurological illness, and infectious diseases. Each chapter provides basic medical information about the disease in that body system, including symptoms, treatments, effects, prognoses, usual psychosocial responses of the patient and family, and long-term
sequelae. Many physicians will find the summaries of medical disease unnecessary, and sometimes, more medical information than a reader wants to know is provided. In this case, it is sufficient to skim the information, though for some, the information might be useful.

Following the basic medical description, each chapter presents a section labelled Psychological Sequelae. For example, a patient who develops diabetes is described as often experiencing a profound sense of sadness and loss, mood swings, anger, and lowered self-esteem. Studies show that psychosocial factors affect blood sugar indirectly by patient compliance and directly by neuroendocrine effects. Blood sugar levels, in turn, may affect emotional state. Cognitive-behavioural therapy (CBT) has been shown to improve coping, treatment compliance, and control of blood glucose.

The authors present an interesting historical review of our understanding of peptic ulcer that illustrates how many physicians tend to think in a simplistic linear fashion rather than appreciating complex multifactorial etiology. Clearly, peptic ulcer is not primarily a psychosomatic disorder, as psychiatry has maintained in the past. However, H. pylori infection—now in vogue—cannot be considered a sufficient cause either; by age 70 years, over 50% of the population has been exposed to H. pylori, and not all cases of peptic ulcer have H. pylori infection.

The chapter on infectious diseases provides abundant medical knowledge and focuses on HIV, chronic fatigue syndrome (CFS), and Lyme disease—a group of disorders that exemplify the growing complexity of our understanding of host–pathogen interactions. The controversial disorder, CFS, is handled in a thoughtful manner emphasizing that this is a clinical syndrome with a significant prevalence and morbidity but with unknown etiology. The authors outline theories of etiology, including psychiatric etiologies, and the sparse evidence supporting them. They note how the lack of objective medical findings to explain CFS has detrimental effects on the patient’s relationship with family and friends and with the physician, as well as on the patient’s sense of self. Current treatment consists of CBT and a graded program of rehabilitation, but the authors provide no evidence to support treatment efficacy.

It was refreshing to see a chapter on women’s health, but the chapter was disappointing in that it provided extensive medical coverage but a limited discussion of psychosocial issues and research on psychosocial treatment in women.

The final 2 chapters specifically relate to the book’s title, *Psychosocial Treatments*. The authors summarize the principles of psychosocial treatment. The book provides a wealth of studies on the relation between medical illness and psychosocial factors. This knowledge helps psychiatrists to understand patients’ experiences and responses and supplies a map for psychiatric treatment.

In summary, this book is well written and free from errors, and in most instances, it provides reasonably up-to-date references for its statements, at times including contradictory studies. However, there is no attempt to assess the various studies’ level of evidence. The editors acknowledge that research in this field is still relatively new and that much knowledge thus far consists of hypotheses in need of refinement.

The book is much more than its title suggests, as it provides a wealth of studies on the relation between medical illness and psychosocial factors. The book provides an authoritative review of current knowledge on the Mini-Mental State Exam and the Clock Drawing Test. Dr Shulman is an acknowledged expert on the latter test.

For me, the highlight of the book is the chapter on tests of frontal lobe function. This is a concise and masterly integration of frontal lobe anatomy, function, and clinical testing, which includes the limitations of knowledge in this area. Other chapters cover 10 short...
cognitive tests, including telephone screening, informant questionnaires, and neuroimaging correlates of cognitive dysfunction.

In all, the book is a good effort. Hopefully, it will find a place on the desks of most clinicians treating older patients.

Neuropsychiatry

The Neuropsychiatry of Epilepsy.

Reviewer by Erwin K Koranyi, MD, FRCP, Ottawa, Ontario

Since the publication of Russell J Reynolds’ classic monograph on epilepsy in 1861 (1), a mere 4 years after Charles Locock introduced his bromide treatment, almost every decade has seen a fresh treatise on this condition. Many of these publications were multiauthor books. An editor of this current book, Michael Trimble, is a respected old hand in his contributions to epilepsy literature for at least 22 years (2). In this work, many new ideas are presented and discussed with clarity.

The monograph is divided into 6 parts and contains 22 chapters covering all aspects of the topic. As with many multiauthor publications, a couple of chapters lag behind the expectation. However, most contributions are outstanding and contain valuable information, and most are written by well-recognized European and American experts on the topic.

In the first chapter, ES Krishnamoorthy presents his views on the epidemiology of epilepsy and its current classification. He regrets the lack of attention previous classifications paid to the etiology and pathophysiology of mental disorders occurring in epilepsy. In 13 pages, he touches on a wide range of issues.

J Engel Jr, C Wilson, and F Lopez-Rodriguez write an extremely important and well-organized chapter on the issue of limbic connections, inspiring one to buy the book for this chapter alone. They elaborate on the differentiation of the immature brain and plastic changes caused by kindling and on the epileptogenesis of amygdales; they further explain what used to be called the “temporalization” of epilepsy. The authors explain with unique clarity the hippocampal connections and memory pathways and the “dentate gate” that prevents seizures.

Dieter Janz elaborates on the clinical manifestations of the psychiatric morbidity found in epilepsy: the ictal, postictal, and interictal psychoses and their symptomatology. The relation between seizures and patients’ sleeping habits are highlighted. Cesare Maria Cornaggia and Giuseppe Gobbi follow with detailed information about frequent learning difficulties.

Ludger Tebartz van Elst wrote a fascinating chapter on the old issue of aggression in epilepsy. He deals with 2 kinds of aggression in humans: first, the predatory aggression, with a well-structured, goal-directed, emotionally calm and concentrated state of mind; and second, a defensive–aggressive amygdaloid aggression with high emotional arousal, fear, anger, and vocalization. Different authors consider aggression in epilepsy patients to be rare (occurring in 7% of patients) or frequent (occurring in 50% of patients). Aggression in temporal lobe epilepsy and explosive disorder is discussed, along with their medical and psychiatric treatments.

Dietrich Blumer, another international expert and old-timer in neuropsychiatry, discusses the difficult issue of suicide: the occurrence rate of suicide is 5% among epilepsy patients, vs 1.4% among the general population. Temporal lobe epilepsy has a suicide rate of up to 25%, which is fiftyfold the expected rate. The role of interictal depression and Landolt’s concept of forced normalization are discussed. The frequency of suicide and the type of medication used to control the seizure disorder is discussed, showing an excess of suicides among those who were treated with barbiturates.

Kousuke Kanemoto writes on the topic of postictal psychosis and other psychotic manifestations of epilepsy, particularly those that occur in medial temporal lobe lesions with an additional neocortical involvement. Several chapters discuss cognitive decline and dementia in patients with epilepsy, temporal lobe epilepsy, and the less frequent cases of frontal lobe epilepsy. Howard A Ring and Nuri Gene-Cos draw parallels between epilepsy and panic disorder by pointing to their similarities: both are paroxysmal in nature and both involve the same neurochemical substance of the GABA system; the frequent depersonalization and derealization seen in both are similar. Magnetic resonance imaging (MRI) studies demonstrated abnormalities in the mesiotemporal area in both conditions.

An important chapter by Bettina Schmitz details the effects of antiepileptic drugs on the patient’s behaviour. This chapter deals with drug treatments and is very important for the clinician. Albert P Aldenkamp’s drug treatment of epilepsies is also an important chapter.

Steffi Koch–Stoecker reviews the outcome and psychiatric effects of surgery for temporal lobe epilepsy. Although seizure free, the patient may stay disabled. The psychiatric morbidity of surgical candidates is very high, from 43% to 80%, because the mesiotemporal structures are involved. Postoperative psychoses occur in about 7% to 16% of cases, and owing to forced normalization, de novo psychoses occur among 0.5% to 21%; Trimble’s statistics show a rate of suicide of 3.8% to 35.7%. While postoperative mania is rare, depressive episodes often occur after surgery. Symptoms of anxiety are common, with 10% to 44% of surgical candidates experiencing them. Personality disorders are seen among 60% of candidates and might show deterioration after surgery.

Christian Elger and Christian Hoppe present an interesting chapter on vagus nerve stimulation. Though it has been known since 1938 that vagus nerve stimulation suppresses epileptic activity, this treatment was not applied clinically until 1988, when a pulse generator was implanted in a patient’s chest. Such treatment led to improved quality of life in 50% to 60% of patients who underwent the procedure. Subsequently, the significant improvement in patients’ depression led to the application of vagus stimulation in a population of nonepileptic patients who were suffering from intractable depression.

Mr Trimble and Anke Hensiek write a fascinating and useful chapter on the application of psychotropic drugs in patients with seizure...
Child Psychiatry


Reviewer rating: Excellent

Review by Joseph H Beitchman, MD
Toronto, Ontario

This millennial edition includes papers published in 1999 and 2000 and provides a wide-ranging overview of interest to both clinicians and researchers. A total of 30 papers are organized into 6 sections: “Developmental Issues,” “Parenting,” “Attention-Deficit Hyperactivity Disorders,” “Other Clinical Issues,” “Treatment Issues,” and “Societal Issues: Violence and Victimization.” The first section, “Developmental Issues,” addresses early childhood development, including studies of self-regulation, attention and cognitive processes, attachment theory, and the stability of attachment classification as reported in a 20-year longitudinal study; it also discusses 2 studies—one on infant colic and its relation to the development of circadian rhythm and one on imaginary friends that differentiates between invisible friends, personified objects, and children without imaginary friends.

“Parenting” has 3 articles. The first, a scholarly overview of nature vs nurture issues, concludes that contemporary evidence points to multiple roles for parents that do not imply the deterministic effect attributed to parenting and hereditary. The second paper addresses issues arising from contemporary approaches to reproductive technology. The third paper summarizes relevant literature on the subject of mothers with serious mental illness and its impact on child rearing and child outcome; in particular, it refers to maternal depression and maternal schizophrenia.

The section “Attention-Deficit Hyperactivity Disorder” includes 4 papers. Each addresses an important and relevant topic. The first, on the diagnostic efficiency of neuro-psychological test scores, offers useful advice on their relevance in diagnosing attention-deficit hyperactivity disorder (ADHD). The paper on methylphenidate use in preschool children and the paper on ADHD in girls contribute to the literature in this area and offer guidance to practitioners. The fourth paper, on stimulant treatment for children in a community sample, is a counterpoint to a previously published paper reporting much lower rates of stimulant use. While the authors are cautious regarding the extent to which these findings can be generalized, they do raise important concerns about the widespread use of stimulant medication for children who do not meet diagnostic criteria and for whom the efficacy of this medication is not clearly established.

Seven articles address various “Other Clinical Issues,” including such topics as alterations in reported experiences between adolescence and adulthood, developmental coordination disorder, body dysmorphic disorder, catatonia, an operational definition of autism, sex differences in rates of major depression, and socio-emotional intelligence and mid-life resilience. Each article has something of interest to contribute and provides up-to-date information and an overview on important topics that have received relatively little attention in the scientific literature.

In “Treatment Issues,” 5 articles address non-residential treatment effectiveness in the real world. It is argued that, at minimum, 8 sessions are required to demonstrate treatment effectiveness. Three early intervention programs in autism are reviewed; while methodological concerns have raised questions about some of the inferences drawn, the findings justify further research in each of the programs described. The third article in this section reviews treatment for sexually abused children and adolescents and proposes a continuum running from intervention and psychoeducation through cognitive-behavioural therapy with family involvement.

References

to more comprehensive long-term treatment. The last 2 papers in this section deal, respectively, with neuroleptic malignant syndrome in children and adolescents and cardiovascular monitoring of children and adolescents receiving psychotropic medications. Both these chapters deal with important clinical issues and offer suggestions for early detection and intervention. The latter paper concludes with specific recommendations for cardiac monitoring of children and adolescents receiving psychotropic drugs.

The final section, “Societal Issues: Violence and Victimization,” has 5 papers. The first, a metaanalysis of cross-sectional studies of children’s adjustment following peer victimization, reports that children who are bullied by others tend to score high on dysphoria and loneliness. The second paper focuses on a longitudinal study highlighting early behavioural characteristics of children at risk for maladjustment. This study found that, while aggressive children had difficulties with peers and teachers, aggressive-withdrawn children had the most difficulty and were often friendless, victimized, and dissatisfied. The third paper argues that violence is not usually a sudden event but is, rather, associated with psychopathology that develops slowly and has numerous markers. Consequently, child and adolescent psychiatrists should practise more active prevention efforts. The fourth paper in this section concludes that a positive mentoring experience is associated with improved parental relationships that, in turn, lead to increased academic achievement and sense of self-worth. Further, a consistent mentoring relationship can serve as a corrective emotional experience for youths who have had unsatisfying relationships with their own parents. The last paper describes an intervention aimed at reducing violence. This project includes both universal and selective classroom intervention. The results indicate that a universal intervention can be effective when implemented with fidelity and that high dosage can alter the quality of the classroom climate during the first year of school. The study described is the largest of its kind to show the efficacy of an elementary school-based universal intervention, both for promoting competence and for preventing maladjustment.

This book is intended to provide an overview of topical and significant contributions to knowledge in child psychiatry and child development. The editors have collated the most up-to-date research reports and reviews published in 1999–2000. They have attempted to be comprehensive, focusing on important research findings and offering broader topical reviews with implications for both practitioners and policy-makers. One can quibble with the choice of topics (for example, ADHD) and the exclusion of other equally important areas (for instance, anxiety disorders). However, it is inevitable that some topics will either be omitted or receive less print space. The selections can be amply justified on the grounds that the topics are of recognized importance to a large constituency and that the articles advance the state of knowledge.

This book is expensive but worth the cost. It includes many articles that readers will want to refer to again and again. With its quotable findings and conclusions, this book should be in the library of every child and adolescent psychiatrist. Given its broad scope and the excellence of the articles selected, it can also usefully serve as a template for a journal club. I highly recommend this book.