Psychopharmacologie

Pharmacothérapie des troubles bipolaires
Jean-Michel Aubry, François Ferrero, Nicolas Schaad

Évaluation finale : excellente

Reviewer par Pierre Landry, MD, PhD, FRCP; Nancy Légaré, BPharm
Montréal (Québec)

Ce livre constitue une excellente mise à jour des connaissances actuelles sur l’épidémiologie, la classification et le traitement pharmacologique des troubles bipolaires. Deux des auteurs sont psychiatres et le troisième est pharmaciens-clinicien. Le livre se divise en cinq parties et comporte 19 chapitres, ainsi qu’un sommaire qui décrit le plan de chaque chapitre. Les premiers chapitres sont consacrés à l’épidémiologie et à la classification des troubles polaires, puis, dans la deuxième et troisième partie, huit chapitres présentent un bref historique, le mode d’action, une synthèse des études cliniques, la pharmacocinétique, les effets indésirables et les interactions médicamenteuses de chacun des stabilisateurs de l’humeur actuellement reconnus comme ayant un effet thérapeutique dans les troubles bipolaires. La quatrième partie regroupe les chapitres décrivant l’approche thérapeutique des différentes phases de la maladie, ainsi que des sous-types des troubles bipolaires. On y trouve des recommandations sur la combinaison de traitements, chez l’enfant, l’adolescent et les patients d’âge geriatrique, et sur le traitement pharmacologique du trouble bipolaire durant la grossesse et l’allaitement. À la cinquième partie, l’annexe comprend les critères diagnostiques des CIM-10 et DSM-IV, les médicaments qui peuvent induire un état dépressif et maniaque, ainsi qu’une liste des abréviations.

Tout au long de l’ouvrage, les auteurs apportent, en complément de leur synthèse de la documentation scientifique, des réflexions nuancées et pertinentes qui sont le gage d’une expérience clinique. Ils font ressortir les aspects pratiques de l’utilisation de la médication, notamment les examens de laboratoire recommandés avant d’administrer un psychotrope, l’initiation et le suivi d’un traitement. Chaque chapitre se termine par un encadré regroupant des « points clés », qui reprennent les éléments importants discutés dans le chapitre.

Par ailleurs, soulignons qu’il aurait été avantageux, pour la description du mode d’action des psychotropes, d’inclure des figures décrivant les différentes étapes des mécanismes intracellulaires ou les sites d’action des médicaments, pour mieux informer le lecteur sur ces aspects plus fondamentaux, qui bien souvent, demeurent difficiles à saisir pour nombre d’intervenants en santé mentale. Également, il aurait été indiqué d’ajouter les recommandations actuelles sur l’utilisation des antidépresseurs, dans la section grossesse et allaitement, et sur l’utilisation des psychotropes en cours de traitement par sismothérapie. Le nom commercial des médicaments n’est pas toujours identique à celui utilisé au Canada, ce qui demeure malgré tout un inconvénient mineur pour le lecteur canadien. Il en est de même pour les coûts mensuels et les formes pharmaceutiques disponibles, qu’il peut s’avérer intéressant de connaître, mais qui malheureusement ne correspondent pas tout à fait à la réalité canadienne. Enfin, les concentrations plasmatiques de la carbamazépine et de l’acide valproate sont malheureusement exprimées en unités traditionnelles plutôt qu’en unités du système international.

En résumé, ce livre s’appuie sur des références pertinentes et récentes, et est rédigé dans un français clair et concis qui sera accessible à la majorité des intervenants en santé mentale. C’est donc un ajout avantageux à la bibliothèque de tout clinicien ayant un intérêt pour les troubles de l’humeur et cela, à un prix raisonnable.

Violence

200 p. CDN$25.00.

Reviewer by Julio E Arboleda-Flórez, MD, FRCP, FAPA, DABFP, PhD
Kingston, Ontario

Prior violence foretells future violence, severe conduct problems in childhood influence later criminality, and people who lack conscience are more apt to be violent than those who do not (p iv).

These short phrases from the book’s prologue summarize the entire book, and to some extent, they summarize our total knowledge on predictor factors of violence: a myriad of scales and violence-risk assessment tools are all built on these assumptions. This small book attempts to explain to clinicians the nuances of the interrelation between diagnostic entities and the potential for behavioural manifestations of violence. Chapters are arranged by diagnostic categories, each introduced by a short vignette presented in a poem-like structure. This is followed by a discussion of the case’s merits as a predictor of violence and a series of relevant notes and bibliographical materials. The vignettes are
based on the type of patient most likely to become violent following release.

The book concludes with a series of chapters on such technical matters as predictor factors, base rates, and the debates on the use of risk-assessment instruments, as well as a description of some of these instruments. Although the authors warn that diagnoses “by themselves tend not to have much statistical power when it comes to violence prediction” (p 33), the whole book seems an exercise in providing clinicians with the certainty that a good diagnosis can lead to good prediction. Further, the book is organized as a little “do-it-yourself” treatise for harried clinicians in an area that has been claimed by the superspecialists in forensic psychology and psychiatry: it attempts to popularize concepts and techniques for risk assessment based on sound clinical practices and the use of some specific scales. It is not a treatise on risk assessment or risk management but an easy clinical “how-to” for approaching a person in whom violence is considered a possibility.

Unfortunately, the book offers no disclaimers about the state of the science of risk assessment or risk prediction or about the scientific quality (or lack thereof) of the many actuarial scales and guides devised “to diagnose” violence potential. The chapter titled “Debates” focuses on whether clinical methods of risk assessment are better than actuarial methods (or vice versa) and says nothing about the sociopolitical, legal, and ethical debates surrounding these assessment methods—as if the science of risk assessment and risk prediction were already a fait accompli unencumbered by challenges and misgivings about its validity and usefulness.

The book, however, does serve a purpose for clinicians who want to have a general introduction to the issues and to learn some of the language of violence-risk assessment and prediction. If bought only for that purpose, the book would be a good buy.

### Psychopharmacology


**Reviewer rating:** Very Good

**Reviewed by** Llewellyn W Joseph MD, FRCPC

Toronto, Ontario

Only recently “polypharmacy” was a pejorative term implying nonscientific and, perhaps, even sloppy care. This was all the more so as diagnoses became more refined, information regarding the neurobiology of psychiatric disorders increased, and the mechanisms of action of psychotropic medications became progressively more clear—developments that held out the promise of a neurophysiology of psychiatric disorders with drugs designed appropriately to match.

In this book’s opening chapter, Dr Nassir Ghaemi carefully discusses the history of polypharmacy, including the fluctuations in attitude toward this practice over time that directly reflect the level of understanding of medical illnesses. He feels that, today, polypharmacy persists in part because psychiatric disorders continue to be difficult to understand, despite vast progress in the neuroscience of psychiatric disorders over the past decade and a half.

There are several other factors, which he details. For example, it is an important fact that drugs are marketed for specific diagnoses on the basis of research that employs drug–disease paradigms—even though in the real world patients present with clinically complex symptoms rather than with discrete syndromes matching the actions of a particular drug or class of drugs.

The book is part of the *Medical Psychiatry* series edited by William A Frosch. It has 14 chapters by 14 authors and coauthors. The opening chapter, by Ghaemi, defines the conceptual and historical background of polypharmacy in psychiatry from the time of Oliver Wendell Holmes. It discusses William Osler and the early struggles between psychotherapy, psychoanalysis, and pharmacological treatment (with barbiturates and sedatives) and includes the introduction of the phenothiazines and the tricyclics. Ghaemi also mentions the efforts of several people familiar to the reader, including Gerald Klerman of Yale and Harvard and Gerald Sarwer-Foner of the University of Ottawa, Ottawa, Canada. Sarwer-Foner is mentioned as someone who began in the 1960s to specialize in the relation between psychopharmacology and psychotherapy.

Ghaemi also presents the US Food and Drug Administration as a powerful influence in the evolution of polypharmacy and attitudes toward its practice. The way drugs have been approved by the US Food and Drug Administration and marketed by drug companies, and also the US cultural and historical appetite for pharmacological treatment, are seen as significant contributors. Other important factors, such as research findings on biogenic amines in depression and schizophrenia, elucidate the mechanisms of action of drugs and the development of the DSM. Ghaemi concludes by emphasizing that polypharmacy is part of psychiatry today.

Ghaemi also devotes much attention to defining polypharmacy, distinguishing between rational and irrational polypharmacy. Some disorders (for example, bipolar disorder [BD]) historically require 2 or more drugs for adequate treatment of the disorder and its associated symptoms. In such cases, polypharmacy is not only rational but may be standard treatment.

Eight chapters discuss polypharmacy for different disorders according to the following diagnoses or clinical groupings: BD, unipolar depression, schizophrenia, anxiety disorders, and posttraumatic stress disorder. Polypharmacy for medically ill psychiatric patients, the elderly, and children and adolescents is also discussed. The question of defining polypharmacy is taken up in each chapter. In the chapter on BDs, for example, it is argued that standard treatment requires at least 2 drugs. Therefore, polypharmacy...
would be 3 or more drugs in the case of this disorder. Various aspects of the diagnosis and treatment of BD are discussed as they relate to polypharmacy. The chapter’s author emphasizes that, in treating BD, the focus should be on the long-term perspective, which requires more than one drug. Polypharmacy in mania and bipolar depression are discussed separately. The chapter also discusses the polypharmacy and prophylaxis of BD, the side effects burden of polypharmacy, and suggested guidelines for treatment.

Each chapter reviews both the controlled and open studies of polypharmacy in the particular disorder or clinical group addressed; what is surprising is how little systematic study of this widespread practice exists. Each chapter is equally comprehensive, although not similarly organized.

The chapters on the medically ill and the elderly demonstrate how unavoidable polypharmacy is in these populations because of both medical and psychiatric comorbidities; therefore, adequate knowledge of psychotropic–nonpsychotropic medication interactions is required. The pharmacokinetic and pharmacodynamic changes in the elderly both contribute to polypharmacy through a phenomenon called the “prescribing cascade,” in which an adverse drug reaction is interpreted as a new medical problem. The chapter on children and adolescents mainly emphasizes the large contribution of comorbidity to polypharmacy. This chapter is less than thorough; for example, it makes no mention of oppositional defiant disorder, a common comorbidity in many child and adolescent diagnoses.

Of the remaining 5 chapters, 2 are particularly interesting, both for the topics themselves and for the fact that they were given so much space. “Psychosocial Aspects of Polypharmacy: the Social work Perspective” discusses the increased role of social workers in the care and rehabilitation of patients since deinstitutionalization and community reintegration. In regard to pharmacotherapy and polypharmacy, the author sees social workers acting as physicians’ assistants, consultants, counsellors, educators, monitors, and advocates in collaboration with the physician. “Polypharmacy of Alternative and Herbal Medication” acknowledges the significant use among psychiatric patients of natural medications, as well as vitamins and other supplements, for both psychiatric and nonpsychiatric symptoms. The chapter summarizes what is known about the actions and mechanisms of some of these drugs and, in the absence of adequate information for the more commonly available naturopathic drugs, offers suggestions. The last 3 chapters on the psychology of polypharmacy, on cultural aspects of polypharmacy, and on the “pills and potions,” make important points; however, they could probably be condensed into a single chapter, particularly since some of the points covered are partly treated in the opening chapter.

I found this book a pleasure to read, not only because of the topic and the content but also because it is comprehensive, well written, and well laid out. The subject is explored both extensively and intensively, and the many personal and first-hand references render the authors both authoritative and close. True to its stated purpose, the book gives readers a broad view of polypsychopharmacology historically and provides direction on where and how to engage in polypsychopharmacotherapy. The historical and conceptual background is, I think, a significant contribution that puts this current practice in an appropriate perspective. The book’s other, and most significant, contribution is its examination and competent discussion of the extent literature on the subject.

Although the price is steep, I strongly recommend this book for any clinician or teacher seriously interested in the subject, both for ongoing use and as a valuable reference.

### Books Received

The following books have been received; the courtesy of the sender is acknowledged by this listing. Books of particular interest to readers of the Journal will be reviewed by selected individuals. Not all books are available for review.


**Les meurtriers sexuels : Analyse comparative et nouvelles perspectives.** Jean Proulx, Maurice Cusson, Eric Beauregard, Alexandre Nicole. Montréal: Les Presses de l’Université de Montréal; 2005. 344 p. 34.95 SCAN.
