Addictions


Reviewer rating: Very Good

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

As I began reviewing this book, now in its fourth edition, it dawned on me that I had the pleasure of reviewing the third edition as well (1). Our patients commonly present a clinical picture of polysubstance abuse; teaching texts devoted exclusively to drinking problems are less common. Thus, in comparing the third and fourth editions of this focused publication, I expected to gain a good sense of recent advances in the field.

Dr Griffith Edwards is the founder of the National Addiction Centre, London, England, professor emeritus at the University of London, and Editor-in-Chief of Addiction. The coauthors since the third edition, Dr Jane Marshall and Dr Christopher Cook, are noted for their own pioneering work.

Like the third edition, the book is aimed at a multidisciplinary audience of professionals in the field and is divided into 2 main sections. The first section has 13 chapters. A new introductory chapter on the history of treatment reminds us that it was Trotter, as early as the beginning of the 19th century, who postulated that far from being a sin, “the habit of drunkenness was a disease of the mind” (2). An overview of the causes of drinking problems follows, integrating the related sociocultural, psychological, and biological dimensions across the lifespan. The next chapter focuses on the drug alcohol and includes an update on its receptors’ action.

The book’s midsection begins with a description of the clinical sensitivities surrounding the alcohol-dependence syndrome, masterfully covered by the group who powerfully helped define it. A synopsis of the consequences on the family and social functioning follows. The array of neuropsychiatric as well as psychiatric comorbidities receive expanded attention in this edition. The common comorbid use of other drugs alluded to in my introduction is reviewed in the next chapters along with the physical complications. The section appropriately ends with an overview of special clinical presentations among women, as well as an overview of different age, cultural, comorbid, and social groups. However, no mention is made of affected health professionals. The challenges involved in defining and estimating long-term outcomes conclude the section.

The second section addresses screening, assessment, and treatment issues. The seasoned clinical skills of the authors are evident in the chapters on screening and assessment and the management of withdrawal. (Why, however, was the Canadian Clinical Institute Withdrawal Assessment Scale not mentioned?) This subject is followed by a discussion of the therapeutic basic work of engagement and an essay on Alcoholics Anonymous.

The next part is, in my opinion, less rewarding. In 24 pages, it reviews a series of psychological approaches (for example, motivational interviewing, cognitive-behavioural therapy, behavioural self-control, relapse prevention, and psychotherapy), along with the current pharmacotherapeutic armamentarium. This enumeration of treatment options may be confusing to the newly initiated. To guide the reader in choosing an approach, the authors briefly note the results of project MATCH and Miller’s analysis of treatment outcome studies.

The concluding chapters are reminders of the need for patient-focused flexibility in goals: Who is a candidate for a resumption of normal drinking? What are the techniques for establishing and maintaining control? A very thoughtful chapter describes “when things go wrong in treatment.” Clinical tips with vignettes address fine-tuning expectations for both patient and therapist, the frequent abuse of defenses, and getting out of a therapeutic block.

The book concludes with a description of the UK experience in the organizational structure of treatment services. A note about the US experience with placement criteria would have been appropriate.

My overall impression is that each chapter in this teaching text is a synopsis of a great deal of literature. The synopsis is not free of biases. The North American literature is often criticized for being too “American” and neglecting the depth and breadth of European contributions. This book presents a compendium of the British literature with occasional, sometimes critical, references to the US experience. Can we ever reach a balance?

As a compendium of seasoned clinical wisdom, the book remains an excellent primer for any student or practitioner in the field of alcohol-related problems. I was disappointed to find that updated parts in this fourth edition are the exception rather than the rule. The tables, figures, and clinical vignettes are largely the same as those in the third edition. The number of references after 1996 is limited. This book’s prior editions have done well and are now translated in 6 languages: Why meddle with perfection? The problem is that the field of related publications is increasingly crowded and that the next edition may require a fundamental “rethink” to keep up with new insights. The knowledge base in the alcohol field is rapidly expanding internationally.

For newcomers requiring a primer on alcohol-related problems, this book is a sound investment at the current cost. For owners of the prior editions, reinvest in a different book and await the fifth edition.

References

Mood Disorders


Reviewer rating: Excellent

Review by Rakesh Jain MD, MPH
Lake Jackson, Texas
Shailesh Jain, MD, MPH
Houston, Texas

What an excellent guidebook! We realize it is not typical for a book review to open with such an effusive statement; however, this book certainly deserves this level of praise from all North American clinical psychiatrists.

Currently, bipolar disorder (BD) is the pre-eminent psychiatric disorder of interest to both practising psychiatrists and the public at large. It is a complex disorder, presenting frequently, perniciously, and confusingly to our offices, with patient stories of misdiagnosis and inappropriate treatment being the rule. We psychiatrists have all wished for a wise, fair, balanced, research-driven, yet clinically useful guide to advise us as we attempt to help our BD patients with pharmacotherapy. Here is the long-awaited, clinician-centred guide to the pharmacotherapy of BD.

The editors of this book are widely respected international authorities on this topic. Additionally, the list of contributors reads like an all-star cast of the best and brightest in the field in Canada and the US.

The book has 12 mostly multiauthored chapters, each of which focuses on important aspects of BD. The first 2 chapters focus on different phases of the illness—hypomania or mania and depression. Successive chapters focus on rapid cycling, maintenance therapy, special population issues, and comorbidities with other Axis I diagnoses. The next 4 chapters focus on separate classes of medications used in the treatment of BD: lithium, atypical neuroleptics, antidepressants, and anticonvulsants. There is also a chapter on somatic treatment for BD. The book ends with a chapter on pharmacologic issues pertaining to the medications, including possible adverse effects and their management.

With so many authors writing separate chapters, there is understandably some overlap in material covered. This, however, is not distracting. The opening chapter on the diagnosis and treatment of hypomania and mania is a tour de force, with an excellent discussion of the clinical pitfalls that face each of us as we assess patients with mood disorders. The authors have clearly kept practising clinician readers in mind: they have broken the chapter into sections that closely follow how clinicians assess and treat these patients. There is a wonderfully thought-out section on rationale in designing treatment strategies and an equally useful and practical treatment algorithm section.

The second chapter, on bipolar depression, does not offer as many pearls of wisdom, but this is because our understanding of the treatment of bipolar depression is less well studied. Experts, particularly those from Europe, have differing views on this subject. Nevertheless, we enjoyed reading this chapter. We would have liked to see a flow sheet illustrating how the authors manage bipolar depression in their clinics, so that we could see how expert psychopharmacologists handle the most vexing phase of this illness, the depressed phase.

We similarly appreciate that the editors have devoted an entire chapter to the plight of rapid cyclers. This chapter has both a research and clinically driven, evenhanded approach to this complex clinical presentation. Similarly, the chapter on maintenance issues, while highly research-data driven, is informative to practising clinicians. The data supporting lithium use for maintenance are fully researched and elegantly presented.

The next several chapters highlight each of the following individually: lithium, antidepressants, anticonvulsants, and somatic treatments. The data for these treatments are extensive, and we commend the various authors for discussing both supportive and nonsupportive data, for allowing us to examine the data for ourselves, and for then offering their own thoughts and recommendations. Well done!

The final chapter is devoted to pharmacodynamic and pharmacokinetic issues, along with side effect management. Side effects of these medications are one of the most important reasons for poor compliance, and we would have liked a significantly expanded discussion of side effect management from these experts. “How do they manage these side-effects in the real world?” is a question we frequently asked ourselves as we read this chapter. A listing of side effects alone does not adequately answer these questions satisfactorily.

To keep up with the burgeoning database in BD research, we hope these talented editors consider a second edition within the next 2 years. We have minor suggestions to offer to make this an even more useful book. Consider more frequent use of tables and flow charts and consider ending the book with a single-authored chapter summarizing the practical information gathered from reading the previous chapters. Further, assessing and managing BD in children and adolescents is an emerging psychiatric quandary, and clinicians would benefit from its discussion in the next edition.

As we read this book, we could not help but be impressed by how far the biological treatment of BD has evolved over the last few decades. This progress in our knowledge base can only benefit more of our patients. There is indeed a great deal to like about this book, which has a place of honour on both our bookshelves. We strongly recommend it to our fellow clinical psychiatrists.

Psychopharmacology


Reviewer rating: Excellent

Review by Laura Calhoun, FRCPC
Winnipeg, Manitoba

The primary objective of Dr Steiner and Dr Koren, to “raise the awareness and understanding of sex and gender differences in the etiology, presentation, prevention, and
treatment of mental disorders in woman” (p xiii) is ably met in this new and timely text. Although mood and anxiety disorders are twice as common among women in the reproductive years, compared with men, little research has been done thus far to determine whether there are differential responses to specific treatments. Further, despite the knowledge that 50% of pregnancies are unplanned, with the result that most women do not have a chance to withdraw from medication gradually prior to conceiving, little research exists on the effects of psychotropic medication on infant brain development.

This is an excellent book for all clinicians who treat women with mental illness. Knowledge about sex differences in pharmacokinetics and pharmacodynamics is tremendously important, and research studies are finally starting to report differential responses based on sex. To have this information compiled in one concise, practical volume is enormously helpful both clinically and in teaching residents and medical students.

The first 4 chapters of this handbook discuss the use of antidepressants, mood stabilizers, anxiolytics, and antipsychotics in women at various stages of their reproductive lives. There are also sections in these chapters about the interactions between hormones and these medications.

Other chapters discuss the treatment of disorders that occur exclusively in women, such as premenstrual dysphoric disorder, depression during pregnancy, and depression in menopause. These chapters provide information about etiology and diagnosis, as well as treatment suggestions. They include sections about herbal therapies, dietary supplementation, and psychosocial therapies, all of which serve to teach us in a holistic fashion.

The chapter on antidepressant medication and breast-feeding reviews the conflict that often arises for women who feel pressured to breast-feed on the one hand and to take medications on the other hand. Clinicians treating these women experience a parallel process when they try to balance the infant’s safety, the woman’s wishes, and the knowledge that the longer they wait to treat, the less likely they are to get women well. As is emphasized throughout the book, each treatment decision is unique, and no decision is risk-free.

Two further chapters on herbal remedies and substance abuse round out the book. The latter chapter details what is known about substance abuse at various reproductive stages, together with treatment information. The former chapter reviews St John’s wort, black cohosh, ginkgo biloba, and valerian root. This information is invaluable, as these herbs are being used extensively by women with mental illness.

Only the chapter on drug interactions with oral contraceptives was disappointing, owing both to its brevity and to the lack of available information about the effects of oral contraceptives and depot provera on mood and anxiety.

Under the superb editorship of Dr Steiner and Dr Koren (both Canadians), this book is well written, well laid-out, concise, and well referenced. I am proud to note that most of the contributors are also Canadian; I look forward to reading further works by many of these authors. At the price, this handbook is a terrific reference for clinicians.

Sleep Disorders


Reviewer rating: Excellent

Review by Alan Douglass, MD Ottawa, Ontario

This is a complex book of most unusual design. Its discussion of rapid eye movement (REM) sleep and its relation to dreaming is highly technical and theoretical, yet extremely broad.

The book begins with 5 chapters, each averaging 20 pages, by recognized experts from as far afield as Allan Hobson (neurophysiology), Robert Vertes (REM memory consolidation), and Antti Revonsuo (evolutionary hypotheses of dreaming). The unusual aspect is that the specific points raised in these chapters are numbered and then treated point by point to a page of criticism from about 80 different academics representing virtually every related field—psychology, psychiatry, neurology, neurophysiology, and even philosophy. Finally, the original 5 chapter authors respond to these critiques. The overall effect is that of attending an academic conference on REM sleep and dreaming, yet having much more than rough notes of the proceedings!

The book is quite scholarly. It is densely written and closely argued. Many of the writers use their space to illuminate the way in which their own life’s work bears on the topic at hand, which in itself provides a marvellous overview of the area. While the book is a superb compilation for academics, it is a daunting volume for anyone with only a casual interest in REM sleep and dreaming. It is certainly not an undergraduate text, although it could be an excellent reference for graduate students or medical specialists.

An example from the text gives an idea of the level of the discussions. In Mark Solms’ chapter, he suggests that dreaming and REM sleep are controlled by different brain mechanisms: REM by cholinergic mechanisms in the brainstem and dreaming by dopaminergic mechanisms in the forebrain. As evidence, he cites forebrain seizures, forebrain electrical stimulation, and dopamine agonists as possible ways to increase dreaming without increasing REM duration or density. He notes that dreaming is completely abolished by ventromedial frontal lobe lesions that nevertheless leave REM sleep intact. Allan Hobson, the noted neurophysiologist who, along with Robert McCarley, is the originator of the most widely accepted neurophysiological model of REM sleep, counters that “the ghost of Sigmund Freud haunts Mark Solms’s dream theory . . . Only those data which can be retrofitted into Freud’s dream theory are deemed worthy of theoretical attention . . . his major theoretical orientation is psychoanalytic.” He goes on to paint Solms’s apparently physiological theory as a resuscitation of Freud’s dream-as-wish-fulfillment hypothesis—and so it goes.

Major issues tackled by other authors include whether memory consolidation occurs in REM sleep, whether true dreaming occurs in
Eating Disorders


Reviewer rating: Excellent

Review by Hany Bissada, MD, FRCPC Ottawa, Ontario

Many weight-loss programs and manuals have been developed in the last 10 years to address the steady rise in the prevalence of obesity (defined as body mass index between 30 and 40) and its associated medical complications, including diabetes and cardiovascular diseases. The outcome for patients so far has been to achieve weight loss in the short-term, followed by failure to sustain that weight loss in the long-term, a frustrating experience for both patients and clinicians treating obesity. The authors of this book addressed the failure to sustain weight loss in the long term by proposing an innovative therapeutic approach that is currently being evaluated in a randomized controlled trial at Oxford University. They acknowledge that proposing this innovative approach remains premature until the research evidence supporting its effectiveness is available. Nonetheless, they produced the book now in response to requests from clinicians seeking guidance for the treatment of patients with obesity, particularly those who are at risk for developing serious medical complications.

The authors are internationally known for their research and experience using cognitive-behavioural therapy (CBT) to treat eating disorders and obesity. The innovative approach they propose in this book addresses the obstacles preventing weight maintenance after the initial weight loss and offers patients the techniques that will allow them to maintain their new weight, an indispensable step that has so far been missing in the long-term management of obesity.

Briefly, the authors suggest that the disappointing long-term results of behavioural treatments for obesity may be explained by the lack of distinction between the immediate weight-loss objective, which requires sustaining an energy deficit and is usually achieved by most patients, and the objective of maintaining the lost weight, which is a long-term activity seldom addressed by most of the behavioural weight-loss programs currently available. The situation is further complicated by the fact that most obese patients join a weight-loss program with the goal of achieving an unrealistically low weight that they believe will allow them to achieve other personally important objectives, such as becoming physically attractive and improving self-confidence and self-esteem. Since most patients experience a decline in the rate of weight loss after 4 to 6 months of attempting to lose weight, they soon realize that they will achieve neither their unrealistic low weight goal nor their other objectives of physical attractiveness and improved self-esteem and self-confidence. Such realization leads them to the erroneous conclusion that their weight-control effort has been a failure; consequently, they abandon all weight-control efforts and return to their prior eating habits. A positive energy balance develops, and they gradually regain the weight they initially lost. A few obese patients insist on maintaining an energy deficit until they achieve their unrealistic low weight goal. Even when they manage to reach that unrealistic low weight, they are unlikely to maintain it for long; some will develop binge eating, and most will gradually regain the lost weight within the next 2 to 3 years.

Based on the foregoing cognitive-behavioural analysis of the processes responsible for weight regain, the authors propose a CBT approach that emphasizes the equal importance of the 2 treatment phases, namely, weight loss and weight maintenance. The book provides a detailed description of the proposed treatment. It comprises 24 sessions spread over 44 weeks and is delivered in 2 phases. Phase 1 requires 17 sessions spread over 30 weeks; its goal is to achieve a gradual weight loss over 4 to 6 months at a caloric intake of 1500 cal daily. Patients are expected to lose about 0.5 to 1 kg weekly and are made aware that weight loss of 10% to 15% yearly should reduce most of the medical problems associated with obesity.

Phase 2 has 7 sessions spread over 14 weeks; it aims to help patients maintain the new weight over time. It does so by identifying and moderating unrealistically low weight goals, by tackling body-image concerns, and by teaching patients about appropriate ways to achieve their objectives of physical attractiveness and improved self-esteem and self-confidence. The ultimate goal of Phase 2 is to help patients appreciate the weight loss achieved during Phase 1, even if it did not meet initial expectations. Such appreciation will motivate patients to maintain their new healthy eating habits, and thus the weight loss already achieved will have a better chance to be maintained long-term.

In conclusion, I highly recommend this well-written and reasonably priced book to all clinicians interested in using CBT in the treatment of patients with obesity. It is the first treatment manual for obesity that describes step by step how to conduct CBT for patients suffering from obesity.
Personality Disorders


Review by W John Livesley

This is a disappointing volume, even though it presents valuable concepts for understanding the cognitive component of personality disorder, as well as many useful interventions. The first edition, published in 1990, was a seminal contribution that offered a new perspective on the treatment of personality disorder, a topic previously dominated almost entirely by therapies based on psychoanalytic theory. In it, Beck and colleagues offered an innovative perspective that had a major impact. The limitation of the first edition was its modest evidential support for both overall approach and specific treatment strategies. Indeed, the authors noted that this was embarrassing in a mode of treatment that advocates empiricism. The widely anticipated second edition was expected to correct this deficiency by offering a theory that was more coherent and solidly grounded in empirical findings and evidence-based interventions. Alas, this volume fails to deliver.

This edition has 16 chapters. The first 5 offer an overview of cognitive therapy for personality disorder, present the rudiments of a theory of personality disorder, discuss issues of assessment, outline general principles and specialized techniques, and explore the important issue of the therapeutic relationship. They are followed by 10 chapters, each describing the psychopathology and cognitive therapy of a specific disorder. All the DSM-IV personality disorders are considered, except for schizotypal and passive-aggressive personality disorder. The last chapter offers a brief synthesis and comments on prospects.

Chapter 2 purports to describe a theory of personality disorder. The first edition offered a sketchy framework comprising a somewhat loosely arranged set of constructs and ideas. Although many of these ideas were useful, and probably essential, components of any theory, they were not systematically articulated. The corresponding chapter in this second edition offers little that is new. It combines the first edition’s Chapters 2 and 3 and offers almost identical layout and subheadings—as if the field of personality disorder had remained unchanged for the last 15 years. In fact, ideas about the disorder’s nature, origins, and classification have changed markedly and continue to do so. Many of these developments are barely referenced, let alone incorporated into the model or into intervention strategies. This is part of a more general problem: the book is written with scant attention to the context of scholarship in related fields. Particularly problematic is its neglect of current work on normal personality, especially research on cognitive approaches to personality. This research provides a body of knowledge about personality processes that could have greatly enriched the reviewed volume’s framework and contributed to a more solid conceptual model.

As with the first edition, much of this volume is organized in terms of DSM-IV diagnoses. Although this arrangement is understandable, given the influence of the DSM, it is nevertheless surprising that the DSM model was followed so uncritically, because there is overwhelming evidence of its limitations and an emerging consensus that radical change is needed in the classification of personality disorder. Each disorder is conceptualized in terms of self-view, beliefs, threats, strategy, and affect, and intervention strategies based on this conceptualization are then proposed. This approach implies that disorders are discrete entities, despite evidence to the contrary. Because each disorder is considered distinct and each is discussed in similar depth, most chapters offer relatively superficial accounts. Consequently, the text as a whole fails to address the problems encountered in treating severe disorder. Throughout, readers are left with the impression that personality disorder is relatively easy to treat and that change is easily achieved. Despite disclaimers throughout the volume that note the challenges of treating personality disorder, many of the case examples create the impression that this is not so—probably because many appear to be less severe than those typically seen in general clinical settings and many seem to involve dysfunctional personality traits rather than personality disorder per se. These problems do not apply to all chapters, however, some of which thoughtfully discuss problems encountered during treatment. For example, the chapter on antisocial personality disorder discusses useful ideas and offers more detailed analysis of the issues. Many of these ideas and cautions could have been usefully included in a general chapter on the principles of treating all forms of personality disorder.

The volume’s limitations reside in its structure and mode of approach. The text is clearly written, well laid-out, and easy to read. The editors have done a good job of maintaining consistency, despite the many authors involved.

Perhaps the major limitation of this book stems from the fact that, while the authors represent the crème de la crème of cognitive therapy, they are not primarily students of normal and disordered personality. As a result, they have created a volume that is rich in its account of Beck’s model of cognitive therapy but weak when it comes to understanding and treating personality pathology. Some contributors to specific chapters have published on personality disorder, but they do not seem to have been part of the core writing and editorial team.

When reading this book, readers should bear in mind the findings of studies of treatment outcome. The evidence indicates that various treatments, both psychotherapeutic and pharmacologic, are effective in treating personality pathology but that no single form of psychotherapy stands out as better than the rest. A recent metaanalysis indicated that cognitive and psychodynamic therapies are approximately equally effective. Cognitive interventions derived from the Beck model are important ingredients of a comprehensive and integrated approach to treatment, but they are not the whole story.