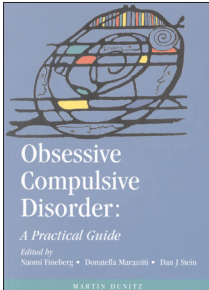


Book Reviews

Anxiety Disorders



Obsessive–Compulsive Disorder: A Practical Guide. Naomi Fineberg, Donatella Marazziti, Dan J Stein, editors. London (UK): Martin Dunitz Ltd; 2001. 228 p. CAN\$56.25.

Reviewer rating: Excellent

Review by Arun V Ravindran, MD, PhD, FRCPC
Ottawa, Ontario

First, the editors should be complimented on their selection of an eminent group of contributors from different parts of the world, producing a volume with a truly international perspective. As the preface and the title suggest, this book attempts to provide a practical guide to diagnosing, assessing, and managing obsessive–compulsive disorder (OCD) in a clinical setting. With increasing public awareness has come greater demand for its treatment and an obvious need for increased participation of primary care physicians and allied health professionals. This publication is therefore timely.

At 182 pages with 14 chapters, the volume is “user friendly.” It starts by outlining classification, epidemiology, and common comorbidities. This is followed by a description of assessment tools and their application in clinical settings. The subsequent chapters on the clinical presentations present a wealth of material in an interesting fashion that emphasizes the

common core phenomena, as well as the variations in both OCD and OCD spectrum disorders. The next set of chapters summarizes the role of etiological factors: genetics, neuroanatomy, and pathophysiology. Here, the authors succeed in translating rather complex research data into simple, easily understood material for clinicians. They conclude that a better understanding of the biological and psychosocial substrates underlying the core symptoms will contribute significantly to the development of more effective treatments. Treatment information is covered in the chapters entitled “Pharmacotherapy,” “Psychotherapy,” and “Treatment of Refractory OCD.” Emphasizing the common methods and agents, yet including up-to-date information from research studies and references, the material is well presented in a logical sequence. Similarly, the chapter on the disorder in children and adolescents is very informative. Chapter 13 synthesizes material from previous chapters, emphasizing the contribution of brain-mood interaction to psychopathology and treatment response, as well as the need for further etiological research. Finally, a novel chapter on a patient’s perspective completes the book.

This volume does not suffer the common problem of multiauthor books. The topic is well covered, with no major omissions, and the depth is appropriate to its aim. Most chapters are well written and succinct, and the flow from chapter to chapter makes it an easy read.

This is not an authoritative or a comprehensive review of the current state of knowledge on OCD. It is what it claims to be: an easy-to-use, practical guide written by clinicians for clinicians. Primary care physicians and allied health professionals will find it particularly helpful. I also recommend it for trainees (in particular, to residents and graduate students) for use in treatment units, and even for the more sophisticated consumer.

Mood Disorders



We Fly, We Cry: Our Lives With Manic Depression. BettyAnne Sakals. Vernon (BC): Lazuli Press; 2001. 231 p. CAN\$16.00.

Reviewer rating: Good

Review by Paul Grof, MD, FRCPC
Ottawa, Ontario

Patients often ask us to recommend books that will help them better understand their predicament. You might consider recommending this collection to those suffering from various abnormal moods.

This book offers a glimpse into the inner feelings of patients suffering from common and often intense abnormal moods. Many patients—particularly, early in their illness—suffer from strong feelings of isolation and a belief that extreme experiences of this kind could only happen to them. The stigma still associated with mental illness reinforces such emotions. This author weaves her own experiences together with accounts from 2 dozen members of a support group she attended. Along the way, she interweaves some basic information about manic-depressive illness. She describes how alone she had felt in facing the challenges of her mental illness, and she hopes her first-hand accounts will offer solace to others facing similar pain. Patients often find it very liberating to learn that they are not alone with their predicament.

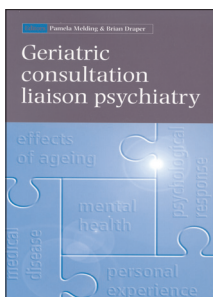
The participating patients share their experiences of high and low moods, of hallucinations and delusions, and of treatments and hospitalizations. Many

confirm the value of a support group. Partners and parents speak out about the challenges they faced.

The book will be valuable for patients or relatives who are interested in obtaining some initial information and an intimate feeling for mood problems. To maintain the colour and authenticity of experiences, observations, and insights shared by people who live daily with these disorders, the author put a great deal of effort into reporting interviews verbatim. Attempting to maintain the original flavour, however, she has produced a documentary of experiences, rather than carefully edited information for sufferers. While her subjects share abnormal moods and a support group, it is also clear that most are experiencing various other psychiatric problems in addition to their bipolar states.

Overall, the book may usefully contribute to education about the illness, used in conjunction with other basic texts. I have given it to several patients with recently diagnosed bipolar disorders, and their evaluation of the book paralleled mine.

Geriatric Psychiatry



Geriatric Consultation Liaison Psychiatry. Pamela Melding, Brian Draper, editors. Oxford (UK): Oxford University Press; 2001. 396 p. CAN\$79.50.

Reviewer rating: Good

Review by Ron Keren, MD, FRCPC
Toronto, Ontario

With the aging of baby boomers, the elderly are the fastest-growing population in Canada. As a result of this and the fact that older people have considerably

more medical problems than do their younger cohorts, geriatric referrals to general hospital psychiatric consultation services are abundant and rising. This text is therefore a must-read, not only for geriatric psychiatrists but also for consultation liaison (CL) psychiatrists and for residents training in psychiatry, geriatrics, and internal medicine. As the editors point out, there are plenty of excellent texts that cover both geriatric psychiatry and CL psychiatry but none, until now, that combine these very important aspects of psychiatry. The editors have succeeded in bringing together several leading experts in the field of geriatric psychiatry to produce a comprehensive guide to the psychiatric care of the medically frail elderly. Despite having only a single Canadian contributor, the book—including the section on ethical and legal issues—is relevant to the Canadian health care system.

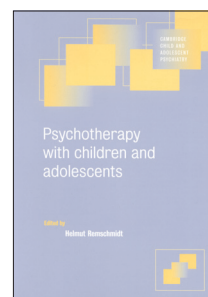
This text is well written, easy to read, and concise—perhaps even a little too concise. The use of clinical vignettes throughout the book engaged my interest, although I would have liked some more challenging cases with less simple solutions. Of the book's many tables, some are quite practical, while others can be too "busy" and at times redundant. As well, the tables are presented in black fonts on a gray background, which is difficult for my nongeriatric eyes to read. Unfortunately, as is the case with many textbooks, more recent research had come out by the time the book was published, making some information dated. Nevertheless, it fulfills its purpose by providing a comprehensive review of the diagnosis and management of psychiatric problems in the medically ill elderly.

The book is divided into 5 sections ("The Context," "Assessment," "The Major Disorders," "Treatment," and "Ethical and Legal Issues") that I found to be uneven: the sections on "Assessment" and "Treatment" bring out the unique aspects of psychiatric care of the medically ill elderly, but the section entitled "The Major Disorders" sometimes seemed to read more like a basic text on geriatric psychiatry than a text on geriatric CL psychiatry. The chapters entitled "The Assessment" and "Specific Patients and Problems" stood out as particularly practical and could be expanded on in future

editions. Evans and Mottram's review of affective disorders in the general hospital setting is excellent, as are Flint's chapter on psychopharmacological management of medically ill older patients and Perkins' chapter on ethical issues in geriatric psychiatry liaison. The chapter on electroconvulsive therapy (ECT) in older patients with physical illness by Tew, Muslant, and Towers offers the reader an excellent review of this effective, yet often underused, treatment.

In addition to learning from this reasonably priced book, I enjoyed reading it and highly recommend it to my colleagues and anyone in any discipline engaged in the care of the medically ill elderly.

Psychotherapy, Child and Adolescent Psychiatry



Psychotherapy With Children and Adolescents. Helmut Remschmidt, editor. Cambridge (UK): Cambridge University Press; 2001. 588 p. US\$69.95.

Reviewer rating: Good

Review by Allan Frankland, MD,
Nasreen Roberts, MD, FRCPC
Kingston, Ontario

This book is from the Cambridge *Child and Adolescent Psychiatry* series that has given us other interesting titles, such as *The Depressed Child and Adolescent* (recently reviewed in this journal [1]).

As the preface states, the aims of this text are ambitious. Foremost among these is to provide a comprehensive overview of

psychotherapy for children, adolescents, and their families. Other areas include diagnostic assessment, choice of treatment techniques, and indications and contraindications for the various psychotherapies. Professor Remschmidt states categorically that modern psychotherapy should proceed according to a pluralistic concept that allows for an indication-informed and disorder-specific approach. From the outset, he reassures readers with his objective, inclusive view—a view in stark contrast to the polarized, dichotomous views prevalent in psychotherapy texts of 30, or even 20, years ago.

The book is presented in 4 parts. Part 1 establishes the basic framework by addressing the principles of psychotherapy. The first chapter offers a precise definition of psychotherapy and discusses choice of psychotherapy modality and setting, adapting to the patient's developmental stage, outcome evaluation, and limitations. The chapter on treatment planning is enhanced by tables and algorithms that facilitate and set up lucid paradigms. The author stresses the need for ongoing appraisal and review. The chapter on research reviews some of the metaanalytic studies from Europe and North America that reveal behavioural therapy, cognitive-behavioural therapy, and short-term focused psychotherapy to be consistently superior to traditional long-term psychotherapy in treating various child and adolescent disorders. The author also describes his own research and provides readers with information on recommended treatment modalities. There are interesting differences between European and North American practice; these are evident from the tables outlining forms of psychotherapy and types of medications used to treat outpatients. A chapter on quality assurance candidly discusses the gaps in this area and the need to address these, with suggestions for future work. In North America, we appear to be somewhat further ahead in the area of quality assurance, perhaps owing

to our Canadian health system and the managed care system in the US. Measures such as admission and discharge symptom checklists, outcome measures, and satisfaction questionnaires are an integral part of most Canadian child and adolescent psychiatric programs.

Part 2 covers psychotherapeutic methods and settings. The author discusses all the major psychotherapy modalities in an organized and concise overview. Included are chapters on interpersonal psychotherapy for adolescents, play therapy, psychodrama, family therapy, and parent training, among others. Several vignettes are used thoughtfully to illustrate the various techniques. Many (but not all) of the chapters include a discussion of indications and contraindications to the particular psychotherapy style. Several chapters use tables to illustrate the various phases of therapy. At the end of each chapter, the author includes available evidence supporting the use of each particular psychotherapeutic modality.

At almost 300 pages, Part 3 is the book's largest section. It comprises 17 chapters examining the use of psychotherapy in each of the various psychiatric disorders affecting children and adolescents. Each chapter gives a brief description of the key features of the disorder, including a short discussion of etiology, epidemiology, and pharmacotherapy. The principle modes of psychotherapeutic treatment are described in greater detail and are illustrated with summary charts and vignettes. These vignettes often highlight systemic differences between the European and North American conceptualization and delivery of mental health care. For example, inpatient admissions lasting several months do not appear to be unusual in the centres in Germany noted in the text. It is significant that this book is based on European practice and thus refers primarily to the ICD-10 classification system. Therefore, there is no distinct section devoted to attention-

deficit hyperactivity disorder (ADHD). Rather, it seems to be addressed in a chapter entitled "Hyperkinetic Disorders," a term rarely used on this continent.

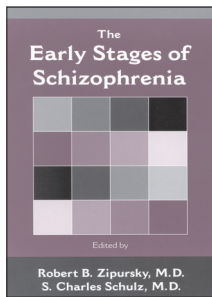
The final and shortest section contains chapters devoted to inpatient psychotherapy, day treatment, and home therapy. Interestingly, the author recommends inpatient stays of 2 to 3 years for rehabilitation of serious mental illnesses, including schizophrenia, eating disorders, psychosomatic disorders, and "neurotic disorders." The chapter on day treatment offers several useful outlines of this treatment paradigm. The final chapter is devoted to home therapy and includes indications, contraindications, and evaluation of this treatment mode rarely seen this side of the Atlantic.

This volume was originally published 5 years ago in Germany. The current, clearly written, English translation was published last year. Because it was written 5 years ago, however, this edition does not capture numerous significant advances in an ever-growing body of literature on psychopharmacology, quality assurance, and outcome research. For example, in 1997, the American Academy of Child and Adolescent Psychiatry began publishing practice parameters for various disorders in this population. Some of these parameters are referenced, but many are not reflected in this edition. That said, although there are several excellent volumes on psychopharmacology in children and adolescents, texts focusing on the psychotherapeutic aspect have been somewhat neglected. This volume is thus a welcome addition to that body of literature. With regard to production, although the writing style is clear and concise, there are a surprising number of typographical errors. The text is somewhat expensive, but it is nonetheless a valuable reference in the library of any child psychiatrist.

Reference

1. Chan J, Roberts N. The depressed child and adolescent [book review]. *Can J Psychiatry* 2002;47:274–5.

Schizophrenia



The Early Stages of Schizophrenia.

Robert B Zipursky, S Charles Schulz, editors. Washington (DC): American Psychiatric Publishing Inc; 2002. 259 p. US\$43.00.

Reviewer rating: Good

Review by Mary V Seeman MD
Toronto, Ontario

The initial stages of schizophrenia are relevant to the researcher and to the clinician. They present an opportunity to study the patient early in the process of developing the disorder, prior to the cumulative sequelae of distress, alienation, social deterioration, stigma, and the potentially toxic effects on the brain of untreated psychosis on one hand and antipsychotic drugs on the other. In the clinic, a person not yet acculturated to the role of invalid, and not yet disillusioned with the mental health system, is able to form strong therapeutic alliances—fertile ground for effective treatment.

This brief and very attractive book by international experts is superbly edited and serves its several purposes well: to understand the concept of schizophrenia prodromes; to understand the effect of chronological age on the manifestation of early signs of psychosis; to differentiate early-stage psychosis from the reaction to psychosis of an immature brain; to consider the pros and cons of early intervention with psychological and pharmacologic treatments; and to appreciate that very low dosages of antipsychotic drugs work effectively at the early stage, but to know also that not everyone responds and that relapse rates are high.

From the reader's point of view—whether researcher, clinician, patient, or family member—this book would have been more valuable if written by a single person: a consistent voice is missing. The preeminent dilemma—how best to treat someone with an at-risk-for-psychosis syndrome—is left unanswered because different authors have tried different approaches and speak only about their own experience. All agree that treatment staves off psychosis and that it is better to treat than to wait and see, if only to alleviate the considerable distress such early-stage patients experience. Low-dose antipsychotics appear to be the favourite pharmacologic treatment, yet safety concerns are barely mentioned, perhaps because they were not considered important at the time of writing. Several authors comment on the safety of the newer compounds, but the Zipursky chapter rightly points to the weight gain and lipid and glucose dysregulation that make chronic use of these compounds risky—and yet, the high relapse rates make anything but chronic use unrealistic, despite faint suggestions in the book that intervening early is akin to stopping schizophrenia in its tracks.

A sole author would have been better able to clarify this important point. In illnesses like prostatic cancer, taking out the tumour early, before it has permeated the capsule, means you have prevented the spread and stopped the disease. However, this concept does not apply to schizophrenia. Intervening early in schizophrenia is important for alleviating distress, for delaying behaviour associated with more serious signs of psychosis, for establishing a good therapeutic alliance, and for engaging the family. It does not prevent the unfolding of this illness, because we do not yet know what makes it unfold.

Many early-stage psychoses are prodromes to illnesses other than schizophrenia, and clinicians would probably have welcomed a discussion of trials of lithium and lamotrigine (mentioned by Kumra and others), of stress reduction, of prevention of insomnia and substance abuse, and of the various psychotherapeutic techniques referred to by McGorry and others as alternatives to the

use of antipsychotics. It is of course impossible to write about trials not yet done, but expanding the theoretical horizons for both researchers and clinicians would have been useful.

Forty years ago, early-stage psychotic prodromes were also sometimes treated with electroconvulsive therapy (ECT), and sometimes with low-dose antipsychotics. Haloperidol 0.5 mg twice daily was the standard dosage. Patients recovered and were sent home with a diagnosis of “identity development disorder” or “brink of a nervous breakdown.” It was considered very bad form to use the word “schizophrenia,” because of its negative connotations. Not labelling the person was, in itself, thought to be prevention; the toxic process being prevented was not what was going on in patients' brains but what went on in their social network once they were stigmatized by this diagnosis. Labelled or not, however, most patients returned with ever more serious symptoms, and psychiatrists began to feel responsible for not having issued a warning, for not having insisted that medications be continued.

We have gained much more knowledge since then, but our therapies are not much improved. Early intervention, though potentially important in itself, has a yet more important potential: it is an entry into a psychoeducational program which ensures that treatment, once started, is not stopped and that patients with early schizophrenia—not unlike patients with early diabetes—learn to modify their lives, take control of their own health, establish their own goals, and continue treatment forever. The researcher's job is to make that treatment safer than it currently is.

This is a very well written, error-free book. It is an excellent resource on a topic of great current interest. I look forward to the next installment when more is known in the area. Next time, I hope it's a one-author book.