

## **Book Reviews**

**Essential Psychopharmacology Neuroscientific Basis and Practical Application 2nd edition.** By Stephen M. Stahl, Cambridge University Press, 2000, 601 pp., \$64.95 (paperback).

This is an update of the popular first edition published in 1996. Many reviewers have given the first edition excellent reviews. This text is intended for beginners in psychopharmacology. It succeeds with numerous cartoons, diagrams, and lucid colloquial writing to clearly explain the science and practice of psychopharmacology at an introductory level. Although the intended audience is not specified, medical students, beginning psychiatry residents, and psychiatrists needing a refresher course would seem reasonable readership. The cartoons and drawings dominate the book and are its strength, but at times its weakness.

The book is comprised of 14 chapters, including an overview of neurotransmission, pharmacologic principles, clinical descriptions of mood, anxiety, and psychotic disorders, as well as the pharmacologic treatment of these conditions. Additionally, there are specific chapters covering cognitive enhancers, psychopharmacology of drugs of abuse, psychopharmacology of sexual function, and a posttest, fee for service CME section, offering up to 54 h Category 1 credit for \$395.

The first two chapters cover chemical and receptor neurotransmission. These may be the best chapters of the book, even if they are not the primary focus of the book. The chapters provide an excellent overview of the organization of neurons and the understood physiology of chemical neurotransmission between cells. The diagrams and cartoons in this section are particularly clear, and the discussion of neurotransmission from receptor to protein synthesis gives an excellent framework for understanding psychopharmacology. The new section on neuronal plasticity is also well-done and probably not appreciated by many beginners in the field.

The bulk of the book includes overviews of the common mental disorders followed by the pharmacology of the appropriate drugs. The phenomenology sections are generally elementary and could have been omitted from the book without detracting from understanding psychopharmacology. The pharmacology chapters deal with mechanism of action, side

effects, and the clinical approach to treatment, especially for treatment resistant patients. The section covering sexual functioning is brief and good, and gives the reader a practical method of understanding and investigating an otherwise difficult clinical problem for beginners. The psychopharmacology of drugs of abuse is also particularly good, though this section, like the beginning of the book, helps more with understanding than with practicing psychopharmacology. The author discusses dopamine pharmacology in excellent detail throughout the book, though surprisingly notes that methylphenidate lasts longer than does dexamphetamine, whereas the half-life of dexamphetamine is several hours longer than of methylphenidate.

The author is at times a little more colloquial in style than most readers are accustomed. This may be fine for younger readers. For example the terms “cost of doing business” and “drug-combos” or “heroic drug-combos” appear more often than textbook readers expect. Another example of the colloquial style is the folksy description of excitatory amino acid toxicity “. . . glutamate ranges from talking to neurons, to screaming at them, to strangling their dendrites, and even to assassinating them” (p. 122). Moreover, the drawing of a free radical scavenger as a “Pac Man” cartoon or a free radical as a 1968-era protestor carrying a placard, is at first cute, but later tiresome. Some of the younger residents in our training program like the cute style and heavy reliance on pictures rather than words.

The book’s strength and weakness are the cartoons that simplify psychopharmacology with mechanistic schemes and diagrams. The figures are large, colorful, and expertly drawn. A considerable volume of small font text clearly explains the diagrams. The best cartoons and diagrams are for receptor structure and function. Many of the explanations of drug mechanism are theoretical, though the diagrams lend no sense of uncertainty. Unfortunately, the clarity of the cartoon lends the imprimatur of authority. Although cartoons are reassuring, they are unlikely the final word on drug mechanism. The mechanistic explanations and cartoons offering methods of treating resistant patients is appealing, though there is scant evidence to support most of the assertions and explanations. Sometimes the figures are several pages removed from the text, making the connection difficult.

This book reads easily and is comforting for beginners who may be otherwise uncomfortable with the uncertain and sometimes contradictory findings in psychopharmacology. For those interested in reading further, there are numerous suggested readings, including many by the author list in the back of the book. Teachers may find the diagrams useful for students. The book serves as a good foundation for students trying to grapple with the difficult task of understanding and practicing rational psychopharmacology.

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**Psychological Debriefing Theory, Practice, and Evidence.** Edited by Beverly Raphael and John P. Wilson, Cambridge University Press, 2000, 376 pp., \$59.95 (paperback).

This is a multiauthored book from prominent researchers and practitioners in the field of psychological debriefing. The book brings rigor to a field that has been dominated by strong opinion and frequently untested or unchallenged assumptions about what should be done for people who face severe life events. Used globally, psychological debriefing is any psychological intervention used to aid in the recovery of people exposed to severe stressors. Put another way, psychological debriefing is aimed to help normal people process and overcome abnormal events. Although this type of intervention was initially devised for military operations and later for professionals such as firefighters, it has been adapted and promulgated as an intervention for many, and perhaps any difficult life event. It has, since its beginnings become a sexy treatment, for a range of traumatic experiences for which it was not intended, even though the evidence for its benefit is not well-established in many areas. Although such interventions have intuitive appeal, especially for its strong advocates, applying the intervention willy-nilly is no more rational here than it would be in psychopharmacology.

The book is divided into four sections: 1) Key conceptual of debriefing; 2) Models, research and practice; 3) Adaptations of debriefing models; 4) Debriefing overview and future directions. There are 25 chapters, each written by a different author or small group of authors. Because there is no absolute consensus on many topics important to the field, each author presents his own views and research on the data in the

field of psychological debriefing. This leads to some redundancy in the book, though an excellent editorial summation precedes each chapter that delineates the unique aspects of each chapter. These editorial comments allow the reader a preview of the chapter's contents and give the reader the choice about what level of detail he might wish to find in a particular chapter. Some authors present their own data and others provide a synthesis of numerous studies and findings. Some authors are obviously fervent about their belief in the benefits of psychological debriefing and attempt to refute studies that suggest that benefits may be modest, if any. Most concur on the perhaps commonly mistaken opinion that psychological debriefing prevents the development of posttraumatic stress disorder. The notion that any treatment given briefly following a traumatic experience would prevent posttraumatic stress disorder, however, entails wishful thinking. Many authors point out that many questions need to be answered: What type of intervention should be given? By whom? To what type person? Following what type of event? At what time after a particular event? At what frequency?

Although proponents of psychological debriefing cite reports of benefit for this intervention, they also note that many trials do not employ control groups who do not receive the intervention. Clearly, a selection bias is possible because persons most interested in participating in a group debriefing process may be individuals most likely to report its benefits. The difficulty with conducting controlled studies in the field is that researchers cannot plan disasters, and enrolling subjects in randomized trials is nearly impossible. Hence, studies include many naturalistic settings and natural sorting that falls below the gold standard of the randomized, controlled trial.

The chapters are uniformly well-written and carefully broken into readable sections. The book is not meant as a cookbook or how to deliver or participate in psychological debriefing, but more to examine what is known and the many gaps that need to be filled in this potentially very important and widespread practice. A reader can pick up any chapter and have a good feel for the topic, though reading a number of chapters helps put the others in perspective because the field is divergent at times about the benefits of psychological debriefing.

For the skeptical reader, a very well-written chapter is included near the end that raises concerns about debriefing. These authors raise core questions about what constitutes a traumatic experience, and that the debriefing process may impede the natural recovery

process that follows from unusual life events. They cite the example of the Northern California earthquake; although, this could be conceived as traumatic by most people, some rescue workers found that participation in the aftermath was exciting and rewarding, and indeed their experience in the event was not overwhelming. For these workers debriefing was not seen as helpful. This is not to say that for some individuals the event was not overwhelming and then associated with traumatic stress. Because talking about widespread abnormal events is normal, this sort of intervention will likely continue, though effective professional intervention remains to be delineated. Indeed people have always processed difficult life events with each other and the social context has always been important to digest powerful life events.

This is a satisfying book on a topic for the field continues to struggle. It is intellectually satisfying because of its rigor and broad approach to a topic that remains murky. It provides a rational way to think about the process and the approach to psychological debriefing. In the end, most of the authors concede that even though psychological debriefing may be helpful, it is not complete treatment and treatment needs to be driven by individual's needs. The book is probably best suited for those working in emergency response, though it would be a handy reference for anyone who is unexpectedly faced with dealing with disaster recovery.

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**Group Therapy for Cancer Patients.** By Spiegel D, Classen C, Basic Books (Perseus BooksGroup), New York, New York, 2000, 303 pp., \$48 (hardbound).

Rarely does a professional book come along that is written elegantly but whose clinical acumen is right on the mark. Even more unusual is it that the reader can relate to each and every case as if it is one of their own patients being discussed, or the therapist saying something that you would say. Finally, it is most wonderful when the reader can actually use the information because it is grounded in clinical wisdom and sound research methodology. Immediately after reading this book I ordered copies for our psycho-oncology team at the University of Michigan Comprehensive Cancer Center. I have never, ever been so impressed by a book that offers so much to

clinicians trying to provide mental health services to patients with cancer and their families.

Reading this book is as if you are getting a private tutorial in thinking about, organizing, and implementing a group psychotherapy program for cancer patients or patients with serious medical illnesses. Even from the thoughtful organization of this book, the authors understand how to make their wealth of information user-friendly. Organized into four parts (Rationale for Involving Cancer Patients in Group Support; Structuring Support Groups for Patients Coping with Serious Medical Illness; Helping Patients Manage their Existential Concerns; and Managing Group Problems and Special Situations), authors take us through the steps in understanding why and how we can be helpful to this very important group of patients.

Authors very effectively talk about the realities of cancer treatment but also the need for us to treat the emotional aspects. Through their research and clinical experience, they very effectively make the case of why cancer patients need to “give as well as receive support,” making supportive–expressive psychotherapy groups so effective. The authors weave in the relevant research studies to support such treatment. As well, they provide cases that are written in a style that quotes patients, making the cases interesting, believable and memorable. By providing the solid grounding in research and the clinical cases, the authors lead us to understand how they came to view supportive–expressive psychotherapy groups as an excellent way to provide open and emotional care to patients by providing “realistic optimism.”

Groups help patients adhere to their medical treatments. By listening to other patients and their difficulties with medications, treatments, and physicians, patients learn how to problem solve and stick with their treatment plan and/or talk to their doctors. It is also very cost-effective to provide care in a group format, as opposed to individual treatment. While some patients may need individual treatment instead of or in addition to group treatment, it would be wonderful to provide patients the options and choice of participating in a group led by professional leaders and where the group members are chosen by professionals for a certain kind of “fit.” It is also helpful to be presented with the data showing that emotional expression is associated with better medical outcome.

Our social workers are trying to develop a supportive–expressive psychotherapy group program and found the chapter on “Guidelines for the Therapist in Structuring and Maintaining a Group” to be illuminating. There are companion video tapes

that go along with the book which are excellent as well. Concrete questions such as timing for a group; length and size of the group; and open versus closed groups are all addressed. The authors even give us vignettes on how to open or introduce the first session. Only the most careful, thoughtful clinical teachers would do that. I felt as if I was in the room with my clinical group supervisor and was being coaxed and helped into setting up my first outpatient group.

The authors show us a variety of pitfalls in getting through some of the early and middle sessions; what to do when members die and when new members join the metastatic group. The authors talk about leading groups in the hospital and at the patient's bedside at home; attending funerals and wakes; and ways of dealing with a varied set of emotions and patient types.

Some patient vignettes are discussed in several chapters, so the book reads like a novel while being a scientific treatise on the subject of group psychotherapy. This is not easy to do; yet, Spiegel and Classen do this extraordinarily well. They give us pointers on how to stimulate interaction; keep the focus on cancer; facilitate active coping; and how to allow topics to emerge naturally.

I particularly found the chapter on "Treatment Strategies and Options for the Therapist" very useful. I haven't run a group since residency, so like many other clinicians I am timid to leave the cocoon of individual psychotherapy. The authors encourage us to keep the work in the here-and-now and promote supportive interactions among the group members, for example. They use case examples and then offer us different approaches we might take to deal with the situation. What a wonderful teaching technique!! They then go over the critical aspects of the intervention that the therapist has made and help us dissect and analyze what just happened. You feel like you are in the room with the group and with authors.

Very importantly, authors acknowledge how difficult this work is and why it is important that the therapists debrief with one another. It is a huge responsibility for therapists to lead these most meaningful encounters for patients. Having two-skilled, well-trained therapists to run these groups is paramount. Authors even give us help in working with a coleader, and how to give and receive feedback from each other.

The groups are ended with a hypnotic exercise. These are meant to allow patients to use guided self-hypnotic exercises at home to help focus on particular problems, such as pain management. Patients are

left with a feeling of being a collaborator in their own treatment and having some measure of control. Authors give us simple techniques to help with this self-hypnosis induction and various themes that can be used to help group members consolidate what has been learned in the session.

The authors tell us about many of the problems that can develop in groups: patients who show up who don't want to be in the group and make it clear to the others that they don't want to be there; how to manage disagreements; problems that arise when members socialize outside the group scapegoating; silent members; monopolizers; "special" members; help-rejectors. You name it. It is here!!

We are helped to understand how we can encourage patients to express their emotion and how our emotions get triggered and managed (transference and countertransference). An entire chapter is devoted to dying, with the authors telling us about some of the typical ways groups and therapists deal with the death of a group member.

This is one of the best books I have ever read in all my years in psychiatry. It is for seasoned clinicians—psychiatrists, oncologists, psychologists, social workers, nurses, or anyone who is interested in group therapy for medically ill patients. It is for trainees at all levels (residents; social work interns; psychology postdocs; and nursing students) who want to understand how to help patients deal with the emotional side of their illness. We owe authors a debt of gratitude for sharing their tremendous clinical and research experience and helping us to provide their high standard of care to all of our patients. This book is a gift and should be treasured.

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**Schizophrenia in Children and Adolescents.** Edited by Helmut Remschmidt. Cambridge University Press, New York, January 2001, 308 pp., ISBN 0-521-79428, \$64.95 (paperback).

This book is the eighth title in the Cambridge Child and Adolescent Psychiatry series. The series is edited by Ian M. Goodyer. This book features 17 contributors from Germany, New Zealand, Sweden, the United Kingdom, and the United States. It contains ten chapters covering all aspects of the disorder—history, epidemiology, diagnosis, treatment, and prognosis, among others.

A historical review of psychoses in children by the late William Parry-Jones begins prior to 1900 and continues through the 1970s. It serves as a preview of the entire book in some ways, touching on epidemiology, premorbid characteristics, theories of causation, treatment, and outcomes. The editor, Dr. Remschmidt, covers definition and classification of schizophrenia himself in an excellent chapter which has some overlap with the historical chapter. Dr. Remschmidt and several of his German colleagues cover the topic of treatment and rehabilitation later in the book in another fine, really inclusive chapter. The middle of the book is more or less divided among the topics of epidemiology, developmental aspects of childhood schizophrenia, differential diagnosis, genetics, neurobehavioral issues, and psychosocial factors. While each of these chapters covers the topic indicated, there is much overlap in the issues covered, as one might expect. Developmental issues come up often, as would be expected given their importance in the evaluation and treatment of children. The final chapter by Sally Merry and John Werry admirably covers course and prognosis.

The entire book is very much data driven. Studies are cited whenever possible to anchor the points made. Given that this book tackles a rare disorder about which little truly excellent research has, as yet, been done, much of the book is devoted to observations of what kinds of studies are still needed. Nonetheless, the studies that are cited are described in some detail, with insightful comments on the areas where caution must be used in interpretation.

This book is authored by a group of internationally recognized experts who have, themselves, contributed greatly to the extant literature on early onset and very early onset schizophrenia. The chapter on treatment is as up to date as any such chapter can be, given the speed with which new treatments are being added to the clinician's armamentarium for psychotic conditions in the twenty-first century. Psychotropic medications, including the atypical antipsychotics, psychotherapies, social and family treatments, and rehabilitative approaches are covered in some detail.

This book may be too detailed for the casual learner, but for anyone treating and/or researching childhood psychoses, I would recommend it highly. The writing is generally clear and informative. A number of tables and figures illuminate some of the data presented and summarize the overall framework of the issues discussed. The chapter bibliographies are

extensive. While the chapters do cover some of the same information over again, there is usually some difference in perspective, and more importantly this allows the reader to focus on a topic of greatest interest within the broader subject without missing the context of related matters.

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**Depression.** Edited by James Levenson. American College of Physicians, 350 pp., \$35.00.

This is a very interesting book. It is primarily a review of topics relating to depression. The essential disease process is covered in good detail and symptoms are given from different points of view, which enhances understanding. Treatment options are discussed in a practical way. The book is not encumbered by excessive language or jargon. It is short enough to be a quick reference book for someone who is busy. Although this book does not pretend to be a detailed text on depression it certainly seems an adequate fundamental introduction. The information in the book lends itself quite well to general practitioners and to students of Psychiatry. The active psychiatrist may find this book a refreshing update; however, most of the primary material in this text has been presented before and should be well-known to the experienced clinician.

The book contains instructive clinical vignettes. A fair amount of the pages are actually devoted to clinical pictures describing cases of depression in various stages and with various types of symptoms. This is quite useful to the student of Psychiatry or to someone who wants to look at things from a new angle. Once again, we must say that the experienced psychiatrist has probably seen many cases like those presented in the vignettes and they may not be useful to the senior clinician except for teaching purposes. It is a delightful book that is easy to read and presents its material clearly. My primary concern is that it be directed at the proper audience. I think that it would be a good book for students and first year residents, but maybe unnecessary or slightly dull to anyone who has been practicing for a while or who is already board certified. It would make a good addition to any departmental library of academic psychiatry so that students and residents may have access to it. I think that this is probably the most appropriate group of people for

this book and that this would be the most appropriate setting for its use.

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**Sexing the Brain.** By Lesley Rogers, Columbia University Press, New York, New York, 2001, 136 pp., \$24.95 (hardcover).

Frequently, things are assumed, simple explanations accepted, and research results cited as a gospel, without probing other possible interpretations. The latest research of human behavior is no exception. In the continuous nature versus nurture debate, we have accepted or leaned toward the nature explanation of numerous phenomena lately. However, as Lesley Rogers in her book "Sexing the Brain" points out, the presumably objective biological explanations could be used for ideological purposes. She suggests that "... when society wants to maintain inequality, biological explanations can be used to justify it." Rogers' small book, "Sexing the Brain," addresses one such issue—the issue of assumed sex differences in the brain and brain functioning. As she states, the book is "about the science of sex differences. It is also about social attitudes and prejudices."

The book consists of five chapters, a brief list of recommended reading and notes. The first chapter, "New Methods, Old Ideas," reviews the history of thinking about sex differences and discusses some of the latest technological methods for studying sex differences in the brain. The chapter is critical of simplistic genetic and hormonal interpretations of sex differences and points out how, "thinking in the past has molded current ideas and might influence how we interpret any new findings." An old example of sex difference assumption was the interpretation of the finding that women's brains weigh 10% less than men's. This finding was used to argue that women are inferior and that their "... brains are closer in size to those of gorillas than to those of the most developed male brains." However, as it was demonstrated later, there is no difference between sexes when brain weight is adjusted for body size. Another interesting example was the assumption that the greater variability for the mean IQ in men on the IQ tests explains why there is a higher proportion of men amongst the great artists, scientists, and musicians. Rogers points out though, that the interpretation of IQ tests could be very tricky. Some IQ tests on which women originally scored

higher than men have been adjusted to eliminate the female superiority. There is also some evidence that IQ tests are not as independent of past experience and social position as it is often claimed. Thus, the male brain superiority is really not supported by good data. Rogers points out that from its inception, the research on sex differences was never value free. The results of this research have been given to society to provide a framework for future social decisions, "far beyond the boundaries of science." Rogers also reviews the possible sex differences in the brain, for instance the use of different brain regions for different tasks (e.g., math), and how these differences could be explained in numerous ways, as there are many confounding variables present.

In the second chapter, "What Causes Sex Differences?" the author starts out with stating that the mere fact that sex differences exist tells us nothing of their origins. She points out that boys and girls are raised differently and that this is frequently not taken into account (or at least underplayed) in various genetic studies. One of the reasons for this omission could be the lack of training in social psychology and other social sciences among genetic researchers. The author further reviews the main biological candidates for brain sex differences, the genes, and hormones. She again points out the lack of taking the influence of environment into account—e.g., a rat living in a complex social environment has a thicker cortex than one raised alone. The chapter continues with a discussion of the biological overlap between sexes, and the environmental candidates for sex differences. Some interesting facts about the overlap in hormonal area are stated: a) after the age of about 50, men have on average higher levels of estrogen and progesterone than do most women; b) most of testosterone's effects inside the brain cells depends on its conversion to estrogen. The part on environmental candidates contains a fascinating example of the decline in quoted differences between boys and girls in verbal (girls better) and spatial and mathematical (boys better) abilities in the last 25 years. Rogers thinks that this is probably because of the changing attitudes about which careers are "more appropriate" for girls and boys, and that differences such as these are manifestations of social values held at a particular time. Also, in Eskimo culture, women have better spatial abilities than do men. Thus, the difference in spatial ability does not seem to be biologically universal. The other parts of this chapter focus on sociobiology as an example of reductionism and genetic bias in sex differences research.

The third chapter, "Gay Genes," emphasizes that so far gene-mapping technology has had little, if any, success in linking behavioral characteristics to any particular genes in humans. The author also discusses the lack of results on gene mapping and "normality," the fallacy and inconclusiveness of gay gene research, and the research measuring "the homosexual brain." Rogers emphasizes that research on sexual orientation is never far removed from research on gender, frequently for similar social reasons. Finally, Rogers discusses the social impact of the "gay gene." She emphasizes that, contrary to expectations of some, knowing what causes a perceived difference does not always lessen prejudice. Rogers concludes that "genes are on the rampage" lately, and that the pervasiveness of genetic theories of human behavior is a reflection of conservative social values and forces, as "genetic determinism implies that differences between groups are not only natural but should not and will not disappear."

Chapter four, "Hormones, Sex, and Gender," again brings alternate explanations for some biological findings, this time the hormonal ones (e.g., lower testosterone in stressful combat situations). The author emphasizes that sex hormones lie at the interface of nature and nurture, and that they can be affected by behavior and also affect behavior. Rogers points out the importance of hormone receptors and the interplay of various sex hormones that make it very difficult to pin down any differences in behavior between sexes. She also suggests that steroid hormones may influence ways of thinking, but the balance between different hormones has to be taken into account. She also debunks findings of some previous studies on sex differences and hormones and again points out the importance of environmental influences, even before birth, in utero.

The last chapter, "Experience, Interactions, and Changes," reiterates that "genes are not the code of life and the hormonal mix is not a 'blueprint' for development . . . and that the effects of genes and hormones should not be seen in isolation from external inputs to the developing system." Rogers also reviews some of her research. She thinks that though the functioning of brains may be different, the differences themselves do not say anything about their cause. She warns us of simplistic explanations and emphasizes that "living processes are never static."

This is an interesting small book. It questions the interpretation of most of the sex differences research and indirectly the interpretation of a large portion of other biological research. It emphasizes the

interaction between nature and nurture and warns us of biological reductionism as much as of psychological reductionism. The book does not provide explanations to the questions raised as they are not available presently. Yet it makes the reader think critically about many of the recent research findings and assumptions (some of them reached the status of modern era myths). The book would probably not appeal to a busy clinician; however, clinical researchers and those interested in sex differences and biological research in general may find it a stimulating and entertaining reading.

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**The Antidepressant Sourcebook: A User's Guide For Patients and Families.** By Morrison AL. Main Street Books published by Doubleday (Random House), New York, New York, 2000, 286 pp., \$12.95 (softbound).

Busy clinicians have been exposed to various pressures lately. One of such "information age" pressures has been the ever increasing patient demand for information about prescribed medications, while there seems to be less and less time available for face to face contact with patients. In addition to the latest source of information—the Internet—other patient sources of information have been various patient guides and reference books, e.g., Jack Gorman's "The Essential Guide to Psychiatric Drugs" (1). As the new antidepressants have become the most popular and widely prescribed psychotropic medications, many of these books are devoted to them. The latest addition to the antidepressant guide book library is "The Antidepressant Sourcebook" by Andrew Morrison.

The book is divided into "Preface," "Foreword," "Introduction," four parts containing 38 brief chapters, two Appendices, and list of "Further Reading." The "Foreword," written by Jonathan Coyle, points out the main feature of the book—that it can be read easily in a few hours by any literate layperson, patient, or relative, and that it can be also used as a reference book. The author's "Introduction" explains the goals of the book, while the "Preface" describes one of his very difficult, yet, inspirational experiences during residency training—the suicide of a depressed patient.

The first part entitled "The Basics" contains eight chapters discussing such issues as antidepressants and

what are they used for (explaining their use in other indications); depression in general terms; placebo effect; the pendulum of psychological and chemical imbalances; and the “mild” and “strong” antidepressants in terms of the number of milligrams used. Further chapters briefly explain that antidepressants are not addictive (“no unnatural highs”) and do not cause violence. The author emphasizes that antidepressants are not a panacea and even though they help with depression and other symptoms, they do not make people happy all the time. Another important point made by the author is the answer to a frequently asked question: there is no test that can determine with certainty whether a chemical imbalance in the brain does or does not exist. Finally, the author also emphasizes the importance of combining medication with psychotherapy.

The second part, “What to Say to the Doctor,” summarizes in nine chapters important areas to be discussed during the doctor–patient interaction. The chapters focus on creating a therapeutic alliance; signs and symptoms to be related to the doctor; medical factors (e.g., hypothyroidism); medications taken and previous treatments; genetic factors; and the confounding factors of alcohol, recreational drugs and caffeine use. One of the chapters emphasizes that it is important to relate to the treating physician “the whole truth and nothing but the truth.”

The third part, “What to Expect,” consists of nine chapters dealing with issues such as timing of the antidepressant response; finding the “right” antidepressant and the “right” dose; blood levels; the time when to take the antidepressant (also what to do when one forgets to take it); and when and how to stop the antidepressant. The author makes a very important point to the reader that “the road to recovery is not straight” and that one must expect symptom fluctuations, “bad and good days.” The chapter on antidepressant discontinuation discusses the importance of 6 months of stability before discontinuation of medication and the fact that the medication should not be discontinued while the patient is under higher than usual stress.

The last part, “Warnings,” has in 12 chapters dealing with areas such as unilateral dose adjustment by the patient; the use of drugs, alcohol, and caffeine during the treatment of depression; interactions with other drugs and foods; side effects; treatment of depression during pregnancy and breast feeding; what to do about medications during surgery and dental procedures; relapses and recurrences; prevention of

depression; psychotherapy; and the significance of family members and friends (according to the author, one third of the U.S. population does not understand that depression is an illness).

The book has two good appendices. One is a glossary of all antidepressants available in the United States, with some basic information about most of them. It points out their advantages and, at times, disadvantages. Occasionally the information is a bit cursory, e.g., I missed any mention of weight gain with mirtazapine. Nevertheless, in view of the fact that the author purposefully and rightfully avoids discussing any specific antidepressant in the general text, this appendix is an important source of information for the patient. The second appendix contains a list of organizations patients could and should contact, e.g., NARSAD (the National Alliance for Research on Schizophrenia and Depression) and NAMI (the National Alliance for the Mentally Ill). The last (but not least important) part of the book contains a very good list of “Further Reading,” “a smorgasbord, from which you may choose the references that are most pertinent to you.” It lists general books and references, references for various disorders (depression, anxiety disorders, etc.), and references for special issues such as side effects, breast feeding, generic medications, drug interactions, and psychotherapy.

In the introduction the author states that the goal of his book is to provide pragmatic and useful information to people who are taking, or contemplating taking antidepressant medication, and for their families. He also wanted to relay to people what to expect and what not to expect, and to give people pointers on specific issues. I believe that he accomplished his goals quite successfully. His book is very informative and easy to read. The chapters are brief and straight to the point. The text is laced with numerous good clinical case vignettes. The author skillfully avoids any bias (as I mentioned, no specific antidepressant is discussed in the general text). The book clearly fulfills the main goal for every busy clinician—the patients will get many of their important questions answered prior to coming to the physician. As Dr. Coyle tells us in the “Foreword,” “. . . As managed care and other forces work to shorten contacts between doctors and patients, books like this will help both patient and physician make optimum use of the times available.” This inexpensive book will certainly be a good investment for any patient taking antidepressant(s) and even for other patients—portions of the proceeds will be donated to NARSAD.



## REFERENCE

1. Gorman JM: *The Essential Guide To Psychiatric Drugs*. New York: St. Martin's Press; 1990/1998

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**Life At the Border. Understanding and Recovering From the Borderline Personality Disorder, 3rd edition.** By Leland M. Heller, Dyslimbia Press Inc., Okeechobee, Florida, 1999, 241 pp., \$20 (softbound).

Books written for patients and their families, especially books focused on a difficult or controversial topic, are a laudable venture. Borderline personality disorder is a condition that is very difficult to understand and very difficult to treat. Thus, good patient oriented book on borderline personality disorder could be a very useful and praiseworthy creation, and a real treat for busy clinicians and their patients. Looking at the cover of "Life at the border. Understanding and recovering from the borderline personality disorder" I was intrigued and interested in reading it, though I was a bit curious about the unknown publisher, Dyslimbia Press, Inc. While reading this book, I realized that this publisher is probably the creation of the author who likes to use his own term dyslimbia instead of borderline personality disorder.

In the introduction to his book, the author, a family physician from Florida, explains his interest in borderline personality disorder and states that he treated approximately 200 of patients with the disorder (The cover states that he has treated thousands of borderline personality disorder patients—I guess the number of patients went up steeply between the first and third edition of his book). He also explains borderline personality in his own terms and definitions and introduces four steps of his treatment: 1) stop mood swings, 2) stop dysphoria and psychosis, 3) improve stress tolerance, and 4) retrain the brain. He emphasizes that, in his opinion, "this disorder can be beaten," though if untreated, it has a dismal prognosis." He also explains that this book is describing what he does for his patients and why he does it; and that he does not intend to be the reader's physician.

The main text of the book contains eight chapters. Chapter one, "The borderline experience," tells the patient that he/she does not have to suffer and that borderline personality disorder (BPD) is treatable

and sometimes curable. The author also claims that the number of BPD is increasing and that it might become an epidemic in the next 20 years. Finally, he outlines the goals of his book, a) to help borderlines to understand that the illness is biological and treatable, b) to give them the facts, and c) to show them how to get well. Chapter two, "Symptoms," first presents several fictitious cases with typical borderline symptomatology and then reviews BPD criteria (DSM-III-R), chronic symptoms, and the effects of stress on BPD. The author explains that he finds the name BPD offensive and that he hopes for a new name for this condition, such as dyslimbia—as mood disturbances are likely due to structural problems in the limbic system. At the end of the chapter the author presents one of his idiosyncratic beliefs that premenstrual syndrome is due to fluid retention and brain swelling. Chapter 3, "Medical facts," reviews some basics about brain anatomy and function, pain, development, glandular function, neurotransmitters, vitamin B12 and neurological abnormalities in BPD. The chapter contains some statements and suggestions that may create difficulties in the management of BPD, e.g., when serotonin metabolite level is low, the risk of suicide increases to 20%. The fact that there are no clearly established normal levels of these metabolites is not mentioned. Chapter four, "Other disorders," discusses numerous other psychiatric disorders BPD patients could and do suffer from, such as depression ("3 common types of depression, reactive, endogenous, and bipolar"), cyclothymia ("disorder with brief—2–6 days—periods of alternating elation and depression"), anxiety disorders, other personality disorders (detailed diagnostic criteria presented), eating disorders ("antidepressants, especially trazodone, can be effective . . ."), schizophrenia, and others. Chapter five, "Psychiatric concepts, facts, & theories," is a simplistic hodge-podge of discussion of terms such as psychological defenses, psychological development, incest ("can occur by parents, other family members, or *friends*"), psychological and psychoanalytic theories on BPD, and other issues in BPD. Chapter six, "Theory," presents author's theories of BPD and various issues in BPD, such as mood swings ("are stopped by Prozac"), dysphoria, self-destructiveness, impulsivity, splitting, and others. In chapter seven, "Treatment," the author first explains how he treats the BPD ("I virtually always recommend Prozac for borderlines," "the mood swings generally cease within 3 days") and suggests who can help (good explanation of various mental health professionals and their roles). He further discusses various forms of

psychotherapy and the importance of using medication and therapy together. He mentions goals of therapy, problems with therapy, settings of therapy, how to begin, what to look for in a doctor and/or therapist. He also offers his three definitions of mental health (“1) the absence of mentally ill symptoms [*sic*] 2) happiness, 3) act out of rational self-interest”). The final part of this chapter focuses on “retraining the brain” (“the goal must not be to be normal, but to be mentally well”). Some examples of suggestions to patients for “retraining their brain” are “take haldol and say ‘I feel better’ ten times,” or “when feeling well, say ‘I’m proud of myself, I love myself’ ten times.” The chapter also discusses additional treatment options such as meditation, organizing your life, spirituality, and holistic and eastern medicine alternatives. Chapter eight, “The present and the future,” mentions some legal issues for BPD and discusses superficially the future of the BPD and research on BPD.

The book also has three Appendices, one lists common medication (no new antipsychotics, only one new antidepressant—fluoxetine), one is a useful glossary of terms, and the last one contains some references (articles and books) on BPD. In the first appendix, author introduces a new term—“DMP”:

drug side effects minus placebo side effects (13% of patients on medication complain of fatigue and 12% on placebo complain of fatigue, thus DMP is 1%, i.e., only 1% could actually blame the drug for their fatigue!).

This book is an example of poor execution of a good intention. The book is written with enthusiasm and includes a lot of clinical experience. It provides patients with a lot of information. Unfortunately some of the information is not accurate or correct. In addition, the book is poorly written, with numerous outdated and/or not data-supported suggestions (especially in the area of psychopharmacology), numerous mistakes, and even misspellings (“endorphans”). The fact that the book was most likely published and financed by the author suggests lack of peer review or any review. Even though the book is probably intended as a framework for discussions with patients, I would not be able to recommend it either to my patients or to my colleagues for either discussion or other purpose.

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