

Book Reviews

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Neuropsychiatry: An Introductory Approach

by David B. Arciniegas and Thomas P. Beresford.
Cambridge University Press, Cambridge, United Kingdom,
2001, 438 pages, \$130.00, \$50.00 (paper).

Neuropsychiatry, as a discipline, suffers from an ambivalent relationship with both its parents: neurology and psychiatry. The reasons are multiple and have their origins in sociocultural, economic, and scientific developments of the past century. In many parts of the world, where the influence of psychoanalysis is not very strong, a psychiatrist's training includes significant emphasis on neurology, and consequently, the practice of general psychiatry has a true neuropsychiatric orientation. However, in the United States, there exists a dichotomy between neurology and psychiatry, with neurology focused on the "organic" and psychiatry focused on the "functional" or psychosocial. The latter term includes a focus on functioning of the individual psyche, internally and interpersonally. Historically, the receptivity of American psychiatry to psychoanalytic principles, which prohibit physical contact between the patient and the physician, has made the teaching of neuropsychiatry a mere intellectual exercise in many residency training programs of psychiatry. In addition, the mandatory, but brief, 2-month rotation in neurology for psychiatry residents, and the nonexistent psychiatry rotation for neurology residents, makes the teaching of neuropsychiatry with any continuity and conviction almost impossible in residency training programs in both psychiatry and neurology. There have, however, been some attempts to bridge the gap between these 2 disciplines, such as creating a common board to examine candidates in both specialties, which have proven to be unsuccessful.

While the attempts of the boards and the residency review committees, which mandate training requirements, have not succeeded in uniting the fields, lately, however, scientific developments, as well as the managed care revolution, might be bringing the 2 fields closer. The recent advances in basic and clinical neuroscience research make clear that the distinction between psychiatric and neurologic conditions, to quote the authors, is "not as unambiguous" as was once thought to be. For economic reasons, managed care has made the care of psychiatric conditions with complex manifestations the domain of the general psychiatrist, while shifting the care of the "worried well" to the nonpsychiatric mental health disciplines, such as social work and psychology. In addition, present day clinical psychiatrists must have a firm grounding in the neurosciences in order to prescribe a broad array of psychopharmacologic agents with complex actions on brain receptors as well as unforeseen side effects. All these developments portend well for neuropsychiatry.

Neuropsychiatry: An Introductory Approach, by David B. Arciniegas and Thomas P. Beresford, is a delightful introduction to neuropsychiatry. This book grew out of the authors' "common interest in developing an accessible discussion of neuropsychiatry that might offer both a set of fundamental concepts and a practical approach to the understanding and treatment of neuro-

psychiatric problems" (p. xvii). They define a neuropsychiatrist as a "clinician conversant and facile in the language and techniques of both neurology and psychiatry" (p. 11). The authors emphasize the importance of neuroanatomy, neurophysiology, neurobiology, psychodynamics, family, and culture in the understanding of individuals with neuropsychiatric conditions. The authors do not overwhelm the reader with multiple chapters on neuropsychiatry. Instead, they provide the result of their distillation and integration of various aspects of neuropsychiatry and their suggestion on how it should be practiced. One may take issue with their choice of topics to discuss, but one gets an understanding of neuropsychiatry that is clear, cogent, current, and nonintimidating.

The book, which originated from the authors' lecture notes to residents and medical students, is organized into 3 parts. Part I, while reviewing the history and current status of neuropsychiatry, provides a neuropsychiatric approach to understanding such fundamental concepts as basic and complex cognition, emotion, personality, and psychological adaptation. The chapter titled "Essential Behavioral Neuroanatomy" integrates both neuroanatomical and neurophysiologic concepts as they relate to clinical practice. It thus provides a welcome respite from the practice of standard texts that only provide a sterile description of neuroanatomical facts without any correlation with day-to-day clinical practice. This chapter is highly recommended to any psychiatrist planning to undertake a detailed study of psychopharmacology. As a psychodynamically oriented psychiatrist, I found the discussion of personality and psychological adaptation quite refreshing and balanced. One gains a new understanding of such basic psychoanalytic concepts as psychic determinism and the dynamic unconscious from a neuropsychiatric perspective that would have made Freud happy, given that his ultimate goal was to bring these 2 fields together. The chapter on psychological adaptation, using Vaillant's concept of ego-defenses as its organizing principle, provides a neuropsychiatric perspective on psychological adaptation. The clinical examples mentioned in this chapter clearly demonstrate how to successfully implement the concept of biopsychosocial integration in the management of complex neuropsychiatric disorders, thus proving that even though the focus of the book is mainly on the "bio" of the biopsychosocial paradigm, the authors do not give short shrift to the psychosocial aspects.

Part II, titled "Using Neuropsychiatric Approach to Evaluate a Patient," describes the fundamental evaluative methods used in clinical neuropsychiatry that include an outline of neuropsychiatric evaluation, as well as a description of the mental status examination. These chapters include detailed descriptions of neuropsychiatric assessment tools with clear guidelines as to when to use them. The chapter on the mental status examination is thorough and detailed and is a must-read for even an experienced psychiatrist. The chapters on electrophysiology and neuroimaging, while explicating the technical aspects of these procedures in a simple and clear manner, also provide clinical guidelines on when to use them.

Part III, titled "Applying the Approach to Neuropsychiatric Disorders," discusses some specific neuropsychiatric syndromes. Using the concepts described in the first 2 parts as their springboard, the authors examine delirium and dementia (to illustrate derangements of simple and complex cognition); obsessive-compulsive disorder, diminished motivation, and apathy (to apply knowledge of frontal-subcortical circuitry); Parkinson's disease (to demonstrate pathology of the above as well as that of the neurocircuitry of emotion); alcoholism and alcohol-related disorders (to illustrate the complex and conflicting neurologic, psychiatric, and public perspectives); and finally, traumatic brain injury (to demonstrate complex neuropsychiatric sequelae of trauma). Not included are brain tumors, multiple sclerosis, stroke, and epilepsy. Even though the authors parenthetically discuss aggression in various chapters, one wishes the authors had provided a more complete discussion of aggression as a neuropsychiatric phenomenon.

The layout of the book is attractive and inviting. Plenty of tables and figures illuminate the concepts under discussion. The bibliography is extensive and current. An added bonus is the neuropsychiatric evaluation and consultation form that is included as an appendix. This is an excellent introductory book for psychiatry and neurology residents as well as medical students. For general psychiatrists, this book provides a valuable guide to navigate the complex world of clinical psychiatry that they traverse every day.

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Treating Trauma Survivors With PTSD

edited by Rachel Yehuda, Ph.D. American Psychiatric Publishing, Inc., Washington, D.C., 2002, 199 pages, \$36.95 (paper).

The intellectual heritage of this volume was the conference, "Advances in the Diagnosis and Treatment of Posttraumatic Stress Disorder," sponsored by the Mount Sinai School of Medicine and held in New York City on September 14, 1999. The purpose of the conference was to bridge the gap between intervention research and clinical practice with trauma survivors with PTSD. The resulting book contains seven chapters titled: (1) "Treatment Planning for Trauma Survivors with PTSD: What Does a Clinician Need to Know Before Implementing PTSD Treatments?"; (2) "Diagnosis, Assessment, and Monitoring Outcomes in PTSD"; (3) "Specialized Treatment for PTSD: Matching Survivors to the Appropriate Modality"; (4) "Rationale and Role for Medication in the Comprehensive Treatment of PTSD"; (5) "Treatment of Traumatized Children"; (6) "Assessment and Treatment of Complex PTSD"; and (7) "Treating Survivors in the Immediate Aftermath of Traumatic Events." The contributing authors are highly experienced psychiatrists and psychologists who are making significant contributions to the PTSD clinical, theoretical, and research literatures. Included among the contributors are Edna Foa, Ph.D.; Terence Keane, Ph.D.; Thomas Mellman, M.D.; Arieh Shalev, M.D.; and Bessel A. van der Kolk, M.D. Yehuda describes the contributors as having "an understanding of the complex and often imperfect environment that a clinician must negotiate to deliver services to trauma survivors" (p. ix).

This thoughtful volume contains much to admire. Conscientious readers will be struck by how much they didn't know, or didn't think about, in the treatment of trauma survivors. For

example, in Chapter 1, McFarlane and colleagues point out that "the process of engagement requires the therapist to help the patient notice that conflicts that arise within important immediate relationships are actually mini-triggers for trauma-related material and that the ensuing interpersonal withdrawal is a type of trauma avoidance" (p. 12). Or, as Bessel A. van der Kolk (Chapter 6) points out in his superb chapter on the assessment and treatment of complex PTSD, adults who experienced childhood trauma prior to their current trauma "tend to regress to how they felt at a time when the people who were supposed to take care of them actually were the sources of fear and anxiety. They cannot teach themselves to be safe, because many of them simply lack a baseline understanding of what that means" (p. 146). Shalev (Chapter 7) provides an excellent discussion of elements of traumatic events known to increase the risk of PTSD. He also emphasizes that in the assessment of the survivor, clinicians should clarify first what had been particularly traumatizing for the individual within the traumatic event—as opposed to clinicians imposing "their own template." I was also impressed with the chapter by Chemtob and Taylor (Chapter 5) on the treatment of traumatized children. The authors include a scholarly literature review for readers.

If there are any substantive criticisms of this volume, they relate to format issues. There is some unnecessary redundancy in some of the information provided between chapters. Chapters range in length from approximately 11 pages to 51 pages. Some chapters provide useful conclusion or summary sections while others do not. This reviewer would also have liked an integrative final chapter rather than such an abrupt ending. In spite of the authors' useful clinical suggestions, clinical vignettes or even transcripts from actual assessment or treatment cases would have been helpful to highlight the processes involved.

The above faults notwithstanding, the volume presents an excellent overview of the scope of problems one confronts in assessing and treating trauma survivors with PTSD. I believe strongly that this book will prove a valuable resource from which advanced trainees (in the various mental health disciplines) as well as experienced practitioners and scientists can construct a more efficacious approach to their work with trauma survivors. The chapters are too complex for lay audiences interested in the topic of PTSD.

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American Psychiatric Publishing Textbook of Anxiety Disorders

edited by Dan J. Stein, M.D., Ph.D., and Eric Hollander, M.D. American Psychiatric Publishing, Inc., Washington, D.C., 2002, 544 pages, \$77.00.

It is fascinating to read through the more than 500 pages of this well-edited and well-written, hefty volume and be able to see in one place the now most common psychiatric conditions that prior to 1980 and the DSM-II were rare (obsessive-compulsive disorder) or nonexistent (panic disorder, social phobia, and generalized anxiety disorder [GAD]). The last 2 are now in third and fourth place after major depression (number 1) and substance abuse (number 2). In the chapter on classification, Timothy Brown, Psy.D., notes the growth from 3 to 12 anxiety disorders in the 26 years between DSM-II (1968) and DSM-IV (1994). In spite of this surge, many of the authors claim that anxiety disorders continue to be underdiagnosed and

thus untreated. I wonder how they can be so sure, since the disorder is largely defined by the effect on the person having it, not by some objective laboratory finding. It may not be for doctors to find people and persuade them they have a disorder, since it is the very act of coming for help that defines a case. How widespread will these conditions become once they are fully revealed?

Every morning a TV commercial interrupts the news to tell watchers that worry for more than 6 months and trouble sleeping, coupled with various aches and pains, means they may have generalized anxiety disorder, which is due to a chemical imbalance, and they ought to ask their physician whether they are a candidate for Paxil or some other SSRI. They are then warned that these agents may upset their stomachs, produce insomnia, and render them impotent, but are non-habit forming and will eliminate worry, restore their good nature, and make them cheerful family members and pleasant at the office. They are promised they will stop annoying the people they live with by their constant apprehensions about money and health and that they will cease barking at them.

I have often wondered how the SSRIs have remained in the schedule IV zone of the Drug Enforcement Administration's classification so that written prescriptions are not required for physicians to call them into pharmacies, while the benzodiazepines are saddled with a schedule II rating, due to their alleged abuse and habit-forming capacity. Perhaps people enjoy taking benzodiazepines because they act faster and have fewer side effects. While they make some people sleepy, so do the SSRIs. If GAD requires 6 months of worry and physical symptoms to qualify for an SSRI, then it seems that the drug will be administered for a long time should it work. Does this mean the patient will have an SSRI habit? The authors of this textbook seem to favor the SSRIs over the benzodiazepines, although they produce no controlled comparative studies backing up this claim. I would hate to think that we were becoming victims of psychopharmacologic fashion unsupported by evidence.

What I found best about this excellent text is that, except for a few zealots, it has a wonderful, calm, well-written, clinical and research balance, which allows the reader to begin to digest this burst of information gathered since 1980. I have read bits in hundreds of journal articles over the last 2 decades, but it is truly eye-opening to find it all in a single book. One cannot read this text without being proud of our field and aware that there are many sane voices questioning whether GAD should be in a separate category or included with the mood disorders. Timothy Brown calls attention to the fact that both anxiety and depression share the negative affects of "worry, irritability, anhedonia, lack of cheerfulness, energy, and enthusiasm," leaving only au-

tonomic hyperarousal, "rapid heart rate, shortness of breath, and trembling" to distinguish the two.

There is, unfortunately, a sameness to many of the chapters, the punch line of which is drugs and psychotherapy. I wish the authors had taken on Peter Tyrer's tough question raised in his book *Classification of Neurosis*,¹ regarding the "painful and time-consuming exercise of diagnosis" that has "no treatment implications." He goes on to point out that "the phobic and obsessional disorders are responsive to various forms of behavior therapy, notably exposure...., but for the other diagnoses there is surprising convergence of treatment across all disorders." "The named disorders," he adds, "look different in their new clothes; underneath they are the same and respond similarly to treatment."

I wondered why irritability and rage were left out of this book. Perhaps it is the fault of the categorical approach. Rage disorders are candidates for a separate diagnostic scheme and may rate a textbook of their own before too long. Their treatment will boil down to the same—drugs and psychotherapy—although the latter will include anger management psychotherapies.

The most useful gain that has come of this new work is to make psychotherapy more helpful and practical, not so filled with vague notions of transference neurosis, the merits of breast feeding, the techniques of toilet training, and the double binds in which mothers put their little children. If, from reading texts like this, psychiatrists focus more precisely on the painful conditions they treat and on alleviating suffering more efficiently, then this work on anxiety disorders will have served a magnificent purpose. But, if committees create more and more categories that inevitably overlap because of the fine slicing required to produce them and if researchers continue to imply that all this reduces to a chemical imbalance, which remains no more proven than it was 50 years ago, and this encourages the medical and psychiatric profession simply to prescribe drugs and nothing more, then a great disservice to patients will have been done. Fortunately, this textbook achieves a stunning balance that encourages clinical wisdom and discourages the reflexive use of the prescription pad.

REFERENCE

1. Tyrer P. *Classification of Neurosis*. New York, NY: John Wiley & Sons; 1989.

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