

## Book Reviews

Michael H. Ebert, M.D., Editor

### **Schizophrenia in Children and Adolescents**

edited by Helmut Remschmidt, M.D. Cambridge University Press, Cambridge, United Kingdom, 2001, 308 pages, \$64.95 (paper).

Schizophrenia, as we have come to conceptualize it, is a complicated syndrome, with multiple genetic and some environmental factors contributing to it. With the end of the era in which parental disturbances in communication were considered the primary etiology, we have moved on to a biological concept, heavily emphasizing genetic and neurodevelopmental factors in the etiology and psychopharmacology in the treatment of schizophrenia. When schizophrenia-like symptoms emerge in small children and young adolescents, one would expect the biological factors to be much more prominent. Further, one would expect the neurodevelopmental abnormalities, not necessarily related to psychosis, to be more prominent as well.

The information relevant to these crucial questions can be found in *Schizophrenia in Children and Adolescents*, edited by Professor Helmut Remschmidt of the Philipps University in Marburg, Germany. Although focused on schizophrenia in children and adolescents, this 10-chapter, multiauthored volume with authors from Germany, New Zealand, Sweden, the United Kingdom, and the United States is of keen interest to anyone interested in schizophrenia and its etiology, pathophysiology, and treatment. The authors do a marvelous job in providing, in a single source, the available information on these fortunately rare conditions. The authors acknowledge throughout that the amount of information available on many crucial questions is minimal or entirely absent and that much of the information that is available, including treatment studies, is anecdotal. This is one of the strengths of the book, because it clearly establishes the need for and goals of future research. These answers would no doubt provide crucial information for helping to understand the later presentations of the syndrome.

The coverage of the topic is comprehensive, and there is remarkably little overlap between chapters. The 10 chapters include (1) a historical review, (2) definition and classification, (3) epidemiology, (4) developmental aspects, (5) diagnosis and differential diagnosis, (6) genetic aspects, (7) neurobehavioral perspective, (8) psychosocial factors, (9) treatment and rehabilitation, and (10) course and prognosis. The writing is crisp, the references are up to date, and the choice of material to cover is relevant to both the clinician and seasoned professional. An excellent index is included.

Since most practices of psychiatry do not include contact with children and early adolescents, this book will be of particular interest to those who want more information on the earlier-emerging forms of the syndrome. It is of interest to learn that auditory hallucinations can be reliably ascertained even in 3- and 4-year-old children. The absence of information on cognitive disturbance in children and young adolescents is disappointing. This crucial area has received intensive study in late adolescent schizophrenia in recent years. Cognitive

disturbance needs to be addressed in younger psychotic patients. The lack of long-term outcome data is also disappointing. Dr. Remschmidt's chapter on treatment and rehabilitation provides a good summary of the limited available data with the atypical antipsychotic drugs. These drugs are clearly effective and more tolerable than typical antipsychotics in this age group as well as in older patients. Whether they will change the course of the illness remains to be determined.

In short, this book is a worthy addition to the library of all who work with children and adolescents with schizophrenia spectrum disorders and for anyone with an interest in understanding schizophrenia throughout the life cycle.

**Herbert Y. Meltzer, M.D.**

Vanderbilt University School of Medicine  
Nashville, Tennessee

### **Treating Mental Illness and Behavior Disorders in Children and Adults With Mental Retardation**

edited by Anton Došen, M.D., Ph.D., and Kenneth Day, M.B., Ch.B., F.R.C.Psych., D.P.M. American Psychiatric Press, Washington, D.C., 2001, 561 pages, \$79.00.

Mental health disorders are more prevalent among people with mental retardation and related developmental disabilities than the general population, making *Treating Mental Illness and Behavior Disorders in Children and Adults With Mental Retardation* especially apt. Health care, social service, and educational systems are disproportionately impacted by individuals with developmental disabilities with mental illness and behavior disorders, creating economic pressures to make treatment choices based on evidence of efficacy from controlled studies.

This volume includes summaries of empirical evidence and program and theoretical descriptions regarding an array of treatments for mental health problems of people with mental retardation. The strengths of the volume are its breadth of topics, several outstanding chapters, and international scope of contributors (the Netherlands, Great Britain, Canada, and the United States), while its weaknesses are insufficient emphasis on empirical evidence for some of the therapies and limited attention to diagnostic problems.

Chapters on behavioral therapies (Gardner et al.), psychopharmacologic approaches (Tyner and Hill), mood disorder (Ruedrich et al.), self-injurious behavior (Gardner et al.), behavioral interventions in aggression (Griffiths), and treatment of epilepsy (Berney) are especially noteworthy. These well-organized chapters provide summaries of interventions that will be useful to practitioners and researchers in evaluating treatment effectiveness.

Program description and theoretical chapters would be strengthened by inclusion of empirical research. A substantial research literature on effective educational interventions for

behavior problems based on functional assessment and positive behavioral supports (e.g., E. G. Carr, R. Horner) was not included in the theoretical chapter on pedagogical approaches. Psychodynamic and developmental-dynamic relationship therapies with children are included, but the critical importance of language and social intervention in preventing more severe symptoms in autism spectrum disorders<sup>1,2</sup> is not included.

The editors note that differential diagnosis of major mental illnesses among people with moderate, severe, and profound disability is often difficult. While patients may suffer from mental illness, professionals are hampered by a lack of validated diagnostic tools. Since ICD and DSM criteria assume language skills, diagnosis of people with significant intellectual disabilities is usually based on signs rather than symptoms, ambiguous histories, and subjectively evaluated treatment outcomes. Practicing professionals as well as researchers would benefit from more discussion of solutions to these daunting problems.

Some treatments, such as behavioral and pharmacologic treatments, are well validated as being highly effective, while in other cases little evidence is presented regarding treatment efficacy. The chapter on psychotherapeutic methods states that "psychoanalytic psychotherapies are effective but are not easy options for therapists" (p. 41). Little research evidence exists regarding effectiveness of psychoanalytic therapies with this population. Therapies useful with other clinical groups, such as cognitive, group, relaxation, and grief therapy, are seldom applicable to people with intellectual limitations, and convincing controlled studies are lacking.

In the chapter "Pharmacotherapy in Aggressive and Auto-Aggressive Behavior," the author concludes that "no rational treatment for aggression and SIB [self-injurious behavior] has yet been found for mentally retarded subjects" (p. 296), a conclusion inconsistent with a growing research literature. Risperidone, clomipramine, and naltrexone have all been shown to be effective in reducing self-injury among people with developmental disabilities, findings that were recently summarized by a National Institutes of Health panel.<sup>3</sup>

Several outstanding chapters reassure us that it is possible to diagnose and treat mental health problems of people with mental retardation using methods of demonstrated effectiveness. These chapters remind us of Claude Bernard's admonition, "Scientific physicians are always the most perplexed at a patient's bedside, because, on the one hand, they are convinced that we can take action with the help of powerful medicinal means, while, on the other hand, their ignorance of the mechanisms of such an action holds them back, for the experimental spirit is utterly averse to producing effects and studying them without trying to understand them."<sup>4(p210)</sup>

#### REFERENCES

1. Lord C, McGee JP. Educating Children With Autism. Committee on Educational Interventions for Children With Autism. National Research Council. Washington, DC: National Academy Press; 2001
2. Clinical Practice Guideline: Report of the Recommendations. Autism/Pervasive Developmental Disorders, Assessment and Intervention for Young Children (0-3 years). Albany, NY: New York State Department of Health; 1999. Publication 4215
3. Schroeder SR, Thompson T, Oster-Granite ML. Self-Injurious Behavior: Gene-Brain-Behavior Relationships. Washington, DC: American Psychological Association; 2002
4. Bernard C. An Introduction to Experimental Medicine. Greene HC, trans. New York, NY: Henry Schuman; 1927:210

**Travis Thompson, Ph.D.**  
University of Kansas Medical Center  
Kansas City, Kansas

#### Handbook of Psychiatric Measures

by a Task Force of the American Psychiatric Association.  
American Psychiatric Press, Washington, D.C., 2000,  
820 pages, \$79.95.

The *Handbook of Psychiatric Measures*, published by the American Psychiatric Association (APA) and spearheaded by an APA Task Force, is a user-friendly review of measures commonly used by psychiatrists and psychologists in clinical and research settings. The book was designed primarily for clinicians and mental health policy makers with the goal of providing up-to-date information regarding "... the potential roles, opportunities, and risks and benefits in the use of assessment, evaluation, and outcome measures in the routine clinical care of patients with mental disorders" (p. xxiii).

The authors of the *Handbook* emphasize that to appropriately select, interpret, and apply a measure, clinicians must understand the psychometric properties of the tool and factors that may affect its clinical utility. Section I of the volume is devoted to explaining such issues: chapter 2 focuses on psychometric properties relevant to evaluating measures (i.e., reliability and validity), while chapters 3 and 4 highlight considerations relevant to choosing and interpreting measures in specific clinical settings or health care contexts. Chapter 5 reviews cultural factors to consider in the selection, use, and interpretation of psychiatric measures. This section also does a particularly nice job of clearly explaining the psychometric constructs important to choice and evaluation of measurements.

Sections II and III cover the measures themselves. Child and adult measures are included, but the volume is more heavily weighted toward the assessment of adults. Measures are grouped broadly according to whether they are non-disorder specific (section II) or are related to DSM-IV diagnostic categories (section III), and chapters within each section focus on specific areas of interests. For example, section II includes chapters devoted to measuring suicide risk (chapter 16) and quality of life (chapter 10), while section III includes chapters focusing on assessment of anxiety (chapter 25), mood (chapter 24), and substance abuse disorders (chapter 22). Each chapter begins with a table that lists the measures reviewed, the disorder/construct each assesses, and the page on which to find each one. For each measure, a general description, sample items, instructions for obtaining the measure, information regarding psychometric properties, and a statement about clinical utility are provided. (For those who have spent hours trying to track down various measures, the information about how to obtain each measure is alone worth the purchase of the book!)

As an added bonus, the *Handbook* comes with a CD-ROM that enables the reader to access and print out many (although not all!) of the measures reviewed.

Overall, the *Handbook* is well organized, and its consistency in format across chapters facilitates easy access to information for each of the at least 200 measures included. It is an additional strength of the volume that, in many cases, the contributors represent recognized experts in their area. Both reviewers (one a physician/clinician with limited experience using psychometrics, the other a psychologist/researcher with significant familiarity with such tools) found the text readable, accessible, and user friendly. In short, this is an excellent volume that will be particularly useful for clinicians who are interested in incorporating psychiatric measures into their practice.

**Norah C. Feeny, Ph.D.**  
**Robert J. Ronis, M.D., M.P.H.**  
Case Western Reserve University School of Medicine  
Cleveland, Ohio

## Clinical Handbook of Psychotropic Drugs, 11th ed., revised

edited by Kalyna Z. Bezchlibnyk-Butler, B.Sc.Pharm., and J. Joel Jeffries, M.B. Hogrefe & Huber, Seattle, Wash., 2001, 272 pages, \$49.50 (spiral-bound).

The *Clinical Handbook of Psychotropic Drugs* is a loose-leaf, wirebound book that is approximately 8½ by 11 inches in size. I mention the size because it is certainly not an easy-to-carry-around book, but is one that is designed to stay at the desk. An annual subscription costing \$94.50 includes quarterly updates and a 3-ring binder, with renewals in subsequent years available at \$49.50. The volume by itself is \$49.50.

The handbook is organized by treatments: antidepressants, electroconvulsive therapy (ECT), antipsychotic medications, antiparkinsonian agents, anxiolytics, hypnotics, mood stabilizers, psychostimulants, cognition enhancers, sex-drive depressants, drugs of abuse, treatment of substance abuse, new and unapproved treatments of psychiatric disorders, and herbal and natural products. A glossary of suggested readings, an index of drugs, and patient information sheets are also included. The patient information sheets are 2-sided sheets under the general heading of a type of drug (e.g., "Antipsychotic") or a specific drug (e.g., "Clozapine"). These sheets are designed to be photocopied by the clinician and given to the patient. The information on the patient information sheets includes the major usage of the drug, how quickly the drug will start working, how long the patient should take the medication, side effects, what to do if the patient forgets a dose, drug interactions, and precautions. Information that is of more critical importance is written in bolder type.

The sections for the clinicians have the following information: names of available drugs and their class, indications, pharmacology, general comments, dosing, pharmacokinetics, onset and duration of action, adverse effects classified into the central nervous system and other organ systems, withdrawal, precautions, toxicity, pediatric considerations, geriatric considerations, use in pregnancy, nursing implications, patient instructions, and drug interactions. The referencing goes through the year 2000,

which indicates that some attempt has been made to update the references.

I generally liked this book. As with any compendium of information, there will always be some problems, but in general I felt that the material covered was to the point, concisely written, and for the most part correct.

Some of the problems that I noticed included the statements that selective serotonin reuptake inhibitors "may induce manic reactions in up to 20% of patients with bipolar affective disorders" (p. 5, 7) and that bipolar affective disorder is a "relative contraindication" (p. 7). I think that this information should be tempered with the notion that mood stabilizer administration can prevent mania in such patients. Also, the term *bipolar affective disorder* is not a current DSM term. There are no more "affective disorders" in the DSM system. The term *affective disorders* has been changed to *mood disorders*. The use of the initials "BAD" to indicate "bipolar affective disorder" is inappropriate. Patients objected to this usage (which is one of the reasons for the change in DSM-IV from DSM-III-R), and the usage is frankly outdated. Perhaps the authors could correct this in their next edition.

I found no mention that ECT can produce an increased rate of confusion if given while patients are taking lithium. This is documented in the literature and probably should be added.

There are probably other minor points. In general, I think that it is easy to find slight flaws in this type of book. However, the volume is useful overall. The only other suggestion I have is that this book could somehow be more pocket-sized. It is somewhat unwieldy in the size in which it is currently printed and is not very useful for someone to use on an inpatient unit or in an emergency room unless it is kept at a desk for handy reference.

This book would be of considerable use to medical students, psychiatric residents, and individuals in practice as well as psychotherapists who are treating individuals who are undergoing treatment with psychotropic medications.

**David L. Dunner, M.D.**  
Center for Anxiety and Depression  
University of Washington  
Seattle, Washington