

### The Physician as Patient: A Clinical Handbook for Mental Health Professionals

by Michael F. Myers, M.D., and Glen O. Gabbard, M.D.  
*American Psychiatric Publishing, Inc, Arlington, Va., 2008,*  
 252 pages, \$46.00 (paper).

*And he said unto them, Ye will surely say unto me this proverb, Physician, heal thyself: whatsoever we have heard done in Capernaum, do also here in thy country.* Luke 4:23 (King James Version)

Physician, heal thyself. This ancient exhortation remains embedded in the culture of modern medicine. The inculcation of a noble life devoted to the care of others can tread heavily on the self-reflective construct of physician well-being and the inner life of the healer. Physicians' professional responsibilities may engender self-sacrifice, deferred needs, and delayed rewards. Modern day initiatives in medical education that monitor the demands on trainees are balanced against a weightier professional ethic; for example, the limitation of trainee work hours to a maximum of 80 hours still fosters a work week that is double that of the average worker. The physician's identity imbues a clear professional ethic to hold oneself to a higher standard. What do we know, then, about the physical and mental toll of life as a physician?

In response to a true need for scholarly review of an apparently taboo subject, Drs. Myers and Gabbard pooled their years of exceptional experiences and expertise caring for physicians, from pre-medical students to advanced practitioners, into a concise, richly delivered handbook. This finely crafted text speaks to the unspoken: the silent suffering, the toll of lost relationships at work and at home, the morass of addiction disorders, and the higher risk for physicians (than for the general population) of suicide. A declared handbook for mental health professionals, the book is also useful to medical educators, medical school admissions committees, and licensure boards.

The handbook is divided into 3 parts: Part I, Physician Characteristics and Vulnerabilities; Part II, Diagnostic and Treatment Issues in the Distressed and Distressing Physician; and Part III, Prevention, General Treatment Principles, and Rehabilitation. Case vignettes that protect identities, or are used with permission, are replete and serve to crystallize concepts. Each of the parts is divided into chapters to address areas of special focus; key points are listed at the end of every chapter, serving as a review or quick reference.

Part I includes psychological profiles of physicians and a discussion of the culture of medicine that shapes a physician's development, guidance for conducting psychiatric evaluations of physicians (distinguishing male and female physicians), and consideration of the heterogeneous groups of minority physicians (African American, Hispanic, and Asian and lesbian, gay, bisexual, and transgender) and international graduates who may face challenges in common.

Part II distinguishes medical and psychiatric conditions that more commonly occur in physicians, with attention to the pathways to vulnerability and the variety of addiction disorders that beset physicians. Personality traits, frank personality disorders, and violations of professional boundaries are carefully reviewed for their propensity to impair physicians and distress others.

Part III broadens the discussion of treatment to include the vicissitudes of therapies with physicians, including individual and couples therapies, psychodynamic and cognitive therapies, and relapse prevention. A thorough discussion of physician suicide and its aftermath affords full epidemiologic, psychological,

and social consideration of the higher risk for physicians. On a hopeful note, the book closes with scholarly perspectives on prevention and what we can do as physicians to intervene for our students, our colleagues, and ourselves.

In summary, the book is a gift of wisdom and generosity from authors who have been in the trenches for decades caring for physicians—and the medical profession as a whole. Their experiences are exposed through case vignettes, and their breadth and depth of knowledge are succinctly revealed. Dr. Michael F. Myers and Dr. Glen O. Gabbard ably entreat a paradigm shift in the culture of medicine and the care of physicians. This is a must-read text.

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### Stahl's Essential Psychopharmacology Online, revised and updated 3rd ed.

based on Stahl's *Essential Psychopharmacology and The Prescriber's Guide* by Stephen M. Stahl, M.D., Ph.D.  
*Cambridge University Press, New York, N.Y., 2008, available at <http://stahlonline.cambridge.org>, \$195 (annual individual subscription), \$40.00 (28-hour subscription), \$225 (digital edition in paperback including 1-year online access).*

For several years, Stephen Stahl has made notable contributions to how clinicians can master the clinical psychopharmacologic needs of their patients. His numerous texts have provided clear and concise explanations regarding what we know about the mechanisms of action of the medications we use, when to use them, and what combination treatments might offer safe (and at times unsafe) alternatives for our difficult-to-treat patients.

*Stahl's Essential Psychopharmacology Online* is the modern iteration of Stahl's textbook by the same name. The graphics are there, the quick descriptions of drug mechanism and clinical uses are there, and the pitfalls and clinical pearls for each treatment are there—all online and easily accessible. For clinicians seeing patients, using this online compendium is quick, easy, and informative. I have no doubt that the accessibility of this material online will be popular among clinicians and helpful to their patients.

Use is simple: the clinician can access the entry for the medication using the generic or brand name, and the information provided includes how the drug works, best augmenting combinations, life-threatening issues, dosing tips, drug interactions, other precautions, use in children and adolescents, use in pregnancy, and "pearls." This information can be printed out for the clinician and/or the patient. Furthermore, the illustrations (perhaps the only better illustrations are in the *New Yorker* magazine—although that may be debatable) can be easily downloaded.

I looked up information on several medications I prescribe, such as lithium, a few antidepressants, and a few antipsychotics. The information was thorough, accurate, and complete. This is a "text" of psychopharmacology, and treatments such as electroconvulsive therapy and repetitive transcranial magnetic stimulation are not discussed. Furthermore, although the information is stated as being updated monthly, there is no

information regarding desvenlafaxine (Pristiq), an antidepressant added to the U.S. market about 9 months ago.

*I think Stahl's Essential Psychopharmacology Online* will be a useful tool for clinicians and a valuable tool for medical libraries at academic institutions.

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### **Patients With Substance Abuse Problems: Effective Identification, Diagnosis, and Treatment**

by *Edgar P. Nace, M.D., and Joyce A. Tinsley, M.D. W. W. Norton & Company, New York, N.Y., 2007, 224 pages, \$22.95.*

The diagnosis and subsequent treatment of individuals with substance use disorders can be a very challenging experience for any clinician. This situation can be especially difficult in the case of clinicians who are working in primary care and mental health and who may lack experience and training in the field of addiction. This text by Edgar P. Nace and Joyce A. Tinsley, *Patients With Substance Abuse Problems: Effective Identification, Diagnosis, and Treatment*, can provide help, hope, and even a sense of gratification to clinicians working with this patient population by providing them with a concise, clearly written, and practical condensation of the essential elements involved in the care of addiction patients.

The text begins with an excellent introduction section that clearly reflects the authors' expertise and enthusiasm for the material and encourages the reader to explore the rest of the book. The 10 chapters that follow are divided into 3 parts that reflect a biopsychosocial perspective. Each chapter begins by listing the key points to be covered, which is a very helpful method to focus the attention of the reader.

Part 1, chapter 1, starts by surveying the magnitude of the human and financial stress that substance-related illness places on society. This initial chapter then balances those concerns by presenting data establishing that treatment can work—and be of significant benefit to patients. The importance of the treatment alliance is highlighted: “Our relationship with the patient is a fulcrum for beneficial change. We use this leverage to counter the patient's frustration, discouragement, or despair with determination to learn from ‘failure,’ outline the next course of treatment, and communicate our belief in the patient's capacity for change” (p. 17). The second chapter is an excellent summary of addiction as an illness involving the reward pathway in the brain. The third chapter is an outstanding look into the elements that form denial as a defense and the measures that can be used to address it.

Part 2 (chapters 4 through 6) emphasizes the steps and methods involved in diagnosing substance use disorders and covers the topic of dual diagnosis in a brief but very effective manner. Chapter 6 deals with treatment options and covers issues ranging from the intensity of care (e.g., inpatient hospitalization, residential treatment, intensive outpatient programs, 12-step groups) to motivational interviewing, clinician countertransference, and pessimism.

Part 3 involves special populations (adolescents in chapter 7 and older adults in chapter 8) and the important aspects associated with their clinical care. Chapter 9 covers smoking and points to the importance of both screening and treating nicotine dependence, probably the most underdiagnosed and undertreated major health problem in this or any other country. There

is absence of the mention of varenicline in the section on treatment of nicotine dependence. Chapter 10 examines the important and growing role of pharmacotherapy in the treatment of substance use disorders. A useful glossary following chapter 10 gives a nice summary of some commonly used terms and medications encountered in working with addiction patients. An appendix follows and provides outpatient treatment strategies for withdrawal syndromes for common substances such as alcohol, sedative-hypnotics, and opioids.

In summary, *Patients With Substance Abuse Problems* is a book that should have wide appeal for any professional involved in the care of addiction patients. In particular, it provides a great deal of clinical wisdom and encouragement to primary care and mental health clinicians, for whom this text is primarily intended.

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### **Clinical Handbook of Obsessive-Compulsive Disorder and Related Problems**

edited by *Jonathan S. Abramowitz, Ph.D.; Dean McKay, Ph.D.; and Steven Taylor, Ph.D. The Johns Hopkins University Press, Baltimore, Md., 2008, 304 pages, \$60.*

The *Clinical Handbook of Obsessive-Compulsive Disorder and Related Problems* was edited by 3 expert psychologists in the field of obsessive-compulsive disorder (OCD). The first part concentrates on different symptom presentations of OCD and uses case vignettes and discussion by expert psychologists to present the treatment of individuals with these symptoms. The second part is focused on conditions closely related to OCD, often termed *obsessive-compulsive spectrum disorders*, with chapters devoted to trichotillomania, tic disorders, impulse-control disorders, autistic syndromes, body dysmorphic disorder, eating disorders, hypochondriasis, obsessive-compulsive personality disorders, and nonparaphilic sexual disorders.

Part 1, entitled “Subtyping Obsessive-Compulsive Disorder,” presents clinical rather than empirically based subtypes of many of the heterogeneous symptom presentations of OCD. The contributors skillfully use traditional discussion as well as case vignettes to familiarize the reader with different types of symptom presentations of OCD (e.g., fear of contamination, checking, ordering and arranging, hoarding, unacceptable thoughts, and scrupulosity). These chapters are very useful for clinicians in bringing to life the many symptom presentations of OCD and thoughtfully discussing issues often related to these presenting symptoms. This part of the handbook also contains chapters on more specialized OCD symptom presentations such as pediatric autoimmune neuropsychiatric disorder associated with streptococcal infections (PANDAS), postpartum OCD, OCD with poor insight, and OCD with schizotypy. The PANDAS chapter presents an expert, balanced overview of the biologic and clinical attributes of this controversial diagnosis. The chapters on OCD with poor insight and OCD with schizotypy provide useful tips on behavioral treatments for some of the most challenging types of OCD patients—from which even expert clinicians will benefit.

The second part, entitled “Problems Related to Obsessive-Compulsive Disorder,” contains contributions by many experts in their respective fields who discuss various conditions often

classified as obsessive-compulsive spectrum disorders. This section begins with a discussion by Stein and Lochner on the empirical basis of obsessive-compulsive spectrum disorders. Additional psychiatric conditions discussed in this section include trichotillomania (Woods et al.), impulse-control disorders (Grant and Marsh), autistic syndromes (McDougle et al.), and obsessive-compulsive personality disorders (Eisen et al.) among others. Although written by multiple different experts, the chapters are remarkably similar in format and scope. Particularly useful is the discussion on the evidence for each disorder's inclusion on the obsessive-compulsive spectrum and each disorder's intersection with OCD.

Improvements that could be made to future editions include adding a contribution by an individual with pharmacologic bona fides in OCD treatment. Psychopharmacology (mainly selective serotonin reuptake inhibitors) is an evidence-based treatment for both adults and children with OCD.<sup>1,2</sup> Combination treatment with behavioral therapies and medications has been demonstrated to be more effective in children with OCD than either treatment alone.<sup>2</sup> Roughly half of patients treated with cognitive-behavioral interventions by even the most experienced therapists either do not respond to treatment or have significant residual symptoms.<sup>2,3</sup> Cognitive-behavioral therapy is a highly effective treatment for OCD that should be offered as a first-line intervention (in combination with or as an alternative to medications) in almost all patients with OCD.<sup>2,3</sup> In fairness, some discussion of medications in OCD treatment is interspersed through almost every chapter, but this discussion is done exclusively by psychologists and only in superficial detail. A separate chapter on medications for OCD and on when psychologists and other clinicians without prescribing privileges

should refer OCD patients to psychiatrists would be a welcome addition to this book.

In summary, the *Clinical Handbook of Obsessive-Compulsive Disorder and Related Problems* provides an excellent and skilled discussion on the behavioral treatments for OCD. Knowledge of and familiarity with behavioral treatments for OCD are imperative to the proper clinical care of individuals with this disorder. The handbook is very practical and clinically oriented, with case vignettes. However, individuals expecting in-depth discussion of pharmacologic treatments for OCD will be disappointed.

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