The following book review was printed in our sister publication, The Journal of Clinical Psychiatry. *We at the* Companion *believe that the review will be of great interest to our readers as well. —L.C.*

Reinventing Depression: A History of the Treatment of Depression in Primary Care, 1940–2004

by Christopher M. Callahan, M.D., and German E. Berrios, M.D. Oxford University Press, New York, N.Y., 2005, 214 pages, $49.95.

I really enjoyed reading this book, and I think that it is very useful for individuals involved in health care planning and service distribution and for people interested in the history of the treatment of depression, particularly in primary care. This book relates the history of the treatment of depression in the United States and the United Kingdom, particularly since World War II, with a focus on treatment in primary care settings. The book is informative and interesting in its historical perspectives, clearly revealing where we have been and how we got to where we are now. There are suggestions for the future, although these suggestions are made cautiously. There is a lot in this book that I found new as well as a great deal that resonated with me, given my involvement in the latter part of the 20th century with some of the issues described in the book.

Depression is generally regarded as a disorder that should be treated in primary care settings, but studies demonstrate that recognition and treatment of depression in primary care could stand considerable improvement. The "50 percent rule" seems to apply—50% of patients seen in primary care settings are not diagnosed. Of the 50% who are diagnosed, only 50% are treated; of the 50% who are treated, only 50% receive adequate treatment. This unfortunate status has been rather steady for the past decade or two and reflects badly on our ability to improve the recognition and treatment of depression. Furthermore, if one looks at the mean duration of antidepressant treatment in the United States, this has held stable at about 100 days in spite of recommendations made over a decade ago that the treatment of the initial episode of depression be continued for 6 to 9 months after remission of symptoms. Although some improvement in the detection and treatment of depression in primary care settings must have occurred as evidenced by increased pharmaceutical sales of antidepressants, demonstration of this effect is lacking. I agree with the authors that most of the research regarding treatment of depression in primary care has not involved primary care itself. It is important that leadership regarding treatment of depression come from primary care.

The overall thrust of this book suggests that both the amount of research into depression and the number of researchers on depression from within primary care should increase and also that policymakers and thought leaders from within primary care, who can obtain the resources for providing more primary care research, should emerge. What is of interest is the notion that these changes should occur not only in the United States but also in the United Kingdom.

I am not sure how widely this book will be read among primary care practitioners, but I think that it would be quite useful for those primary care physicians who are currently involved in depression research to read this book. I think that they will clearly agree with its conclusions.

David L. Dunner, M.D.
University of Washington School of Medicine
Seattle, Washington

Sleep and Dreaming: Scientific Advances and Reconsiderations

by Edward F. Pace-Schott, Mark Solms, Mark Blagrove, and Stevan Harnad, eds. Cambridge University Press, Cambridge, U.K., 2003, 374 pages, $50.00 (paper).

Sleep and Dreaming is a compilation of papers, critical reviews, and commentaries published from 2000 to 2002 in the journal *Behavioral and Brain Sciences* that assess the "relationship of dreaming to brain physiology and neurochemistry and the possible functions, or lack of functions, of REM [rapid eye movement] sleep and of dreaming"[(ix)]. As a summary of this fascinating field, this book is becoming significantly outdated; as an entrée for the primary care clinician, it is likely to be more soporific than scintillating.

The book comprises an introduction and 5 chapters (reviewing the cognitive neuroscience of conscious states, the discordance of dreaming and REM sleep, mentation in REM and non-REM sleep, the case against memory consolidation in REM sleep, and an evolutionary hypothesis of the function of dreaming). Peer commentary and author responses follow, and there is a comprehensive list of references and a useful index. The book is quite exhaustive in treatment, and the main articles and invited commentary demonstrate the give and take of science in action. There are plenty of controversies, and the text provides a detailed overview of sleep and dreaming.

If you really are an aficionado of sleep disorders and want to better understand the latest models of dreaming as well as the theoretical connections among such disorders as narcolepsy, REM-behavioral disorder, and posttraumatic stress disorder, you might find this compilation worth a read. For my money, the introduction or an overview from one of the standard texts is more than enough. To be fair, this book appears to target the sleep physiologist. Unfortunately, for most psychiatrists, let alone primary care clinicians, this book may be just a bad nightmare.

Jeff Susman, M.D.
University of Cincinnati
Cincinnati, Ohio