

## **Bipolar Disorders: Clinical Course and Outcome**

edited by Joseph F. Goldberg, M.D., and Martin Harrow, Ph.D. Washington, D.C., American Psychiatric Press, 1999, 315 pages, \$49.95.

As part of the Clinical Practice Series of the American Psychiatric Press, this book on bipolar disorders integrates current clinical research findings with clinical applications and provides a broad overview of course and outcome for bipolar disorders. The book provides a concise, up-to-date summary of current knowledge about affective relapse, comorbid psychopathology, functional disability, and psychosocial outcome in bipolar disorders.

It has been generally acknowledged that bipolar affective disorders are one of the leading causes of chronic disability worldwide. From the perspective of illness-related cost, the total economic impact of bipolar disorder is estimated at several billion dollars. In recent decades, the diagnostic trends in the United States have favored a broadened definition of bipolar illness. Another change in diagnostic approaches may involve new phenotypes of the disorder. These phenotypes may be reflected in cohort effects among contemporary bipolar patients involving factors such as drug and alcohol abuse, past treatment with tricyclic or other antidepressant agents, and cross-generational shifts due to transmission of unstable DNA sequences. As Dr. Frederick Goodwin notes in his foreword, "One fascinating hypothesis suggests that a cross-generational shift to more malignant forms of the illness may reflect a genetic mechanism involving unstable DNA. Trinucleotide repeats would increase the severity of the illness in succeeding generations, perhaps contributing to greater treatment resistance." Indeed, this hypothesis may explain what clinicians have known for the past several years—that bipolar patients do not appear to be responding to lithium carbonate as before. There is clearly a disparity between what is observed in clinical practice and in controlled clinical trials with lithium carbonate.

Clinicians have long known that bipolar disorder is a recurrent disorder. The episodes recur, and recurrences tend to come closer together as the disorder progresses. Furthermore, the degree of environmental stress associated with recurrent episodes becomes progressively less intense over time. These phenomena have generated the "kindling hypothesis." Another hypothesis posits that the episodic nature of the illness reflects a disturbance in the regulation of biological rhythms. These hypotheses have clinical implications. Antiseizure medications have gradually replaced lithium carbonate as the treatment of first choice for most bipolar patients. It is believed that many of these drugs, such as valproic acid, may act through biological mechanisms that attenuate the kindling phenomenon.

Psychosocial factors, at least initially, play an important role in precipitating episodes of either depression or mania. In what is perhaps the best chapter, Miklowitz and Frank explore psychotherapeutic strategies for bipolar disorder. They modify a model proposed by Goodwin and Jamison that posits a role for stressful life events. The authors suggest various stages in family-focused treatment of bipolar disorder that include, after the initial assessment phase, education about bipolar disorder, communication enhancement, and problem-solving training.

And based on the observation that the episodic nature of the illness reflects a disturbance in the regulation of biological rhythms, they propose strategies for interpersonal and "social rhythm therapy" of bipolar disorder. In this model, the patients are taught to regulate social rhythm and sleep/wake cycles and to understand and renegotiate the interpersonal context associated with the onset of mood disorder symptoms. Lastly, the patients learn to master conflicts associated with interpersonal loss, deficits, and role transitions.

In short, this book will serve as an excellent handbook for clinicians who work with bipolar patients. The book is of value not just to psychiatrists but also to primary care physicians who very often are the first to diagnose bipolar disorder and treat the condition through various stages of the disease. I highly recommend this book.

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## **The Fifteen Minute Hour: Applied Psychotherapy for the Primary Care Physician, 2nd ed.**

by Marian R. Stuart, Ph.D., and Joseph A. Lieberman III, M.D., M.P.H. Westport, Conn., Praeger Publications, 1993, 224 pages, \$65.00; \$19.95 (paper).

Like its predecessor, *The Fifteen Minute Hour*, 2nd edition, is essential reading and an invaluable tool for all family practice physicians. During this time when our evolving health care delivery is shaped by ever expanding general medical knowledge and technology, limitations of financial resources, and relative increase in chronic illnesses, comprehensive primary health care may be provided only by incorporating strategies for addressing the psychosocial and biological ailments of our patients. The text outlines the systematic means for integration of psychosocial patient assessment into routine patient care in a format that is well organized and easy to assimilate.

The book begins with a discussion of the trends of the current health care delivery system and the need to integrate a biopsychosocial model into the context of existent social, political, and economic realities. A review of pertinent research substantiating the effectiveness of brief psychotherapy is included, as well as an examination of the natural proclivities and characteristics that make primary care physicians ideal psychotherapists.

The authors describe the common elements of all psychotherapy techniques and introduce new concepts that simplify the process for physicians. Traditional psychotherapy and psychotherapy taught and advocated in the text are contrasted. The text provides readers with information on the BATHE method, a psychotherapeutic procedure that serves as a rough screening test for anxiety, depression, and situational stress disorders. The BATHE method consists of 4 specific questions about the patient's background, affect, troubles, and handling of the current situation, followed by an empathetic response (i.e., B-Background, A-Affect, T-Trouble, H-Handling, E-Empathy). Further discussion includes rationale and techniques of the

15-minute therapy session, methods for handling challenging patients (e.g., hypochondriacs, chronic complainers, substance abusers), and a review of the application of psychotherapy in special situations (e.g., difficult family members, confronting the patient when acceptable limits have been exceeded).

For primary care physicians trained in the traditional disease-oriented medical model, this publication is a survival guide to negotiating a course of complete patient care within the context of a truly enjoyable and fulfilling medical practice. For

those of us who developed our own strategies for addressing complete patient needs from the first edition of *The Fifteen Minute Hour* or by other means, the second edition warrants reading for its clarification and expansion of important issues as well as the addition of new care material, concepts, and techniques.

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## This Month's

### BRAINSTORMS

Clinical Neuroscience Update

by Stephen M. Stahl, M.D., Ph.D.

#### Peptides and Psychiatry, Part 1: How Synthesis of Neuropeptides Differs From Classical Neurotransmitter Synthesis

**Issue:** *Neuropeptides and their receptors are increasingly targets for novel psychotropic drugs. Synthesis, storage, and release of the neuropeptides differ in important ways from these same processes for the classical monoamine neurotransmitters.*

#### Peptides and Psychiatry, Part 2: Substance P and the Neurokinins: Novel Peptide Neurotransmitters in Psychopharmacology

**Issue:** *A new neurotransmitter system is a family of 3 related peptides known as neurokinins. The best known of these is substance P. The others are known simply as neurokinin A and neurokinin B. The specific receptor subtypes that correspond to these 3 neurokinins are neurokinin 1 receptors for substance P, neurokinin 2 receptors for neurokinin A, and neurokinin 3 receptors for neurokinin B. These neurotransmitters appear to play a key role in the regulation of emotions, and antagonists of their receptors may be novel psychotropic drugs of the future.*

#### Peptides and Psychiatry, Part 3: Substance P and Serendipity: Novel Psychotropics Are a Possibility

**Issue:** *Substance P and other neurokinins are, hypothetically, mediators of emotional distress in depression, anxiety, or schizophrenia. Preliminary indications that a substance P antagonist has antidepressant actions have triggered a race to discover novel antidepressants, anxiolytics, and antipsychotics that act by blocking substance P and other neurokinins.*

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