

Book Reviews

Michael H. Ebert, M.D., Editor

Behavioral Neurology: Practical Science of Mind and Brain, 2nd ed.

by Howard S. Kirshner, M.D. Butterworth-Heinemann, Boston, Mass., 2002, 474 pages, \$65.00.

Monographs offer consistent writing style, fine cross-referencing between chapters, and even coverage of each chapter's material, but they risk the limitations of an author's expertise. The present monograph proves all of the advantages and demolishes the risk: eloquent clarity eases reading, seamless integrity minimizes redundancy, and mastery assures excellence throughout. Thankfully there is no expansive self-aggrandizement, as seen when chapter contributors try to advance new data under the guise of an accepted concept. This second edition of a well-received reference in the complex area of behavioral neurology sets the standard for readability and rigor with a conversational and yet precise delivery, rich with original references.

Four parts comprising 21 chapters begin with "Introduction to Behavioral Neurology" that finds great strength in the fourth chapter, "Bedside Mental Status Exam." This chapter explains the elusive elements that medical students, residents, fellows, and seasoned clinicians need to know or could be asked on the Boards. Newer subtypes of the various examinations are discussed and the important ones are detailed. Evocative images appear throughout the text. "Examples of aspects of visual perception requiring higher levels of brain activation," as Kirshner describes cortical functions, "include the appreciation of beauty in a starry sky, or the adaptation of a ballet to a specific musical accompaniment" (p. 14). Such sample queries are readily incorporated into the reader's examination repertoire. The brief review of the literature, "Consciousness and the Brain," was particularly enjoyable. Typical of the entire tome, Kirshner concisely presents the prominent concepts with even appreciation and insightful interpretation, remaining free of bias or overreaching conclusions.

Part 2, Focal Neurobehavioral Syndromes, sorts through the finer points of distinguishing among the specific, clearly regional syndromes. If only my Palm Pilot were reading and absorbing all that he presents. There is no mincing of words, lack of clarity, or hidden fuzziness. Chapters 9 and 10 include important concepts for all psychiatrists, reviewing fascinating "Disorders of the Right Hemisphere" and "Frontal Lobe Syndromes," respectively. Emotional and personality changes are described with careful references to historical sources in the neurobehavioral literature. This discussion lends itself strongly to clinical work, where frequently the sequelae of strokes, closed-head trauma, or post-neurosurgical emotionality need the guidance of the neurobehaviorist.

The third part is "Generalized, Diffuse, Multifocal, and Psychiatric Disorders." Starting with "Dementia and Aging," it also offers chapters entitled "Delirium and Confusional States," "Psychosis," "Behavioral Aspects of Movement Disorders," and

"Emotionality and the Brain." Intricacies of these very familiar topics are refreshingly reviewed. The "Dementia and Aging" chapter provoked my only criticism: the reproductions of micrographs and positron emission tomography scans don't match the quality of the writing. Still, points are drawn clearly with direct, no-nonsense figure descriptions. The chapter is clinically timely, now that more dementias are selectively treatable. Pearls on diagnosis, selection of ancillary tests, and interpretation of scans appear in a section in the chapter on dementia, entitled "Practical Diagnosis of the Dementias."

The relatively short last part of the book, Neurobehavioral Aspects of Specific Diseases, is confined to 4 chapters on multiple sclerosis, epilepsy, traumatic brain injury, and stroke. Again, the chapters are jewels with clear, state-of-the-art condensations of the complex and frequently conflicting neurobehavioral literature. Warranted conclusions are logically extended with concessions to our collective ignorance only where more research is needed. The voice remains that of the quintessential teacher or courtroom expert witness. Just the facts, all the important details, count on it.

Ronald M. Salomon, M.D.

Vanderbilt University School of Medicine
Nashville, Tennessee

Women's Mental Health: A Comprehensive Textbook

edited by Susan G. Kornstein and Anita H. Clayton.
Guilford Press, New York, N.Y., 2002, 638 pages, \$65.00.

By their very nature, textbooks are designed as reference guides, books to which one can turn to gather information on a particular topic or aspect of a topic. Except as a student, one is rarely in a position to "read" a textbook cover to cover. Yet that is precisely what I did with this text. Admittedly, when I initially accepted the assignment to review the 600+ page text, I assumed I would be doing an overview. However, once I actually began to read the book and make notes, I was hooked. *Women's Mental Health* is a must read for anyone serious about understanding and providing mental health services for women.

For starters, the book is thoughtfully organized into sections and chapters that allow the reader to group related topics into a cohesive whole. The 5 sections (Women's Psychobiology and Reproductive Life Cycle, Assessment and Treatment of Psychiatric Disorders in Women, Psychiatric Consultation With Women, Sociocultural Issues for Women, and Research and Health Policy Issues) provide a logical framework for the topics such that, within each grouping, the chapters relate logically to one another.

Each of the 37 chapters has a parallel structure. Beginning with an introduction that frames the issues, each author proceeds to present and discuss the available data. The data

discussion includes a consideration of the current challenges and a risk/benefit analysis of available options. I particularly like the way author discussions explore correlates and complications and offer a summary of what is known and what is not known and thoughts about next steps.

The editors have selected an impressive team of authors, and each chapter contains an extensive and up-to-date bibliography for the topic. The writing style is academic, with appropriate detail for a scholarly text. Although the book is definitely not a "quick read," I nevertheless found myself engaged in each chapter, such that I was reluctant to interrupt reading a chapter once I had started it.

In reviewing the text, I began with a book overview, then moved to a section overview, and ultimately went chapter by chapter, before stepping back again to look at the pattern that emerges. In so doing, it became clear that this textbook is not only comprehensive but also balanced. Whether you are looking for the latest update on psychopharmacology, on treatment of specific diagnostic categories, on the interface between psychiatric and medical illnesses, on sociological or cultural issues, or on ethical and policy concerns, you will find what you are looking for in this book. Naturally, for each of these domains you can and might want to find additional information, and the references are readily available in the bibliography.

Along with the requisite excellence of information, the strengths of this book lie in its scope, balance, and accessibility. I recommend it most highly, not only to those interested in women's health but to anyone who wants an appreciation of the way gender can determine pathways of health, illness, and care.

Lynn C. Epstein, M.D.

Clinical Professor Emerita
Brown University Medical School
Providence, Rhode Island

Surviving Stalking

by Michele Pathé, M.D. Cambridge University Press,
London, England, 2002, 166 pages, \$23.00 (paper).

This volume, the second book by Michele Pathé devoted to stalking, is intended to be a "practical and comprehensive survival manual for victims of stalking and related crimes" (p. i) and a source of "sound, realistic, practical advice to victims" (p. i). Given these specific, narrowly defined goals, the book is highly successful. Readers who are or have been the target of a stalker will gain increased understanding of themselves as well as advice on how to address the situation effectively.

Although the term *stalking* is commonly used to describe the pestering of famous people by adulating followers, the media did not begin to use the term in this way until the 1980s. Criminalization of stalking is even more recent, initiated in California in 1991 following the death of a television actress and subsequently extended to many other countries. Thus, a term initially used in the 16th century to describe a way of walking cautiously and later to refer to the stealthy pursuit of prey has been broadly incorporated into our vocabulary.

Surviving Stalking is organized around the point of view that "it is not the intentions of the stalker that define a stalking incident but the reactions of the individual who is being stalked" (p. 8). This orientation leads quite naturally to a second central tenet, which considers targets of stalking as victims, a concept that emphasizes the experience of helplessness and powerlessness. Although the book might have been written from other points of view, the author has chosen a perspective that is

consistent with the goal of writing a manual for victims of stalking. Considerable attention is devoted to the state of mind of stalkers, who are divided into 5 groups: the rejected, the intimacy seeker, the incompetent suitor, the resentful, and the predatory. Each category of stalker is described clearly and concisely.

While case examples of each type of stalking provide a sense of each situation, clinicians will find the material superficial. Chapters are brief and concisely written and conclude with a list of important points. Practical advice is sprinkled throughout the book. Some suggestions are very specific (e.g., lock your fuse box and ensure that there are alternative light sources in your home; to avoid eliciting jealousy in the stalker, have a friend of the opposite sex of the stalker record your phone message; when alone, to give the impression of a dialogue, have the radio tuned to a talk-back station). Other advice is more general, and the cumulative effect of the suggestions counters the implication of powerlessness and helplessness of the victim.

Everyone who has been the target of a stalker has wrestled with the dilemma of having contact with the stalker. On this point the author is especially definite. Once victims have unequivocally communicated their desire to have no further contact with the stalker, they should have no further interaction with that person. Ongoing dialogue will only nurture hope in the stalker and support a belief that perseverance will lead to success. While the victim's wish that reason and goodwill might result in the cessation of stalking is thoroughly understandable, dialogue with the stalker is almost always doomed to failure and often aggravates the situation.

Since the author believes that stalking is best managed by a combination of legal sanctions and psychological interventions, separate chapters are devoted to the legal approaches to stalking in Australia, Britain, and the United States. Psychiatrists will find these chapters extremely useful in familiarizing themselves with the legal systems their patients must negotiate.

In addition to being a valuable resource for the patient, this book reminds us of the prevalence of stalking. In Australia, 15% of women report being stalked; in the United States, 8% of women and 2% of men report being the target of a stalker. The book is also helpful in pointing out that those in helping professions are not infrequently the objects of stalking by those they have been trying to assist. Finally, although this book is not addressed to lawyers, they will undoubtedly find it useful in understanding the clinical situations, anxiety, and vigilance that are experienced by their clients.

David I. Joseph, M.D.

St. Elizabeth's Hospital
Washington, D.C.

Concise Guide to Evaluation and Management of Sleep Disorders, 3rd ed.

by Martin Reite, M.D.; John Ruddy, M.D.;
and Kim Nagel, M.D. American Psychiatric Publishing, Inc.,
Washington, D.C., 2002, 273 pages, \$27.95 (paper).

Evaluation and Management of Sleep Disorders is part of the Concise Guide series from American Psychiatric Publishing. The series addresses "topics of special concern to psychiatrists in clinical practice." The target audience for the Concise Guides includes "psychiatrists, psychiatry residents, and medical students."

I have lent previous editions of *Evaluation and Management of Sleep Disorders* to psychiatry residents and medical students

rotating through the University of Mississippi Medical Center Sleep Disorders Center, and I now plan to lend the current edition to rotators. Although this paperback is small enough to easily fit into a lab coat pocket, it is a comprehensive overview of the field of sleep medicine.

A particular strength of this book is its thorough discussion of sleep complaints and abnormal polysomnographic findings found in patients with psychiatric disorders. Also of relevance to psychiatrists is the detailed chapter concerning the evaluation and management of insomnia. This chapter contains an excellent section about the adverse effects of illicit substances on sleep. Other chapters discuss sleep physiology, excessive daytime sleepiness, parasomnias, and sedative-hypnotics. The section on enuresis in the "Special Problems and Populations" chapter gives a practical algorithm to the management of this common pediatric disorder; this section is more comprehensive than similar information found in some large textbooks of sleep medicine.

Frequently throughout *Evaluation and Management of Sleep Disorders*, the authors highlight the neuropsychiatric symptoms of sleep disorders. For example, the authors note that depression can be a symptom of obstructive sleep apnea, and that the visual imagery of narcoleptics at times of wake/sleep transition can be mistaken for the hallucinations of schizophrenia. The effects of various psychiatric medications on sleep are discussed in several of the chapters. However, one omission, given the target audience, is the lack of the mention of serotonergic antidepressants as a potential cause of rapid eye movement (REM) sleep behavior disorder in the "Parasomnias" chapter.

One weakness of *Evaluation and Management of Sleep Disorders* is that its framework is the somewhat truncated sleep disorders classification system contained in DSM-IV-TR, rather than the more comprehensive and detailed *The International*

Classification of Sleep Disorders, Revised (ICSD). The ICSD is used by sleep specialists certified by the independent American Board of Sleep Medicine and by neurologists, pulmonologists, and otolaryngologists who treat patients with sleep disorders (essentially all sleep practitioners except for some psychiatrists). The use of DSM-IV-TR nomenclature and criteria is probably unavoidable, given that *Evaluation and Management of Sleep Disorders* is aimed at psychiatrists. The authors mitigate against this weakness by inserting ICSD criteria in various places throughout the text. The confusion of competing sleep disorders classification systems will hopefully end with the upcoming incorporation of Sleep Medicine as a board under the auspices of the American Board of Medical Specialties.

Other than those discussed above, *Evaluation and Management of Sleep Disorders* has few weaknesses. However, one technical error is the mention several times throughout the text that narcolepsy is, in part, defined by a multiple sleep latency test (MSLT) with "two REM sleep periods within 10 minutes of sleep onset" (p. 12). During a standard clinical MSLT, the patient is allowed to sleep for 15 minutes after sleep onset, and the presence of any REM sleep during that 15 minutes constitutes a sleep-onset REM period.

Overall, *Evaluation and Management of Sleep Disorders* is an excellent, compact introduction to the field of sleep medicine. This book should be read by psychiatry residents and medical students on sleep rotations, as well as by psychiatrists who treat patients with sleep disorders (essentially all psychiatrists). Due to its reliance on DSM-IV-TR, it is not as useful to practitioners of other specialties.

Michael J. Rack, M.D.

University of Mississippi School of Medicine
Jackson, Mississippi