

Book Reviews

Michael H. Ebert, M.D., Editor

New Roles for Psychiatrists in Organized Systems of Care

*edited by Jeremy A. Lazarus, M.D., and Steven S. Sharfstein,
M.D. Washington, D.C., American Psychiatric Press, 1998, 271
pages, \$35.00 (paper).*

This is a timely book. One cannot imagine an active psychiatrist unaffected by the radical changes in health care delivery in our country. The book is readable, well-edited, and well-documented. The first part explains how we got to where we are today. Reference is made to several eras through which psychiatry has passed and survived. The middle part addresses the current situation, including the roles of psychiatrists and the training of residents. Particularly useful is the emphasis on the physician/patient relationship. The last part talks about the future. The offering is based on a conference sponsored by the American Psychiatric Association in Raleigh-Durham, North Carolina, in October 1994. Some salient points follow:

In her historical overview, Ann Stoline refers to the fairly high level of satisfaction by enrollees in organized systems of care. She points out that "until patients become unhappy with their quality of care, these entities are likely to proceed as they do today" (p. 18). In a discussion of the roles and responsibilities of psychiatrists in the new systems, Lloyd Sederer quotes Morreim in reminding us that "economics is rewriting medicine" (p. 41). He goes on to discuss the impact of these changes on the thoughts and feelings of psychiatrists, particularly those who were trained some years ago and sense that "the heart and soul of the field appears endangered" (p. 41). Sederer believes that for the field to survive and thrive, it is essential for psychiatrists to be expert employers. Norman Clemens discusses the future of private practice. Its strength lies in privacy and the enduring one-to-one relationship, which cannot be replaced by a team, an organization, or a triadic relationship. He describes several hypothetical scenarios for future private practice and concludes optimistically that it will survive and even thrive because of "the human desire for freedom, privacy and control over one's own life" (p. 104).

With respect to the training of psychiatrists, James Sabin offers several suggestions. He recommends that resident services become reimbursable and academic programs be "high value service sites." He believes that the academic and managed care centers can work together.

The chapter by Alan Stone regarding the future is the largest. He expands on 4 overlapping paradigms suggested by Elhauge: the professional, the moral, the political, and the market-based. He attributes much of the current difficulty to the unintended effects of the federal statute passed in 1976 as the Employee Retirement Income Security Act (ERISA), insulating managers of care from malpractice liability. He also addresses the marketplace factors and refers to "oligopsony . . . a market situation in which few buyers control the demand from a large number of sellers" (p. 203). This raises the disturbing question of a psychiatrist glut. He gets close to saying that care-for-profit is immoral and destructive.

In a concluding chapter on the identity of the field, John Boronow and Steven Sharfstein review the biomedical foundations of psychiatry, the evolution toward medicine as a product, and the essentials of "quality psychiatric care." Particularly noteworthy is their attention to the issue of time. They write that "though there may be time without information (i.e., the old psychoanalytic free association days), there is never information without time." They believe that psychiatrists must participate in diagnosis, management, consultation, team leadership, and the active therapy of complex cases. The latter includes patients with unstable psychotic or mood disorders, those with severe personality problems, the seriously medically ill, and the seriously substance-abusing patients. They also believe that the psychiatrist has a vital role in the care of atypical patients, dangerous forensic cases, and situations where there is litigation or the intrusion of manipulative families. They discuss 2 questionable visions of the future of psychiatry: "The Psychiatrist Who Does No Therapy" and "The Psychiatrist as Principal Physician" (pp. 254–256).

Although the chapters are sensibly organized, each stands on its own. This creates some redundancy, but also makes it possible to read a single chapter without reference to earlier and later ones. All in all, this is a timely, thoughtful, and well-written contribution from which all psychiatrists can derive both benefit and comfort.

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Psychiatric Side Effects of Prescription and Over-the-Counter Medications: Recognition and Management

*by Thomas M. Brown, M.D., and Alan Stoudemire, M.D.
Washington, D.C., American Psychiatric Press, 1998, 359
pages, plus references, bibliography and index, and searchable
CD-ROM, \$75.00.*

Psychiatric Side Effects is an answer to every consultation psychiatrist's prayers. With boundless ease in relaying information and experience, Brown and Stoudemire have compiled a unique, invaluable resource that will be indispensable for all, especially those who treat patients in consultation settings. Salient, up-to-date summaries of psychiatric manifestations of medication side effects and their mechanisms appear in 19 chapters, each dedicated to a medication class.

The book alone is enough to celebrate, but the CD-ROM (which includes a search program) transports a busy psychiatrist to near bliss. To review the book, I thought of as many obscurities as I could, tried the index, then went through page by page. Finally, I loaded the CD-ROM, which was quick, easy, and well designed. Along the way, I found a few things that might be considered lacking or controversial, but none of major proportions.

Remedies for future editions could include a brief introductory chapter highlighting principles of drug interactions. Since

psychiatric side effects are frequently secondary to unexpected interactions, it is never excessive to reemphasize a few pharmacokinetic principles. Interactions are few when taken pairwise, but mushroom with multiple medications. The meaning of plasma binding percentages are a reflection of relative affinity, not a strategy for calculating total binding site occupation or availability. Drug or illness interactions that cause increased psychiatric symptoms are a bit of an aside from the topical focus, but might be easily integrated with little extra effort. For example, increased anxiety may occur in a cystic fibrosis patient secondary to dyspnea when anticholinergic effects of certain antidepressant drugs are overlooked. Though mechanistically related to a medical illness, unintended burdens still plague patients and their internists with complex medical and psychiatric manifestations and are in the purview of the consultation/liaison psychiatrist.

The contents of the text had very minor problems. Cardiac risks (in bradyarrhythmias) with lithium were not mentioned, but the section on lithium biodistribution, mechanisms of action, and fate was superlative. Nicotine is mentioned in passing for its interactions with neuroleptics, but does not earn its own section. Bupropion is listed as a dopamine reuptake inhibitor even though newer evidence suggests that the operant mechanism is probably norepinephrine-mediated by hydroxybupropion.¹ The potentially anxiogenic metabolite *m*-CPP is not discussed with trazodone, but only with nefazodone, for which it is a less important metabolite. Propafenone (a class Ic antiarrhythmic with weak calcium channel-blocking and beta-blocking properties, known to interact with tricyclics) was not in the index or the cardiovascular chapter, but was found in a table summarizing tricyclic interactions. Later that day, I discovered that a group of family medicine specialists listening to an antidepressant update were unable to tell me what propafenone is used for, so it's hard to fault *Psychiatric Side Effects* for the "omission."

A number of clinical opportunities to refer to this work in the past few weeks have been amply rewarded. I wonder if I'll be able to get *Psychiatric Side Effects* online on the ward computers soon, where it will really make life easier. It will be invaluable to a psychopharmacologist or specialized consultation psychiatrist, and will find its place on the desktop, either in hard cover or virtual form.

REFERENCE

1. Ascher JA, Cole JO, Colin J-N, et al. Bupropion: a review of its mechanism of antidepressant activity. *J Clin Psychiatry* 1995;56:395-401

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Neuroscience: Exploring the Brain

by Mark F. Bear, Ph.D.; Barry W. Connors, Ph.D.; and Michael A. Paradiso, Ph.D. Baltimore, Md., Williams & Wilkins, 1996, 666 pages, \$59.75.

This book meets a current need for a text aimed at a general rather than specialized audience. It differs from available texts on this topic by emphasizing systems neuroscience, including cognitive neuroscience, to a greater degree. As such, it is likely to be useful to students and professionals (including psychiatrists) who want a clearly presented introduction to systems neuroscience. Residents often receive some training in cognitive therapy, but all too often receive little or no introduction to our current understanding of the neural substrates and mechanisms of cognition.

The first third of the text focuses on cellular neuroscience. The material is carefully selected to provide the basics, and excellent illustrations complement the text. The second third covers sensory and motor systems, but clearly with an integrative and cognitive bent. This section thus provides the basis for and segues into the last section, entitled "Brain and Behavior," which focuses on a few chosen topics that provide a cogent introduction to the field. While one can quibble with the choices of material to be covered, this and the previous sections of the text provide an extremely well-written interpretation of current and classic studies.

In addition, throughout the text are highlighted boxes that provide either a quick glimpse into a recent finding of particular interest or brief autobiographical statements called "Paths of Discovery." These vignettes by renowned neuroscientists offer insights into what provokes their specific interests and, as importantly, illustrate the personal excitement and wonder that these scientists feel.

A shortcoming of the text is that the reference and suggested reading lists (appended at the end of the book instead of the conclusion of each chapter) are too short, particularly when one considers the interest the text is likely to stir. Another potential shortcoming is the brief nature of the introduction to neurotransmitters and cellular and molecular neuroscience. However, the authors appear to have made this decision purposefully and elected to focus their attentions to other areas that are often shortchanged.

As such, this is an excellent introduction for the undergraduate who will not take further courses in the subject, for the general public interested in the topic, and for professionals who wish to supplement their readings of cellular and molecular neuroscience to (finally) explore the integrative function of neurons. The book succeeds admirably at this level.

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