

## Book Reviews

Michael H. Ebert, M.D., Editor

### Essentials of Clinical Psychopharmacology

edited by Alan F. Schatzberg, M.D., and Charles B. Nemeroff, M.D., Ph.D. American Psychiatric Publishing, Inc., Washington, D.C., 2001, 780 pages, \$75.00 (paper).

*Essentials of Clinical Psychopharmacology* is a paperback, abridged "synopsis" of the recently updated, comprehensive second edition of *The American Psychiatric Press Textbook of Psychopharmacology*. The goal of the present abridged volume is to provide clinicians with a more manageable reference that focuses on the key aspects of clinical psychopharmacology, while retaining the integrity of reviews (chapters) by the leaders in American psychopharmacology, who edited and updated their chapters. The present "Essentials" version, a 780-page, 32-chapter, soft-bound volume, with close to 200 references per chapter, remains a scholarly review of psychopharmacology.

The text is divided into 2 sections. Section 1, "Classes of Psychiatric Treatment" edited by Dennis C. Charney and Herbert Y. Meltzer, provides chapters of detailed information on tricyclic antidepressants, selective serotonin reuptake inhibitors, monoamine oxidase inhibitors, "atypical" antidepressants, anxiolytics, antipsychotics, thymoleptics, sedative-hypnotics, cognitive enhancers, stimulants, and electroconvulsive therapy (ECT). Such scholarly reviews are provided by established investigators in each of the areas: William Z. Potter, Gary D. Tollefson, K. Ranga Rama Krishnan, Robert N. Golden, James C. Ballenger, Philip T. Ninan, Justin M. Kent, Stephen R. Marder, Michael J. Owens, Joseph K. Stanilla, Robert H. Lenox, Paul E. Keck, Jr., Kenneth L. Davis, William C. Dement, Jan Fawcett, Gary S. Figiel, and others. Reviewed are preclinical and clinical psychopharmacology, pharmacokinetics, indications, dosage, etc. Data are included on medications currently available in the United States and on newer medications likely to become available in the near future. An exploration of ECT is also included.

Section 2, edited by Donald Klein, is devoted to "Treatment Issues": depression, bipolar disorder, schizophrenia, anxiety disorders, eating disorders, personality disorders, substance use disorders, agitation and aggression, personality disorders, disorders in childhood and adolescence, geriatric psychopharmacology, psychiatric emergencies, insomnia, and medication during pregnancy and lactation. Again, very scholarly reviews are provided by Dennis C. Charney, Charles L. Bowden, Herbert Y. Meltzer, C. Barr Taylor, Murray A. Raskind, Mina K. Dulcan, Charles P. O'Brian, W. Stewart Agras, Stuart C. Yudofsky, Larry J. Siever, Dwight L. Evans, Alan Stoudemire, Carl Salzman, Charles B. Nemeroff, Martin Reite, Ira D. Glick, and others. This section reviews therapeutic approaches to both the major psychiatric disorders and specific age groups or circumstances, including emergency psychiatry, the medically ill, pregnancy and postpartum disorders, and childhood disorders. Here, specific information is provided about drug selection and prescribing.

This volume is anything but a primer in psychopharmacology. It goes considerably beyond the essentials into details of the studies that have moved psychopharmacology from the primi-

tive science of the 1950s into the 21st century—and have revolutionized the practice of psychiatry during the same period. It is a volume well worth the investment.

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### To Redeem One Person Is to Redeem the World: The Life of Frieda Fromm-Reichmann

by Gail A. Hornstein, Ph.D. The Free Press, New York, N.Y., 2000, 478 pages, \$35.00.

In 1964, a thinly fictionalized account of a treatment at Chestnut Lodge Hospital was published with the title *I Never Promised You a Rose Garden*. Hannah Green, the pseudonymous author, described her psychotherapy with "Dr. Fried." Defying all expectations, the book became extraordinarily popular and ultimately sold more than 5 million copies. It was also made into a movie in 1977. We now know that Dr. Fried was Dr. Frieda Fromm-Reichmann, and Hannah Green was Jo Ann Greenberg, her patient. The book depicted the successful psychotherapeutic treatment of schizophrenia and became a source of controversy among psychiatrists and mental health professionals for many years. It also firmly established Frieda Fromm-Reichmann as a legend.

In this carefully researched biography, Gail Hornstein traces the life of Fromm-Reichmann from childhood through her years at Chestnut Lodge and explores the legendary figure in a clear-eyed and level-headed manner. She extols her fierce dedication to the treatment of her patients. At the same time, she acknowledges her shortcomings and her troubled personal life. Fromm-Reichmann had an affair with her patient, Erich Fromm, during the time she was analyzing him, and later married him. Hornstein notes that there appeared to be an unspoken agreement among students, friends, and colleagues never to discuss the fact that they had met as analyst and patient. The book is of interest to psychiatrists for reasons other than its scholarly account of Fromm-Reichmann's life. The author also describes Chestnut Lodge Hospital in considerable detail and provides historical background and gossipy personal stories from those who worked there to paint a backdrop for Fromm-Reichmann's work. Hornstein notes that although Fromm-Reichmann was demonized for her infamous idea of "the schizophrenogenic mother," she actually used the term only once in a parenthetical remark in a paper written when she first arrived in America.

The major weakness of the book is the author's proneness to make sweeping generalizations about psychiatrists and psychiatry that appear to stem from personal bias rather than an accurate reading of the pulse of the profession. For example, at one point she says that psychiatry "remains the only branch of medicine that discounts even the few successes that it's had" (p. xix).

Comments like these are puzzling in light of the rather extensive data about the efficacy of psychiatry's treatments. Elsewhere, she asserts that psychiatrists "have always ignored the contributions patients have made to technique" (p. 152). On the contrary, good psychiatrists have allowed themselves to be "supervised" by their patients for years, and major innovations in technique have stemmed from the feedback of patients.

Despite these sideswipes against the profession, this volume has considerable value for those who have an interest in the history of psychiatry and the treatment of schizophrenia.

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### **The Dream Drugstore: Chemically Altered States of Consciousness**

by J. Allan Hobson, M.D. MIT Press, Cambridge, Mass., 2001, 333 pages, \$27.95.

A little more than a century ago, Sigmund Freud struggled with his "project for a scientific psychology," an ambitious attempt to understand how the brain mediated normal and abnormal states of consciousness. It was and remains a noble goal, but Freud ultimately put the project aside when he realized that 1890s knowledge of the brain was insufficient to understand the mind. In the following years, he wrote *The Interpretation of Dreams*, perhaps his most important theoretical model of mental processes. In that book, he had little to say about the neurologic basis of dreaming.

Fast forward a hundred years. The 1990s were celebrated as the Decade of the Brain by the president, the U.S. Congress, and the scientific community, both as a tribute and a stimulus to the awesome progress in understanding the brain in its anatomic, physiologic, genetic, and chemical detail. One of the beneficiaries and contributors to these scientific advances in neuroscience is J. Allan Hobson, M.D., professor of psychiatry at Harvard Medical School. He follows in Freud's footsteps, not in the tradition of *The Interpretation of Dreams* and classical psychoanalysis, but in the tradition of the "project for a scientific psychology"; Hobson has always been a severe critic of much of psychoanalytic thinking. Throughout his career, Hobson has struggled scientifically to connect the brain and the mind, or what he calls the "mind-brain."

Hobson, like Freud, has long been fascinated by dreams, less by the "meaning" of dreams and more by the physiology of dreams, particularly the neurophysiology of REM sleep. His inspirations come from the laboratory bench more than from the couch or the bedside. In an earlier book, *The Dreaming Brain* (1988), he summarized the neural model that he and his colleague, Robert McCarley, developed, sometimes referred to as the "activation-synthesis" hypothesis. To oversimplify, the hypothesis is that the forebrain is "activated" by the brain stem during REM sleep and "synthesizes" the apparent sensory stimulation into disconnected dream vignettes.

Hobson's current book, *The Dream Drugstore*, reflects his long-term interest in the physiology and phenomenology of dreaming, but it also incorporates new scientific discoveries and directions that were not available in his earlier book. The new book advances the theoretical speculations about the neural basis of dreaming that he presented in the earlier book. For example, functional brain imaging studies during REM sleep simultaneously demonstrate activation of the limbic regions (thought to mediate emotions and memory) and deactivation of

the prefrontal cortex (thought to mediate critical thinking). This combination might explain the bizarre emotional experiences of dreaming in the absence of "reality testing." The new book also includes important new contributions from cognitive neuroscience for the psychology of dreams, memory, and mentation associated with sleep and reviews Mark Solms's recent studies on the effects of human brain lesions on reports of dreaming. Hobson also outlines a preliminary conceptual model of mental states, which he calls the "AIM" mode: "A" for activation, "I" for input-output gating, and "M" for chemical modulation.

As the title implies, this book is also about drugs and brain chemistry, particularly how drugs alter consciousness and treat psychiatric disorders. Most of the author's insights are based on neurophysiologic and neurochemical models derived from his research on sleep. Three variations on the "drugstore" theme include "The Medical Drugstore," "The Recreational Drugstore," and "The Psychological Drugstore." The book is full of interesting and provocative speculations written from the personal perspective of an articulate simplifier, synthesizer, and psychiatric neuroscientist.

Hobson provides informative, simple figures to explain the neuroscience. The book is not a comprehensive textbook for neuroscientists, a guide for clinicians or patients for treatment of psychiatric disorders, or a critique or defense of "getting high" on drugs. It is probably suited for the educated layman, students, clinicians, and others who want an overview of brain mechanisms related to altered states of consciousness, dreaming, neuropharmacology, and implications for psychiatric illness.

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### **Learning Disabilities: Implications for Psychiatric Treatment**

edited by Laurence L. Greenhill, M.D. In book series: *Review of Psychiatry*, vol. 19. American Psychiatric Press, Washington, D.C., 2000, 182 pages, \$28.50 (paper).

This edited, 182-page book is one of the 2000 Review of Psychiatry series monographs. In this volume, comprising 5 chapters, the authors who are all experts in the field of learning disabilities present the reader with a broad, yet comprehensive, overview of the subject. Each chapter is also extensively referenced for those who wish to delve deeper.

As in any edited volume, there are certain redundancies, but rather than being detrimental, this repetition is actually beneficial in that each chapter addresses agreements and controversies within the field of learning disabilities itself. The various authors make it abundantly clear that there continues to be ongoing disagreement, "occasionally contentious," about the psychiatric definition of the disorder, the assessment procedures, the diagnostic criteria and treatment, and the educational policies and procedures.

The beauty of the concise review is that by the end of the volume the reader, be he or she a neophyte or a seasoned clinician, is left with a fresh, new, and expanded understanding of learning disabilities.

It is always tempting for a reviewer to highlight chapters that have personal appeal. The 5 chapters in the review offer something for everyone—from the researcher to the clinician from the beginner to the specialist. The reader is offered fascinating new ideas in the chapter on the neurobiology of dyslexia and

solid insights in the chapters on the reading, language, and control problems in attention-deficit/hyperactivity disorder. The risk of psychiatric disorders in children and adolescents with learning disabilities and the methods of evaluation of learning disorders in children with a psychiatric disorder are comprehensively reviewed. New findings from a prospective follow-up study of children with uncomplicated reading disorders grown up are also examined.

Since approximately 5% of all public school students are identified as manifesting 1 or more of the 7 areas related to learning disabilities, i.e., reading skills, reading comprehension, written expressive language, language (expressive speaking, receptive listening), and mathematical reasoning and calculation, it is incumbent on all mental health professionals who work with children and adolescents to be informed about these important areas. This book is an excellent place to start. It is easy to read and chock-full of important information that can be very helpful to all professionals working with children, adolescents, and even adults. I highly recommend it.

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### PTSD in Children and Adolescents

*edited by Spencer Eth, M.D. In book series: Oldham JM, Riba MB, eds. Review of Psychiatry, vol. 20, no. 1. American Psychiatric Publishing, Washington, D.C., 2001, 173 pages, \$29.95 (paper).*

This volume intrigued me the moment I saw it. Pediatric posttraumatic stress disorder (PTSD) has long seemed more difficult to identify and diagnose than the adult type, and I eagerly anticipated gaining a better understanding of PTSD in its clinical presentation and treatment. The book begins with an interesting and informative introduction by Dr. Eth that reviews the short history of pediatric PTSD. He describes his book as a “roadmap for clinicians seeking to expand their horizons in treating traumatized youth” (p. xxiii). Dr. Eth and 10 authors collaborated in writing this 5-chapter book. For those who wish to learn more detail beyond the scope of this book, it is well referenced.

Chapter 1 focuses on the evaluation and assessment of PTSD and is written by 3 psychologists led by Evan Drake, Ph.D. It focuses on using standardized and/or structured instruments for assessing PTSD; the information provided may be quite useful for those seeking a better understanding of available instruments. However, the authors note the limitations of such instruments: “No test is foolproof, no matter how well validated, and tests can only be considered an aid to the clinician in making a diagnosis. They are not a substitute for face-to-face time with the patient or for well-developed diagnostic skills and clinical reasoning” (p. 26). Unfortunately, the chapter teaches little regarding the techniques and strategies for optimizing face-to-face time, honing diagnostic skills, or improving clinical reasoning.

The second chapter, by James Rosenberg, M.D., focuses on forensic issues of pediatric PTSD. It includes a concise review of the risk factors, epidemiology, psychophysiology, and symptom expression of PTSD. The section on memory provides insight into the debate over recovered or repressed memories and suggestions on how to approach such situations. Although this chapter focused on forensics, it was quite clinically relevant as well.

William Arroyo, M.D., wrote chapter 3, “PTSD in Children and Adolescents in the Criminal Justice System.” It reviews the epidemiology of PTSD, factors associated with PTSD, and interventions for PTSD, noting the limitations of research in these areas. Regarding interventions, he states, “Direct exploration of the event(s) is always recommended in the context of a safe and trusting environment” (p. 71), and “Broad-based interventions are required for children and youth with PTSD in the juvenile justice system” (p. 70). Though these statements are appealing, they also raise difficult questions. How many juvenile corrections facilities offer a safe and trusting environment? Furthermore, how much reliance should be placed on interventions for PTSD that for the most part have little or no validation from controlled studies? These sorts of questions highlight shortcomings in the understanding of PTSD as well as the resources available to treat it.

Chapter 4, authored by Soraya Seedat, M.D., and Dan Stein, M.B., focuses on biological treatment of PTSD. Though most evidence for medication treatment of PTSD is anecdotal or based on open trials, the chapter provides a detailed and rational discussion of medication treatment of PTSD. The authors note that cognitive-behavioral therapy has the “strongest empirical evidence” for treating PTSD (p. 94)—it is unfortunate this book does not include a chapter focusing on psychotherapeutic treatments for PTSD.

Rachel Yehuda, M.D., is the lead author of chapter 5, which investigates the relationship between childhood trauma and PTSD in adults. This chapter included intriguing sections on why the rate of PTSD in sexually abused children is lower when they are children than when they are adults, how animal research can help us understand PTSD, and how different stressors may affect the presentation of PTSD. The organization of this last chapter is unclear, thus making for choppy though rewarding reading.

I put the book down with a better understanding of pediatric PTSD, but with as many new questions as new answers. However, this volume helps organize what is known for clinicians and forensic experts looking for a single reliable and up-to-date text.

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### Practical Psychiatry in the Long-Term Care Facility: A Handbook for Staff, 2nd Revised and Expanded ed.

*edited by David K. Conn, M.B., B.Ch., F.R.C.P.C.; Nathan Herrmann, M.D., F.R.C.P.C.; Alanna Kaye, R.N., B.Sc.N.; Dmytro Rewilak, Ph.D.; and Barbara Schogt, M.D., F.R.C.P.C. Hogrefe & Huber Publishers, Toronto, Canada, 2001, 289 pages, \$34.50 (paper, spiral-bound).*

The diagnosis and management of psychiatric syndromes in long-term care facilities is often demanding, difficult, and time consuming. A basic understanding of psychiatric syndromes in the long-term care facility is needed, because a majority of nursing home residents have a diagnosable psychiatric disorder, which is often a dementia or depression complicated by multiple medical conditions. *Practical Psychiatry in the Long-Term Care Facility* is an outstanding manual written for staff education and training. In addition, family members will find a wealth of useful information that will assist in their understanding of mental health issues, dementia, affective disorders, psychotropic medication use, and management strategies for difficult

behaviors. Finally, geriatric psychiatrists will find this a most useful resource due to the concise description of syndromes and the summaries of management strategies.

The book is divided into 16 chapters that are easily comprehended by the average health care worker; the chapters cover useful information that staff need for day-to-day interactions with residents. Topics on the mental status examination, dementia, delirium, the suicidal resident, psychopharmacology, behavior management, and legal issues are all concisely described. One additional strength of the book is that the editors include a broad multidisciplinary group of authors including psychiatrists, nurses, a psychologist, and a social worker. Each chapter begins with a "key points" section that highlights the "pearls" of the chapter; this form of presentation helps the reader to focus during the reading of the chapter. Many of the chapters have family information sheets that provide a 1-page overview of the topic; these sheets are an excellent resource for staff to educate families. Throughout the book, case illustrations with pertinent comments are provided using realistic resident examples. The reference section is very thorough, and at the end of each chapter, the editors have recommended additional readings to enhance the chapter material.

Many health care workers are often limited by their inability to adequately describe psychiatric symptoms. The chapter on mental status examination provides an excellent baseline for staff to understand the essentials, helping them to communicate more effectively with each other and especially with physicians. The chapter on dementia provides an excellent summary of dementia including the criteria for dementia and the common behavioral disturbances seen in dementia and an outstanding section describing the management of behavioral disturbances.

While the book is strongly recommended, there are some minor issues present. The authors indicate that in the treatment of residents with depression, the appropriate antidepressants for the elderly are the selective serotonin reuptake inhibitors and tricyclic antidepressants. This limits the medication choice, as there are other appropriate antidepressants outside of these 2 broad classes. The discussion of tardive dyskinesia indicates that this syndrome appears gradually after prolonged use of typical antipsychotics. While this progression is the typical case, it is not always true for the elderly person who may develop tardive dyskinesia with only a brief exposure to a typical antipsychotic or even other agents.

In summary, *Practical Psychiatry in the Long-Term Care Facility* is a well written, informative book that is designed for the staff of long-term facilities but is equally well suited for the educated family member and psychiatrist. The book is easy to read, with very concise chapters relating to the most important issues of long-term care.

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### **Schizophrenia Revealed: From Neurons to Social Interactions**

by Michael F. Green, Ph.D. W.W. Norton, New York, N.Y.,  
2001, 207 pages, \$32.00.

Schizophrenia is a subtle and perplexing illness that often seems to defy understanding. There is no such person as a typical individual with schizophrenia. There is no single sign or

symptom or functional deficit that occurs in every individual with the disorder. There are also no genetic, biochemical, physiologic, nor anatomical abnormalities that are consistently present in schizophrenia. In addition, symptoms such as auditory hallucinations or suspicious delusions seem to occur in a different dimension from the lack of drive or social awkwardness demonstrated by many patients with schizophrenia. These characteristics of schizophrenia have confused clinicians, researchers, and the lay public. However, the field of brain research has made enormous strides during the past decade, and the biological underpinnings of schizophrenia are gradually being revealed.

Michael Green has written an entertaining and scholarly work that brings together diverse areas of basic science and clinical research in an attempt to "reveal" the illness. It is clear that the author is excited about the recent progress that has been made in comprehending the illness, and he conveys the feeling that we are on the threshold of a new and more comprehensive understanding. This volume includes sections on clinical phenomena, clinical course, neurobiology, cognitive neuropsychology, pharmacologic and psychosocial treatments, rehabilitation, and outcomes. Each includes an up-to-date review of research findings as well as clinical examples. Rather than proposing a theory that unifies all of these areas, Green focuses on how research findings can be linked to the experiences of schizophrenia. The course of the illness can be linked to an understanding of normal and abnormal brain development; symptoms such as hallucinations can be linked to abnormal regional brain activity; the social outcomes of schizophrenia can be linked to abnormalities in basic cognitive functions. As these linkages are revealed, the reader experiences a sense of discovery. Reading the book feels like a journey in which we learn more and more about a place we have visited and become more comfortable in its environment.

Green's integration of neurobiology, cognition, and clinical phenomena underscores the brilliance of Eugen Bleuler's concept of schizophrenia. Bleuler viewed symptoms such as hallucinations and delusions as secondary manifestations of a more fundamental impairment in the processes of thought. More than a century later, tools such as neuroimaging, neurophysiology, and cognitive neuropsychology have found abnormalities in the brains of individuals with schizophrenia that appear to support Bleuler's observations. The findings indicate that schizophrenia is an illness associated with abnormal neural connections that may have emerged during brain development. These abnormal connections impair the abilities of brain areas to adequately communicate with one another. Individuals afflicted with this brain impairment may, in turn, be impaired in their ability to interpret their environment. This volume takes these observations a step further to speculate about how these abnormalities can affect the social behavior of individuals with schizophrenia.

*Schizophrenia Revealed* is written in an easy to read style that smoothly integrates research findings with clinical information. As a result, it will be highly valued by clinicians who work with patients with schizophrenia. Trainees—particularly psychiatry residents and psychology interns—will find that this volume is a more friendly and a more clinically useful introduction to schizophrenia than many textbooks. The lay public will find that it can contribute to a better understanding of individuals who cope with schizophrenia.

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