

Playing Sick? Untangling the Web of Munchausen Syndrome, Munchausen by Proxy, Malingering, and Factitious Disorder

by Marc D. Feldman, M.D. Routledge, New York, N.Y., 2004, 328 pages, \$27.50 (hardcover).

One of the most puzzling situations clinicians can encounter is the patient who induces his or her own illness. There often appears to be no clear motivation for the self-destructive and self-defeating behaviors exhibited by Münchhausen patients. *Playing Sick* explores the various forms of feigned illness, including malingering, factitious disorder, Münchhausen syndrome, and Münchhausen by proxy.

Each topic is presented through a series of case studies followed by discussion of the key factors each illustrates. The author has collected data on a dizzying array of schemes used by patients to deceive others, ranging from self-inflicted infection to infiltrating Internet support groups. More importantly, the author has found patients willing to explain what drives them to feign illness. Understanding the compulsions behind these diseases makes otherwise senseless patterns of behavior intelligible and even allows some degree of empathy for the deceiver.

Playing Sick is a "must read" for anyone who has ever been fooled by someone who injures himself or herself. It is not so technical that the layperson could not understand it and is detailed enough for physicians to benefit from it. The text flows smoothly and is easy to read. The author, Marc D. Feldman, M.D., a professor of psychiatry at the University of Alabama, has extensive experience with patients who create their own illnesses, and this is his fourth book on the subject. He draws from his considerable knowledge of these patients to give useful recommendations for dealing with suspected feigned illness and provides some hope for successful recovery through treatment for those patients who want to give up their deceptions.

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The Early Course of Schizophrenia

by Tonmoy Sharma, M.D., and Philip D. Harvey, Ph.D.
Oxford University Press, Oxford, United Kingdom, 2006,
263 pages, \$125.00 (hardcover), \$57.50 (paperback).

Schizophrenia is a chronic psychiatric disease that represents an immense amount of individual and familial suffering and an important social burden. Early explanations involved various unique etiologies (among others: a virus, a single gene, or, unfairly, the mother), but the last decades of research have recognized schizophrenia as a multifactorial disease. *The Early Course of Schizophrenia*, edited by Tonmoy Sharma, M.D., and Philip D. Harvey, Ph.D., and written by experts in the field, addresses the most pressing questions in the pathogenesis and treatment of schizophrenia, focusing on the strongest evidence to date with great clarity.

The first section, "Schizophrenia in the Premorbid Period," begins with a discussion of some of the key evidence supporting the *neurodevelopmental hypothesis* of

schizophrenia. The neurodevelopmental hypothesis distinguishes several periods of this illness, extending from vulnerability to risk factors to the definite clinical diagnosis. These include an early premorbid period, associated with nonspecific abnormalities, and the prodromal period, retrospectively assessed as a time of various symptoms and difficulties (including many that are hardly specific to schizophrenia, such as depressed mood, anxiety, social withdrawal, irritability, and aggressive behavior; suicidal ideation and attempts; and substance use). These periods precede the onset of frank psychotic symptoms (hallucinations, delirious thoughts, and negative symptoms).

This widely accepted model involves a developing brain, with genetic vulnerabilities interacting with environmental insults that may occur both in early life (when risk factors may include prenatal exposure or obstetric complications) and during adolescence or early adulthood (when risk factors may include pubertal changes, substance use, or the process in adolescence that requires coping with the new identity, sexuality oriented toward other people, and autonomy from the parents). The interactions between these different kinds of internal and external risk factors are best illustrated by the example of one person's believing that others are thinking badly about or laughing at him, resulting in social withdrawal; nonattendance at school, university, or work; and suspiciousness and altered behavior toward family and friends.

Precocious therapeutic interventions may permit the patient to benefit from social integration and avoid psychiatric chronicity. That outcome requires both treating the disease intensively in the early phases and respecting what may retrospectively appear as a transitory adaptation to a stressful period in the patient's life.

"Schizophrenia in the Premorbid Period" provides, interestingly, a synthetic description of intellectual and cognitive functioning before and at the onset of the first episode, stressing that, for a subgroup of patients, cognitive deficits (executive functions, working memory, attention, and abstract reasoning) are already evident many years before a clinical diagnosis of schizophrenia is assigned and that they appear stable over the early years after the onset of psychotic symptoms.

These cognitive abnormalities, considered as a core feature of schizophrenia, are developed in the next section, "Schizophrenia at the Time of the First Episode," and they are the topic of the last chapter of the third section, which deals with different forms of "Treatment of Early Schizophrenia." This last section provides an overview of a comprehensive therapeutic program, focusing on current symptoms and behavior or disability and on treatments aiming to delay, ameliorate, or even prevent the progression of the psychotic disorder.

With chapters on both early-onset and late-onset (an imprecise term) schizophrenia, *The Early Course of Schizophrenia* is recommended to all physicians who are concerned with psychiatric disorders. Yet focusing on the early stages of the disease would miss the point if it led to the illusion that psychiatric disorders do not continue over the patients' entire life span. *The Early Course of Schizophrenia* does indeed approach the persisting issues of maintenance treatment, relapse prevention, and treatment adherence.

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Child and Adolescent Clinical Psychopharmacology Made Simple

by John Preston, Psy.D., A.B.P.P.; John H. O'Neal, M.D.; and Mary Talaga, R.Ph., Ph.D. New Harbinger Publications, Inc., Oakland, Calif., 137 pages, \$14.95 (paperback).

There are many informative books available on the topic of psychopharmacology, but it is difficult to find concise and informative guidelines for treating children and adolescents. In addition, most psychiatric medications are not approved for use in children, and the U.S. Food and Drug Administration has placed limitations on using certain medications with this population. Practicing psychopharmacology with children and adolescents is not only more challenging clinically, it is also a much riskier practice clinically and medicolegally than practicing adult psychopharmacology; this book addresses these issues in a very precise manner.

Dr. Preston, a well-known leader in teaching clinical psychopharmacology, has combined his knowledge with that of Dr. O'Neal (a psychiatrist) and Dr. Talaga (a psychiatric pharmacist) to produce a brief but informative practice guide for mental health and medical professionals alike. The book is well organized, with an introductory chapter that highlights current issues in prescribing psychiatric medications for children and adolescents followed by succinct chapters on each diagnostic category. This book also covers diagnoses such as autism, Tourette's disorder, and tic disorder, which are often omitted. I am not aware of a comparable book on the market that addresses treatment issues in an equally brief yet informative manner.

This book addresses several pertinent issues in treating children and adolescents, including specific medical guidelines as well as often neglected yet vital contributory issues such as family dynamics, social variables, and cultural issues. Also included in this text are important concepts that might be overlooked by clinicians who are not used to treating this population; these include clinically significant changes in hepatic metabolism that accompany puberty, the need for concurrent psychotherapy with any psychopharmacology, the reality that parents who do not 100% endorse your treatment will often sabotage it, and the fact that clinicians who treat these patients will be prescribing mainly off-label and to a population that receives significant negative media coverage in regards to psychiatry. This book is easy to read and is based on both relevant clinical experience and sound research.

In a book this size that covers a topic this big, there are bound to be omissions, and most of the omissions noted were secondary only to the depth allowed in a reference-based publication. However, I did discover some omissions that most likely should have been included. For example, very little coverage was given to the use of atypical antipsychotics for childhood bipolar disorder, which is out of step with current research and practice. Aside from mainly minor omissions, this book covered a very broad, difficult, and contentious psychiatric specialty in a very informative manner. I would recommend this book to my peers.

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