

## DSM-IV Primary Care Version

American Psychiatric Association. Washington, D.C.,  
American Psychiatric Press, Inc., 1995, 223 pages, \$39.50.

The introduction of the *DSM-IV Primary Care Version* (DSM-IV-PC) represents a quantum leap in the continuing effort to close the gap between theory and practice in primary care psychiatry. A principal reason for this leap is the DSM-IV-PC's long overdue emphasis on clinical process rather than specialty-specific jargon and attention to syndromal criteria. The multidisciplinary task force responsible for the development of the document has met most of its stated goals. Consultation-liaison psychiatrists, in particular, should be overjoyed to have the DSM-IV-PC as an aid to shared care, improved communication, and education.

In the DSM-IV-PC, time-honored components of the clinical process such as recognition of distress/impairment and an evaluation for comorbidity precede assignment of illness subtype through diagnostic algorithms. The algorithms cover major categories of psychiatric illness seen in primary care and are labeled by major symptom areas rather than by specific illness subtype. Category labels such as depressed mood, anxiety, unexplained physical symptoms, weight change/abnormal eating, problematic substance use, cognitive disturbance, psychosocial problems, and sleep disturbance help the clinician locate applicable sections of the manual. An overview of epidemiology, typical presentations, differential diagnosis, and algorithm organization is included in each section. There is also an important section on coding and an exceptionally well-organized quick reference to the general and specific algorithms. Differential diagnosis is aided by a symptom index listed alphabetically and topically.

The DSM-IV-PC was designed to be user-friendly and compatible with the DSM-IV and ICD-9-CM and to have utility in clinical practice, education, and research. It is an admirable effort. It deserves to quickly become the standard first reference for nonpsychiatrists in clinical practice. Future revisions based on feedback arising from its use are anticipated by the task force. Several comments might be appropriate for this review.

Mania and hypomania are discussed much later in the manual than is appropriate and are relegated to the section "Other Mental Disorders." In defense of the DSM-IV-PC, it must be said that an assessment for the presence of elated mood is urged by the algorithm on depressed mood. However, the clinical descriptions for mania and hypomania included in the manual lack depth and clinical utility. Issues important in bipolar illness such as family pedigree, longitudinal course, and consequences of improper treatment could be more adequately discussed. Considering recent prospective studies on switching from a unipolar to a bipolar diagnosis and in view of the changing information on the epidemiology of bipolar illness, an expansion and revision of this section are recommended. This section should follow or be combined with the section on depressed mood.

Because of the brevity of this manual, it is doubtful that the DSM-IV-PC will replace the DSM-IV in primary care research. Busy clinicians might shun the manual if it were detailed enough for researchers.

Lastly, the manual could do more to educate clinicians on psychiatric comorbidity, especially between anxiety disorders and mood disorders. It could focus special attention on how varying components of these two syndromes might influence

presentation and management. It would be worth recommending that clinicians review the anxiety algorithms every time they diagnose depression and vice versa. In that way, anxiety subtypes that mandate specific treatment approaches (e.g., the use of serotonin reuptake inhibitors in obsessive-compulsive disorder) could be identified earlier, avoiding less effective treatments. Anxious patients with significant depression might be more likely to receive treatment with appropriate antidepressants or other nonbenzodiazepines.

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## Trust the Force: Change Your Life Through Attitudinal Healing

by Todd Davidson, M.D. Northvale, N.J., Jason Aronson Inc.,  
1995, 293 pages, \$25.00.

It is not unusual for a psychiatrist to combine meditation with psychotherapy in a psychotherapeutic process. Meditation as a technique is efficient without religious, cult, or esoteric mythology because its cognitive and affective mechanisms can be subtly used in the therapeutic process. The transitory adaptive regressive state during meditation stimulates the expression of repressed material and the confrontation with emotions, which has therapeutic effects. The "observant" ego during meditation disposes with materials ready to be explored in a psychotherapeutic session. This is exactly why Todd Davidson chooses to talk about the art of healing by combining meditation with his extensive knowledge of psychotherapeutic techniques. He reminds us of our "negative" feelings and their impact on our attitudes, implying the possibility to find our inner peace, if we accept them as opportunities we can learn from. The author advocates that attitudinal healing is a process that dramatically changes one's attitudes and brings inner peace. We learn through explicit directions and offered examples that recognizing our anxiety, fear, anger, or guilt and tracing their origin is an excellent way to start controlling our lives and accomplish the emotional balance.

The book is divided into three logical parts. The introduction, "Trust the Force," offers in a fluent narrative style an explanation of the basic principles of attitudinal healing, which seem to be a compilation of the principles taken over from different philosophies and confessions. The seven elements of attitudinal healing elaborated through personal examples and other stories taken from the psychoanalytic but also anecdotal literature are summoned in words like love, compassion, trust, joining. The expressions and explanations used in some chapters are typically psychoanalytic, whereas in others the author chooses short suggestive sentences, guiding the reader elegantly to the path of peace. We learn how to observe our own feelings and sensations in order to reverse our actions and start to spread positive energy instead of projecting our negative feelings. The final part of this section is a summary of guidelines accomplished through the exercises used during meditation.

The second part is broken into eight chapters representing weekly exercises. Each of the seven principles of attitudinal healing is highlighted through a short introduction illustrated

with suitable examples, followed by detailed instructions of the practices in meditation and journal keeping. As an experienced therapist, Todd Davidson demonstrates the way our perceptions, emotions, and childhood experiences distort our views and, with the easiness of an experienced writer, stimulates our introspection and assists the ones interested in developing "an inner locus of control" that should ultimately give us a more satisfying way of living our lives. The final part covers the suggested literature and the information for those interested in joining the study groups.

This book is based on the premise that a change in an individual's thoughts and beliefs viewed as the intervention targeted at the level of emotions, perceptions, and cognition can change one's approach to the world, encouraging the individual

to rely on his or her own positive inner sources. The book is unfortunately dedicated to a limited number of readers: ones who don't fulfill their spiritual needs through religious rituals, ones who are familiar with attitudinal healing, ones sophisticated enough to understand and practice meditation, and nonorthodox therapists who believe that combining techniques is a more powerful approach in treating the patient. However, the author's great experience and gift as a therapist, as well as authentic acceptance of the healing principles, make this book very convincing and an excellent guiding light for those interested in adopting the mentioned principles.

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