

Book Reviews

Michael H. Ebert, M.D., Editor

A Research Agenda for DSM-IV

edited by David J. Kupfer, M.D.; Michael B. First, M.D.;
and Darrel A. Regier, M.D., M.P.H. American Psychiatric Press,
Inc., Arlington, Va., 2002, 336 pages, \$36.00 (paper).

In anticipation that there will someday be a DSM-V, this volume consists of 6 papers resulting from a National Institute of Mental Health–American Psychiatric Association partnership that had the goal of “providing direction and potential incentives for research that could improve the scientific basis of future classifications” (p. xv). In other words, there is a felt need to fundamentally alter the very limited classification paradigm now in use and to develop one that would be more in keeping with the rapid research advances that are occurring in many domains of psychiatry. Could it eventually be possible to return to an etiologically based classification system (as in earlier versions of DSM) but at the same time one that is based on scientific data? The above is a daunting task, and the study groups are to be commended for their hard work in highlighting some of the issues involved in doing so.

The first chapter reviews some of the basic nomenclature issues confronting any revisions of DSM. How do we want to use the terms *disease*, *illness*, and *disorder*? There are implications of each of these alternatives, and this chapter reviews some of them: Should DSM-V be based on dimensions rather than categories? How do we relate DSM to ICD, and what kind of research is needed in relating the two diagnostic systems? How do we incorporate cross-cultural findings into a diagnostic system? How should DSM be adapted for use in nonpsychiatric settings? This chapter cannot answer all these questions but correctly highlights them as issues the field should be thinking about in future DSM revisions.

The second chapter reviews some neuroscience research from the standpoint of whether the rapid advances in neurobiology have yet resulted in any finding(s) or markers that could be used to substantiate clinical diagnosis. The answer given is essentially no: “It can be concluded that the field of psychiatry has thus far failed to identify a single neurobiological phenotypic marker or gene that is useful in making the diagnosis of a major psychiatric disorder or for predicting response to psychopharmacological treatment” (p. 33). The group goes on to explore the reasons for the failure, and describes the continuing impediments to moving to a more etiologically based system. Covered are such topics as genetic, brain-imaging, postmortem, and animal-modeling research. The quality of the review of these areas is inconsistent, with the section on animal modeling particularly incomplete and unbalanced.

The chapter on how to incorporate advances in developmental science into DSM-V is especially interesting and a major issue the field needs to grapple with in readdressing diagnostic systems. Future diagnostic systems, for example, could potentially incorporate what is known about the natural history of diseases into a developmentally based framework. This will not be easy but needs to be considered. Doing so will help keep psychiatry parallel with other fields of medicine.

There is a chapter on personality disorders and relational disorders, an area that is particularly poorly dealt with in DSM-IV. There needs to be a substantial revision in future editions of DSM to more carefully reflect research advances in this area. Two broad categories of approaches are made: (1) use of a dimensional rather than a categorical approach, i.e., focus on dimensions of personality rather than categories of personality “disorders”; and (2) addressing the continuing confusion between Axis I and Axis II disorders.

A relatively short but well-done chapter on disability and psychiatric diagnosis recommends uncoupling disability from diagnosis and increasing the focus on everyday functioning and reducing disability.

The final chapter, entitled “Beyond the Funhouse Mirrors,” is basically about a diagnosis-oriented cultural psychopathology research agenda that integrates ethnographic, observational, clinical, and epidemiologic approaches, each one providing useful information to “crystallize into a comprehensive description of a clinical condition with different levels of impact” (p. 265). The range of literature discussed in this chapter is broad.

As in any book written by multiple authors (in this case, 6 different groups involving multiple authors per group), there is variation in scholarship, writing clarity, and creativity. However, the producers/organizers of such a book as this deserve considerable credit. Future diagnostic systems need to be in concert with research data and not just involve counting of numbers of signs and symptoms. We clearly need to move to a diagnostic system that includes considerations of signs and symptoms, course, pathophysiology, and etiology. The field is not yet there in terms of having an adequate database in many areas, but hopefully a volume such as this can stimulate continuing attempts to develop a more reasonable diagnostic system than we now have.

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Brain Injury and Mental Retardation: Psychopharmacology and Neuropsychiatry

by C. Thomas Gualtieri, M.D.
Lippincott Williams & Wilkins, Philadelphia, Pa.,
2002, 528 pages, \$89.95 (paper).

Despite the burgeoning interest in neuropsychiatry, surprisingly few texts offer solid diagnostic and therapeutic advice for congenital and acquired brain injuries, and especially for neurodevelopmental disorders. Tom Gualtieri’s 1991 work, *Neuropsychiatry and Behavioral Pharmacology*, was unique in its coverage of neuropsychiatrically informed treatment of neurodevelopmentally disabled individuals. The current volume

is a welcome update and expansion of his earlier work, with added broad and detailed coverage of traumatic brain injury and psychopharmacology in addition to a wealth of new information on neurodevelopmental disorders and the behaviors associated with them. This book consists of 26 chapters and 6 appendices, divided roughly in thirds among mechanisms and phenomenology of acquired brain injury, neurodevelopmental disorders and associated behaviors, and psychopharmacologic approaches to these conditions. Gualtieri includes conditions such as electrical injury to the brain, organic solvent intoxication, teratogenic effects of drugs and toxins, and treatments such as cognitive enhancers and neuroprotectants, typically afforded little attention in textbooks. The appendices are his own rating scales for evaluation of individuals with traumatic brain injury, severe brain injury, memory disorders, attention-deficit/hyperactivity disorder, self-injurious behavior, and tardive movement disorders.

As a neuropsychiatrist with a practice apparently similar to Dr. Gualtieri's, I find it obvious that the author has had vast experience with this population and is highly qualified to suggest treatment approaches. Rather than simply regurgitating the phenomenology of various neuropsychiatric syndromes and listing the accepted treatments, Dr. Gualtieri draws from the neuroscience literature freely to postulate mechanisms of behavior and summarize pathophysiology in a manner that opens these areas to the general psychiatrist, to primary care physicians who treat the majority of these individuals in the general population, and to allied health personnel who work with this population. In fact, the author misses very few opportunities to summarize what is known about the scientific literature related to each area of interest, including paleobiology and evolution when relevant.

On the basis of his experience and arguments with which he provides the reader, Gualtieri proposes terms not seen in other references. He refers to retardation syndromes in which the genetic disorders are tightly linked to both dysmorphic and behavioral features as *pathobehavioral syndromes*. Indirect psychotropic treatments that affect neurotransmitter systems other than those suspected of directly causing behavior are *extraterritorial psychotropics*. If Dr. Gualtieri finds a term that appears to him more useful than those typically associated with a given condition, he feels free to use it.

In addition to the fact that single-author textbooks have become more the exception than the rule, and that there are few texts in which one can read about the neurobehavioral manifestations of both common (e.g., traumatic brain injury) and lesser-known disorders (e.g., Smith-Lemli-Opitz syndrome), Gualtieri's book is unique for at least one other reason, the voice of the author. He is at times provocative, at times a loyal skeptic, and at times speaks with tongue firmly in cheek, making the reading of this book something of a sport. Readers will scan for "Gualtierisms" as one scans the pages of *The New Yorker* for cartoons. After celebrating the prepubertal child as a "walking example of the extraordinary capacities of the corpus striatum" culminating in the development of "moralism," for example, he follows with, "Then, it all goes to hell" (p. 145). In lamenting the inadequate time allowed by managed care companies for a thorough initial neuropsychiatric evaluation, he opines, "Unfortunately, medical practice still relies on the economic principles set down by Robin Hood" (p. 99).

For those interested in behavioral deficits in brain-damaged individuals, there is no book like Gualtieri's.

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Handbook of Depression

edited by Ian H. Gotlib, Ph.D.,

and Constance L. Hammen, Ph.D. Guilford Publications,
New York, N.Y., 2002, 628 pages, \$65.00.

This comprehensive book addresses a topic that deserves detailed consideration because the prevalence of depression is high among patients of all ages worldwide. Of 65 coauthors, only 7 are physicians-psychiatrists. No author is a psychoanalyst. These limitations notwithstanding, my overall impression was positive. I liked its empirical approach to almost all the topics covered. Great emphasis is put on research methodology, and I think it is this approach—a look into the future via research—that makes the book refreshing.

The book is divided into 4 parts: part 1 unfolds the descriptive aspects of depression; part 2 discusses vulnerability, risk, and models of depression; part 3 addresses prevention and treatment of depression; and part 4 deals with depression in specific populations. Each part has several chapters and each chapter ends with a section called "Future Directions" and an extensive bibliography.

Going into the specifics, a few topics are especially worthwhile to highlight.

Chapter 4, "Contemporary Methodological Issues in the Study of Depression: Not Your Father's Oldsmobile," gives a modern view of research in depression, leaving a sensation that we really do not know what we mean by depression and that most probably we are talking about a construct that can mean many different things. The authors point toward the recent trends in integrating traditionally separate areas of depression research including physiology, psychoneuroimmunology, cognitive-clinical research, and psychosocial research.

Chapter 7, "Genetics of Depression," capably demonstrates that depression is most likely the result of an interplay between genes and environment. The heritability for milder forms of depression is 20% to 45%. Severe depression ascertained through hospital-treated cases, however, probably has a much higher heritability, in the region of 40% to 70%. It also appears that at least part of the genetic component involves a susceptibility to environmental stressors, the frequency of which itself is influenced in part by genetic factors.

Chapter 9, "Representation and Regulation of Emotion in Depression," introduces the field of affective neuroscience, which is a subdiscipline that examines the underlying neural bases of mood and emotion. Affective neuroscience is similar to cognitive neuroscience, though focused instead on affective processes. After reviewing the role of different brain structures in the pathophysiology of depression, the authors conclude that depression refers to a heterogeneous group of disorders. It is possible that depression-spectrum disorders can be produced by abnormalities in many different parts of the circuitry reviewed.

Chapter 11, "Cognitive Vulnerability–Stress Models of Depression in a Self-Regulatory and Psychobiological Context," is, in my view, the chapter that most clearly depicts the emphasis of the book, namely, a model that integrates the cognitive-behavioral model, the psychobiological model, and the stress-diathesis model.

Chapter 14, "Preventing the Onset of Major Depression," clearly underscores that the successful future approach to depression lies in prevention and not in treatment because of the serious limitations of resources and the chronicity of the problem. This chapter makes a good review of the steps to be followed in prevention research. Chapters 16, 17, and 18, "Cognitive Behavioral Treatment of Depression," "Interpersonal Psychotherapy for Depression," and "Marital and Family

Therapy for Depression in Adults,” respectively, present these 3 modalities of psychotherapeutic treatment as the most effective in the treatment of depression. Chapter 24, “Depression in Later Life,” emphasizes breaking away from the notion that old people necessarily get depressed and argues that perhaps more psychotherapy and less pharmacologic treatment are necessary with this population.

One topic the book fails to address concerns depression secondary to medical illnesses such as endocrine disorders, malignancy, and infections, and, consequently, the decision trees that facilitate proper diagnosis are missing.

I think this handbook is well written, with a plethora of information that makes you question your beliefs about depression.

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Treating Chronic and Severe Mental Disorders: A Handbook of Empirically Supported Interventions

edited by Stefan G. Hofmann, Ph.D., and Martha C. Tompson, Ph.D. Guilford Press, New York, N.Y., 2002, 430 pages, \$50.00 (cloth).

After the “Decade of the Brain,” our understanding of the biological underpinnings of serious and persistent mental disorders and our confidence in our ever-increasing pharmacopoeia—fueled by the powerful marketing forces of the pharmaceutical industry—have never been greater.

At the same time, the application of public health principles and advances in the science of meta-analysis have demonstrated the effectiveness of a number of psychological treatments for these same disorders, yet dissemination efforts are lagging for these empirically supported treatments. Governmental agencies are beginning to focus efforts on such evidence-based practices, as are professional organizations such as the American Psychological Association, whose Task Force on Promotion and Dissemination of Psychological Procedures found few students receiving supervised training in many of these methods. Lack of accessibility to treatment protocols was cited as an impediment, and is partly remedied by the able editing efforts of Stefan G. Hofmann and Martha C. Tompson in their recent volume, *Treating Chronic and Severe Mental Disorders*.

Subtitled “A Handbook of Empirically Supported Interventions,” *Treating Chronic and Severe Mental Disorders* selects and presents evidence-based strategies from a veritable “Who’s Who” in psychological treatments for schizophrenia, mood disorders, and substance use and personality disorders. Each disorder-based section is prefaced by an overview of phenomenology, epidemiology, and currently accepted theories of pathogenesis, while individual chapters outline specific clinical strategies in a well-organized, readable fashion. Frequent case

examples and learning exercises illustrate concepts, while sections on curriculum development, commonly encountered problems, and empirical findings maintain a consistency of style and content throughout.

In Section I, Psychological Treatments For Schizophrenia, Fallow outlines cognitive-behavioral family and educational interventions for treating schizophrenia followed by discussions of social skills training by Pratt and Mueser, personal therapy of schizophrenia by Hogarty, and a case formulation approach to cognitive-behavioral therapy (CBT) by Tarrier and Haddock.

Section II, Psychological Treatments for Mood Disorders, includes CBT for depression by Hamilton and Dobson and for bipolar disorder by Otto and Reilly-Harrington; “Interpersonal Psychotherapy for Unipolar and Bipolar Disorders” by Swartz, Markowitz, and Frank; family and marital treatments by Miklowitz and O’Leary; and family interventions for adolescent suicide attempters by Rotheram-Borus, Goldstein, and Elkavich.

Similarly esteemed contributors offer treatments for Section III on substance use disorders, including Handmaker and Walters’ “Motivational Interviewing,” O’Leary and Monti on CBT, Nowinski’s “Twelve-Step Facilitation,” Rohrbaugh and Shoham on couples treatment for alcoholism, and Higgins, Sigmon, and Budney on “Psychosocial Treatment for Cocaine Dependence.” In what may become the most frequently referenced section, Section IV on severe personality disorders includes Koerner and Linehan’s “Dialectical Behavior Therapy”; Whitehurst, Ridolfi, and Gunderson’s “Multiple Family Group Treatment for Borderline Personality Disorder”; Letourneau, Cunningham, and Henggeler on multisystemic therapy; Freeman on CBT; and Kuhn and McCullough on short-term dynamic psychotherapies for personality disorders.

The editors conclude with the admonition that while the treatment literature reports encouraging results on the efficacy of these interventions, underlining patient variables and mechanisms as predictors of outcome remain relatively unknown, as do the implications of various comorbidities and ethnic, cultural, and socioeconomic variables. Likewise, for many of these disorders, pharmacologic conditions may be a necessary if not sufficient factor in successful treatment, while psychosocial strategies may be critical to enhancing medication adherence.

Indeed, the relative paucity of specific strategies for maintaining an integrated pharmacologic-psychological treatment approach may be the Achilles’ heel of this text. While overtly and purposefully focused on nonpharmacologic treatments, it is in the integration of these modalities that the bio/psycho/social ideal of modern psychiatry is achieved—and in the failure of the integrative ideal that practice trends reinforcing psychiatrists as prescribers and nonpsychiatrists as psychotherapists gain strength. In this context, *Treating Chronic and Severe Mental Disorders* should be considered a “must read”—and a “must practice” for psychiatry residents and training directors.

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