Book Forum

NEUROPSYCHIATRY

Brain Imaging in Clinical Psychiatry, *edited by K. Ranga Rama Krishnan and P. Murali Doraiswamy. New York, Marcel Dekker, 1997, 645 pp., $165.00.*

In their preface, the editors set forth the intent of this volume, which is to provide "clinicians and researchers with a background and comprehensive introduction for imaging neuropsychiatric disorders." To accomplish this, the editors have organized the chapters into three groups. The first four chapters set forth the basic principles of magnetic resonance imaging (MRI), magnetic resonance spectroscopy (MRS), positron emission tomography (PET), and single photon emission computed tomography (SPECT). Two chapters on neuroanatomy follow, the first on the functional neuroanatomy of the limbic system and planum temporale and the second on the morphology of normal brain development for ages 4–18. The remaining chapters consider the major psychiatric disorders by diagnostic area.

Developmental neuropsychopathology is covered first. Structural and functional data are considered for attention deficit hyperactivity disorder, autism, dyslexia, fragile X syndrome, childhood-onset schizophrenia, Sydenham's chorea, and Tourette's syndrome. The authors conservatively conclude that "the abundance of reported neuroanatomical findings has been more notable than the consistency of the findings." A useful table of psychiatric indications for pediatric cerebral MRI scans is included.

Next are four chapters on neuromorphometric, MRS, PET, and SPECT studies of mood disorders. The presence of deep white matter hyperintensities on MRI in greater frequency in patients with late-onset depression than in younger patients appears to be the most consistent morphological finding; underlying cerebral atherosclerosis is the most likely cause in older patients. Alterations in phosphomonoesters and phosphodiesters have been noted with ^{31}P-MRS in bipolar disorder, but similar changes have been found in schizophrenia, which brings the specificity of the changes into question. The few studies with ^{1}H-MRS suggest that there are increased choline-containing and other compounds in bipolar disorder. ^{19}F-MRS and ^{7}Li-MRS have been used to determine the brain concentrations of fluorinated drugs such as fluoxetine and lithium.

Some, but not all, [^{18}F]fluorodeoxyglucose (FDG) PET studies of primary depression have shown reduced FDG uptake (interpreted as reduced glucose metabolism) in the prefrontal cortex and caudate nucleus, which increases toward control values with successful treatment. PET cerebral blood flow studies with ^{15}O-water show decreased flow in similar cortical areas, an indication of the normal coupling of cerebral blood flow and metabolism. Activation studies tend to show less activation following demanding tasks in subjects with depression than in normal control subjects. Findings of SPECT studies measuring regional cerebral blood flow have been consistent with those of PET studies, indicating reduced blood flow in the prefrontal cortex and basal ganglia. Some neuroanatomical theories of depression have been derived from the functional imaging data; these theories center around reduced activity in frontal cortical, basal ganglia, and thalamic circuits.

Next is a comprehensive chapter on anorexia nervosa and bulimia nervosa. The authors first comment on etiology, pathophysiology, comorbid symptoms (depressive and obsessive-compulsive), and animal studies. Methodological problems are considered, including changes in brain size with starvation (pseudoatrophy), appropriate control subjects, and statistical analysis ("fishing or science?"). Morphological studies include findings of reduced cerebral and increased ventricular volumes and reduced pituitary size. The authors summarize the functional imaging studies by stating that there are no clearly replicated specific functional imaging abnormalities demonstrated thus far, except perhaps a greater right-sided than left-sided decrease in cortical FDG uptake in bulimic patients than in control subjects.

Four chapters on schizophrenia and late-life psychosis follow. The first, on MRI, is encyclopedic (the table of individual studies is 24 pages long), and at the end the authors indicate that the two robust findings are lateral ventricular enlargement and temporal and medial temporal lobe volume reduction. MRS studies in schizophrenia are reviewed next; there were only a dozen or so through 1995. These have shown reduced N-acetyl aspartate in the temporal lobes, evidence of membrane alterations (phosphomonoesters and phosphodiesters), and possible alterations in energy metabolism (nucleotide triphosphates). The third chapter reviews PET studies of cerebral metabolism and blood flow, of which there are many, like the MRI studies. The authors conclude that the PET results on anterior-posterior and laterality differences in FDG uptake and blood flow, including those with cognitive activation, are equivocal. In this chapter, as in most of the others, potential sources of variability are mentioned, including patient selection, sample size, demographic factors, image acquisition technique and anatomical coregistration, and cognitive activation paradigms. The chapter on late-life psychosis covers primarily morphologic studies and comes to conclusions similar to those for earlier-age schizophrenia, i.e., ventricular enlargement and temporal lobe volume reduction. Additionally, increased thalamic volume and a greater number of discrete gray and white matter lesions have been described in elderly psychotic patients.

The chapter on brain imaging in phobic disorders includes panic disorder, posttraumatic stress disorder, social phobia, generalized anxiety disorder, and simple phobia. As might be expected, studies of these different diagnostic categories with different imaging techniques have yielded a variety of findings. The chapter on obsessive-compulsive disorder (OCD) is of interest because the neuroanatomical theories of OCD derived from imaging data center around increased activity in components of the frontal cortical, basal ganglia, thalamic, frontal cortical loop—opposite to the changes in these circuits in major depression, mentioned above. The chapter on personality disorders underscores the heterogeneity of these disorders and provides an interesting perspective on potential links between

stable personality traits and regional brain function in the normal population.

The final chapters are on MRI and MRS in dementia, PET in dementia, application of PET to age-related cognitive changes, neuroimaging of HIV infection, and brain imaging in chronic fatigue syndrome. Because of the greater definitiveness of brain pathology in these neuropsychiatric disorders compared with the psychiatric disorders considered earlier, the findings emerge much more consistently and indeed are being used clinically to confirm diagnoses, a utility that still lies far in the future for imaging studies of psychiatric disorders. For example, bilateral temporoparietal reductions in cerebral blood flow and FDG uptake add considerable weight to the diagnosis of Alzheimer's disease in patients with signs and symptoms of dementia.

As mentioned at the beginning of this review, the editors intended to provide a comprehensive introduction to the imaging of neuropsychiatric disorders. Given the constraints of a single, multiauthored volume, they have accomplished this very well. The authors, about a third of whom are from the editors' own institution, Duke University, are respected authorities in neuroimaging.

This volume can serve as a practical introduction to the basics of several standard neuroimaging techniques and as a comprehensive review of imaging studies on neuropsychiatric disorders up to the mid-1990s. Newer techniques such as functional MRI, in which advances have been rapidly occurring in the last several years, are of necessity covered only briefly and will require the interested reader to consult additional sources such as journal review articles. The same can be said for the imaging studies presented for the various psychiatric conditions; most psychiatric illnesses are being vigorously explored by both structural and functional neuroimaging in many research centers, and new data are reported as frequently as new journal issues appear. Given the current speed and intensity of progress in the neuroimaging of neuropsychiatric disorders, the editors may wish to consider an update to this volume for the twenty-first century.

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Contemporary Approaches to Neuropsychological Assessment, *edited by Gerald Goldstein and Theresa M. Incagnoli. New York, Plenum, 1997, 420 pp., $65.00.*

This volume summarizes important developments in the practice of clinical neuropsychology during the past decade. Separate chapters review the Halstead-Reitan and Luria-Nebraska batteries, the two leading examples of "fixed" battery approaches to assessment (in which every patient receives the same set of tests); the rival "flexible" Boston Process approach is considered in a separate chapter. Other chapters describe neuropsychological findings and assessment methods for special populations (children, the elderly, psychiatric patients), improvements in norms for widely used tests, and completely computerized methods for neuropsychological assessment.

The volume has value for practicing clinical neuropsychologists because it brings together much recent research on assessment methods. For physicians, particularly psychiatrists, the book will be less useful. For example, the chapter on psychopathology and neuropsychological assessment contains accurate if brief reviews of research on schizophrenia, unipolar depression, and obsessive-compulsive disorder, but the authors do not propose assessment batteries for characterizing these patients. The chapter on assessment of the elderly contains an excellent discussion of assessment of severely demented patients but does not even mention the widely used test battery developed by the Consortium to Establish a Registry for Alzheimer's Disease. Surely, the assessment of mildly demented patients to identify specific patterns of impaired and spared cognitive functions is at least as important as quantifying deterioration in advanced cases. Another omission is the failure to consider special batteries that have been devised to assess cognitive functions in patients with a particular disease or condition (e.g., multiple sclerosis).

Considering that neuropsychological practice exists in an age of managed care, there is remarkably little concern anywhere in this volume for the possibility that one day soon compensable neuropsychological evaluation for all but forensic cases will be reduced to 2–3 hours of testing. Only the excellent chapter on computerized evaluation even raises the issue of efficiency of testing. The authors of this chapter make a strong case for the usefulness of computerized batteries, but they acknowledge that there are some functions (e.g., language) that cannot be assessed very well with computers.

In summary, this volume provides a good account of where neuropsychological assessment has been, but it is not very useful in pointing the direction for the future.

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MOOD DISORDERS

Dysthymia and the Spectrum of Chronic Depressions, *by Hagop S. Akiskal and Giovanni B. Cassano. New York, Guilford Publications, 1997, 228 pp., $30.00.*

This valuable collection of chapters places the last 15 years of affective disorder research and clinical practice in a wonderful perspective. Although most of these chapters were directly derived from a conference held in Spoleto, Italy, in 1992, the distinguished group of contributors provide a lively debate on nosological and treatment issues, a debate that continues to this date. Given the interest and expertise of Akiskal and Cassano, the debate focuses on the chronic depressive disorders. The authors review the historical classic roots and changes in the conceptual framework of chronic and "minor" depressive disorders, driven by empirical diagnostic and treatment data, and conclude that the present nomenclature can embrace the spectrum and chronic conditions better than has been done previously. The authors consider their own clinical research and practice experiences in the United States, Brazil, Canada, England, and Germany and conclude that dysthymia, chronic major depression, and residual depressive states are here to stay, have reliable diagnostic criteria, and are amenable to psychopharmacological intervention. For example, it is argued that concurrent personality "clusters" or disorders do not diminish the likelihood of positive responses to pharmacotherapy in chronic depressive conditions. A number of other depressive subtypes are discussed, such as minor and recurrent brief depression, "chronic fatigue," atypical depression, "hysteroid" dysphoria, and two "childhood" conditions—chronic depression in childhood and concurrent depression with attention deficit hyperactivity disorder. Perhaps the most interesting debate occurs on the importance of neurotic depression: Roth and Mountjoy argue for the concept on one side and Maj argues on the other side.

In editing the volume, Akiskal and Cassano have kept the number of redundant chapters to a minimum, enabling the reader to use it as a valuable resource. As mentioned at the outset, this volume sets the stage for the last 5 years by giving the reader a superb snapshot of circa 1992. We could use the second volume now for the update because numerous clinical trials have demonstrated that the editors and authors were quite accurate in their prognosis—that these conditions can be well treated both for the short and the long term. Indeed, one might argue that the reader would benefit from a concluding chapter outlining the advances based on new clinical trial findings. Perhaps the next volume is being prepared now so we can place it on our shelves next to the present one.

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Suicide: Individual, Cultural, International Perspectives, *by Antoon A. Leenars, Ph.D., Ronald W. Maris, Ph.D., and Yoshitomo Takahashi, M.D. New York, Guilford Publications, 1997, 151 pp., $25.00.*

This work represents a double reprise for a set of papers initially presented as the keynote core works from the 1996 Annual Meeting of the American Association of Suicidology. The conference theme was "Suicide: Individual, Cultural, International Perspectives." Following the conference, the papers were published as an issue of *Suicide and Life-Threatening Behavior* (volume 27, issue 1, Spring 1997), the official journal of the American Association of Suicidology, in exactly the same format as this hardcover book, published by Guilford Publications.

Most of the contributors to this edited work have a long affiliation with the American Association of Suicidology (Lanny Berman, Terry Maltsberger, Joe Richman, David Lester, as well as Leenars and Maris)—in fact, most have been awardees, officers, and board members—and are distinguished contributors in the field of suicidology. Maris, for example, was for years the editor of *Suicide and Life-Threatening Behavior,* a journal now edited by Mort Silverman, M.D.

The present work, a slim volume, is rather uneven; the sections on cultural and international perspectives were of considerably more interest to me than the section on individual perspectives. Leenars sets the stage in the preface by reminding us that nomothetic and idiographic perspectives on suicide complement one another—indicating that these papers will embrace both. Berman begins the section on individual perspectives with a chapter on adolescent suicide that looks at both individual and cultural influences. Leenars follows with an interesting study of the "Richard Cory" type of suicide—i.e., an apparently clinically unpredictable suicide. He feels that this case is an example of a dissembler. An adult case is presented by Maltsberger, who employs an unorthodox bantering, teasing approach with an unusual patient. Richman offers a uniquely optimistic view of our changing age demographics, finding grounds for hope for our future, increasing elderly patients. This section concludes with a chapter on social suicide in which Maris attempts to meld individual and social perspectives.

What I find most disturbing about the section on individual perspectives is that the biological aspects of suicide and depression are merely mentioned. There is a clear emphasis on the psychological and a short-shrifting of the biological here. I understand that simple cause-and-effect reductionism does not do justice to the interdependence of biology and psychology, but, having treated so many severely depressed individuals over the years, it is hard for me not to feel that suicidal despair is generally more the product of patients' disordered neurochemistry than of their individual, developmental psychology—chickens and eggs notwithstanding. Certainly, not all suicidal individuals suffer from major depressive disorders and not all severely depressed patients kill themselves, but if we are significantly to decrease the appalling toll of suicides in youth and the elderly, a focus on depression and its optimal treatment by combined pharmacology and psychotherapy is required—not a minimization of the role of depression and biology. A public health campaign directed at better and earlier identification and treatment of depression holds the greatest promise for significant reduction of suicidal deaths.

In section 2, Cultural Perspectives, David Lester provides an overview with an interesting historical slant of diverse ethnic groups in the United States and their suicidal patterns. Marlene EchoHawk contributes a chapter on Native American suicide that is especially enlightening on traditional tribal structure. Little emphasis is given to the role of alcohol and other substance abuse, another public health problem that needs to be addressed. "African American Suicide as a Cultural Paradox," by Jewelle Taylor Gibbs, is a very good review article. More attention to the confounding of racial versus socioeconomic factors would have been welcomed, as well as more theorizing on the pattern of higher rates in 20–35-year-old African American men than in older African American men. Julia Shiang et al. contribute an excellent chapter on Caucasian compared with Asian groups in San Francisco. Notable are their disclaimers of necessary validity for their theories and their finding that Asian women older than age 85 have the highest rates of all age groups and races. Joseph Hover and Cheryl King's chapter on Mexican Americans is especially thoughtful regarding socioeconomic versus ethnic factors in this understudied population.

The first chapter in section 3, International Perspectives, is also by David Lester, who developed a small set of predictor variables that were "quite successful" in predicting the suicide rates of 17 industrialized nations. The description of "quite successful" (as cited in the abstract) was reduced to only "moderately successful" in the chapter's discussion section. More specifically, birth and divorce rates, alcohol consumption, percent of elderly in the population, and blood type generated an r of 0.69 in the multiple regression analysis. Sakinofsky and Leenars compared Canadian and U.S. data on suicide and found them generally similar, with slightly higher rates in Canada. Armin Schmidtke presents his perspective on Europe, revealing the apparent enormous differences across countries. He feels that national attitudes toward suicidal behavior are the most important reasons for these wide discrepancies. An interesting note is his reference to Rossow's 1993 article in the journal *Addiction,* showing that in Norway, from 1911 to 1990, alcohol consumption and divorce were independently and statistically significantly associated with male, but not female, suicide rates. This finding is at variance with Charles Rich's suggestion that the disparity between male and female completed suicide rates in the United States may best be accounted for by the far greater prevalence of alcohol abuse by males. The book's final chapter is by Takahashi, who writes of culture and suicide from a Japanese psychiatrist's

perspective. He emphasizes the similarities of suicide across cultures rather than the differences and advocates a rather idiosyncratic clinical approach. His chapter is interesting, but it contains numerous grammatical errors.

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ADDICTIVE DISORDERS

Psychotherapy and Substance Abuse: A Practitioner's Handbook, *edited by Arnold M. Washton. New York, Guilford Publications, 1995, 492 pp., $46.95; $23.95 (paper).*

This book is a valuable resource for therapists who encounter patients with addictions. It is written more for the general therapist than the addiction specialist. The list of contributors is impressive, including many leading American addictionologists. These individuals help to familiarize the reader, presumably a mental health practitioner, with psychotherapeutic approaches to alcohol and drug abuse. This enhances the book for the nonspecialist in addictions. I feel that the intended audience is the mental health practitioner who does not usually work in a chemical dependency treatment setting.

There are three broad areas: basic issues, clinical strategies, and special populations. There are also several sections that emphasize psychotherapy and rational emotive therapy in integration with a 12-step model. This book is a timely review of the psychological treatments and their application to therapy for addictions. It contains many useful and anecdotal facts as well as a well-developed review of the literature. It differentiates between psychotherapy and simple psychological treatment of addictive disorders in a way that is beneficial to the reader. Chapters include topics such as cognitive and behavioral treatment of substance misuse as well as a review of the value of group therapy in addictive disorders. A review of Alcoholics Anonymous is also included. This well-referenced book would make a very nice complement to any course of instruction concerning the treatment of addictive disorders.

Psychotherapy and Substance Abuse is a good book for its intended audience. It covers the concepts of drug abuse treatment for the general mental health practitioner very well. The only thing that prevents it from being a better book is the fact that it is aimed too much to the generalist and lacks the details one would like. If size permits, a second edition with details of interest to both the general therapist and the addiction specialist would enhance the value of this otherwise excellent text.

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Cocaine Addiction: Theory, Research, and Treatment, *by Jerome J. Platt, M.D. Cambridge, Mass., Harvard University Press, 1997, 432 pp., $49.95.*

Dr. Platt has written a comprehensive review of the English-language literature on cocaine abuse. He is Professor of Psychiatry and Director of the Division of Addiction Research and Treatment, Allegheny University of Health Sciences, Medical College of Pennsylvania and Hahnemann School of Medicine, Philadelphia. He is also Director of the Institute for Addictive Research at Allegheny University of the Health Sciences. He has previously published three volumes on heroin addiction.

His scholarship is impressive; he has reviewed more than 1,000 articles covering cocaine's history, use, pharmacology, behavioral effects, psychopathological and medical aspects, and treatment of abuse. At the end of each of his 11 chapters, he states his conclusions about the information in the foregoing pages. I found this helpful in making the material relatively easy to read and retain. Dr. Platt is an able writer and a talented summarizer; each paragraph in the conclusions sections starts with an italicized sentence that serves as a brief abstract of what follows. The bulk of the book's content is in the form of densely packed data with the citations in parentheses. Dr. Platt stresses in his preface that this book would be most useful as a reference to the wealth of research and clinical articles that he cites.

Dr. Platt thoroughly reports and discusses what has been written about the psychosocial treatment of cocaine abuse. He has little good news for us, however. He finds that there is some promise in contingency management, a form of behavior therapy using community resources such as vocational, educational, financial, and legal counseling together with direct financial rewards for abstinence (p. 212). This approach was found to be more effective than a 12-step program in initiating abstinence and preventing relapse. The published studies of contingency management contrasted with a 12-step program have had follow-ups as long as 24 weeks. Long-term outcome studies had not been reported when this book was prepared (p. 333). Dupont (1) strongly advocated lifelong membership in a 12-step fellowship as the sine qua non of addiction treatment. The many forms of nonpharmacological treatment that are reviewed in this publication attempt to reach the cocaine addicts who will not or cannot make use of Narcotics Anonymous (NA) or Alcoholics Anonymous (AA). In my experience, involvement in an abstinence-based, sponsored fellowship such as AA and NA is the best possible outcome of psychotherapy with an addict. In APA's practice guideline for the treatment of patients with substance use disorders, published in 1995 (2), self-help groups for substance abuse disorders are referred to as adjunctive and helpful for many patients. The authors of the practice guideline noted that 12-step groups may not be right for patients who need to take psychoactive drugs for a comorbid condition, such as depression, if their use of prescribed medications is considered a form of substance abuse (2, p. 20).

Pharmacological treatment has not been shown to be effective in itself, but medications that antagonize cocaine by blocking euphoria reduce craving and thus can be valuable when used with nonpharmacological interventions. Many workers have tried antidepressant, stimulant, antianxiety, dopaminergic, and neuroleptic agents without conspicuous success in reducing craving and promoting abstinence. One medication, however, flupenthixol decanoate, is, in Dr. Platt's words, "possibly the first pharmacological treatment to have demonstrated effectiveness in the treatment of cocaine abuse" (p. 305). Flupenthixol is a xanthene that can be administered intramuscularly at 2–4-week intervals. It blocks dopamine binding at receptors and appears to reduce craving significantly.

REFERENCES

1. Dupont RL: The Selfish Brain: Learning From Addiction. Washington, DC, American Psychiatric Press, 1997, pp 361–417
2. American Psychiatric Association: Practice guideline for the

treatment of patients with substance use disorders: alcohol, cocaine, opioids. Am J Psychiatry 1995; 152(Nov suppl):1–59

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OTHER SPECIFIC DISORDERS

Progress in Alzheimer's Disease and Similar Conditions, *edited by Leonard L. Heston, M.D. Washington, D.C., American Psychiatric Press, 1997, 289 pp., $47.50.*

This book aims broadly to update health care professionals on brain disease in general and Alzheimer's disease in particular. The goal is ambitious—staying up-to-date in the rapidly changing fields of molecular genetics and brain imaging is challenging even for those whose research is affected by these findings. The editor has met his goals in this notably worthy volume.

The book has chapters that thoroughly cover aspects of Alzheimer's disease interspersed with chapters that address neurological mechanisms of disease. In his introduction, Dr. Heston outlines the concept of providing models of disease process that can then be applied more broadly. The bulk of the chapters focus specifically on Alzheimer's disease, the best-known of the more common brain diseases. These chapters cover the disease from the molecular level to patients and those around them. The current data related to epidemiology, pathophysiology, psychopharmacology, and pathology of Alzheimer's disease are thoroughly covered. The language is crisp, clear, and understandable, and the chapters are extensively referenced.

Alzheimer's disease is presented as a model for diseases with heterogeneous causality, having both genetic and environmental contributions to illness expression. Major molecular strategies have been used to study Alzheimer's disease, including linkage and candidate gene strategies. These studies have defined DNA mutations directly associated with Alzheimer's disease as well as located regions of DNA that have additional mutations. The chapters that describe these mutations offer important insights for the study of other brain diseases. Heterogenicity is likely to be the rule rather than the exception for psychopathology. The chapters dealing with these subjects are well written, easy to follow, and yet reasonably thorough. The book strikes a nice balance between conciseness and detail that is difficult to achieve and rarely seen.

Two chapters in the volume (chapters 5 and 7) describe unique mechanisms of disease illustrating the advances in molecular genetics that have occurred over the past decade. Dr. Prusiner's chapter on prion biology begins by describing the state of the art in prion-associated disease and then walks the reader step-by-step through the experimental evidence that has been amassed to explain disease causality and transmission. Dr. Orr and Dr. Zoghbi's chapter describes unstable triple-repeat bases in DNA and the consequent neurological diseases that are known to be caused by repeated triplets of CAG. They then propose a model of pathogenesis for diseases where there is evidence for genetic anticipation.

In addition to the well-written chapters examining the cellular and molecular aspects of Alzheimer's disease are three chapters with a macro-orientation. One is a firsthand account of coping with a spouse with familial Alzheimer's disease. This chapter is moving yet not heavy-handed and alerts the clinician to aspects of this chronic disease and its impact on families that are best told by those who are affected. The chapter on caregiver stress and strategies to combat it and the chapter about a community-based training program to identify isolated at-risk elderly individuals who live in the community but lack support services to obtain needed resources or placement describe concrete ways to intervene for patients who are currently ill with Alzheimer's disease.

Finally, chapter 11, written by the editor, concisely summarizes the state of the art for brain diseases and then proposes principles to provide guidance for future efforts and research. This chapter synthesizes the widely varied aspects of the book in a concise and thought-provoking manner. *Progress in Alzheimer's Disease and Similar Conditions* is highly recommended.

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The Broken Mirror: Understanding and Treating Body Dysmorphic Disorder, *by Katharine A. Phillips, M.D. New York, Oxford University Press, 1996, 344 pp., $25.00; $12.95 (paper).*

Since the advent of the remote-control channel-changer, I have found that I can watch three simultaneous movies on television. By flicking back and forth, it is possible to follow the plot and action on all three at the same time, thus emphasizing how much padding there is in the average film.

Reading Dr. Phillips' book is a little reminiscent of this. It is a textbook but written to be comprehensible to the layperson. Because of this, there is a degree of repetitiveness and a need to explain basic concepts in some detail, so the professional reader is frequently tempted to skip-read. This is a pity, because some good material could be missed.

Body dysmorphic disorder is a prolonged and unpleasant condition and, as the author points out, probably not an uncommon one. It causes huge distress to patients, has a heavy impact on families, and frequently causes perplexity and misdiagnosis among physicians. As one of the somatoform group of disorders, it shares the dubious distinction (perhaps equaled only by the personality disorders) of being among the worst-researched aspects of psychiatry.

Until recently, body dysmorphic disorder was an illness that caused almost as much despair among therapists as among patients because there seemed to be no effective treatment. Now that clomipramine and the selective serotonin reuptake inhibitor antidepressants have been shown to be valuable, often in combination with cognitive behavior therapy, the picture has improved strongly for many patients. Also, there is a greater incentive for professionals to recognize and treat body dysmorphic disorder.

Dr. Phillips and her colleagues have been instrumental in promoting and highlighting many of the recent advances in this field, and she has made many significant contributions to the literature. Her book is a comprehensive and considered look at the present state of our knowledge, and she does not hesitate to underscore the many profound gaps in our understanding of body dysmorphic disorder.

There are few books with whose content one does not take some exception, particularly as a critical reviewer, but this one almost makes its home run unscathed. Dr. Phillips' commonsense approach and unwillingness to stray into specious speculation result in a mainstream work that is consonant with current informed thinking. Of course, it helps considerably that she herself has contributed much to that thinking.

In fact, there is only one area in which I seriously disagree with Dr. Phillips. On pages 229–230, she discusses the "controversial" topic of the "delusional variant" of body dysmorphic disorder, by which she means the somatic subtype of delusional disorder. Controversial this certainly is, and she and I have debated it publicly and in print. My point of view, shared by many others, is that any form of delusional disorder is an illness sui generis and to view it as a variant of a totally different condition is to fudge some highly important diagnostic principles.

Having vented that little bit of spleen, I can recommend this book as an introduction to the difficult and misunderstood topic of body dysmorphic disorder. At present there is no other equally comprehensive source of information on the subject, and its balanced and atheoretical approach commends it. However, nearly all of the quotations from distinguished clinicians on the book's cover underline its usefulness to the sufferer rather than to the physician. Sadly, there is no reference list that might be of use to the latter.

Inside *The Broken Mirror* is a leaner, more incisive work waiting to be written, specifically for those of us who have to diagnose and treat body dysmorphic disorder. I for one intend to buy it when it comes out, and I assure Dr. Phillips that I will read it assiduously and without a channel-changer in my hand.

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Essential Papers on Obsessive-Compulsive Disorder, *edited by Dan J. Stein, M.B., and Michael H. Stone, M.D. New York, New York University Press, 1997, 49 pp., $75.00; $38.25 (paper).*

The editors of this contribution to the Essential Papers series faced the formidable task of selecting 20 papers that, collectively, might justify its ambitious title. In fact, there are numerous recent texts that aptly review current knowledge about obsessive-compulsive disorder (OCD). Stein and Stone did not seek to compete with those books. Instead, as should be clear from a quick perusal of the table of contents, this volume is heavily skewed toward psychoanalytic theory, thus emphasizing a historical perspective. Still, it did surprise me that, on noting the accelerated gains in OCD research during the past few years, the editors chose not to include any paper published more recently than 1993.

The body of the book is divided into three sections: Classical Psychoanalysis, Psychological Research, and Neuropsychiatric Approaches. These core contents are preceded by Stein's preface, which nicely sets the stage for the arrangement of works to follow, and Stone's introduction, which represents a scholarly review of pre-twentieth-century OCD history. Stein and Stone collaborated on the epilogue, which serves to summarize and integrate the amalgam of individual chapters while acknowledging the limitations, if not idiosyncrasies, of the selection process they applied. It is within these sections framing the contents that Stein and Stone reveal their own breadth of expertise on these topics, making at least passing reference to numerous critical scientific highlights and emerging concepts relevant to the field of OCD.

The subject matter of section 1 is often reduced to a single chapter or, more typically, a paragraph in recent reviews of OCD. Here the reader is provided eight papers regarding classical psychoanalytic theory and OCD—including three by Sigmund Freud and one by Anna Freud, intermingled with works by Ernest Jones, Karl Abraham, Peter Sifneos, and Leonard Salzman. I expect that different readers will respond very differently to this section. Stein wonders (rhetorically) whether "such papers . . . are mere historical curiosities." Empiricists may be frustrated by the rambling presentation of theories accompanied by limited structure for hypothesis testing. Indeed, although there is some mention of it, the lack of data to support the efficacy of psychoanalytic approaches in the treatment of OCD should have been further underscored. This section illustrates the early struggle with terminology that actually remains unresolved today. In this context, some greater emphasis regarding the distinction between OCD and its namesake among the personality disorders, as well as a historical account of evolving terminology across the versions of DSM, would have been most instructive. Nonetheless, I thoroughly enjoyed the case material—hammering home the heterogeneity of OCD juxtaposed with its ageless visage, which has been almost invariant across centuries. There is also much to recommend these works aside from their pertinence to OCD; for instance, Jones's discussion regarding the psychology of hate is wonderful.

Section 2 contains five papers on psychological research. Joseph Sandler and Anandi Hazari present a visionary study of the classification of obsessional character traits and symptoms that employs factor analytic techniques; this approach has recently returned to the fore, promising new insights regarding subtypes of OCD. One fine paper by Lewis Judd is intended to cover OCD in children; another by Heinz Hartmann presents an interesting paradigm for investigating the phenomenon of "incompleteness" experienced by OCD sufferers. Behavioral therapy for OCD is addressed by means of a single paper by Stanley Rachman and colleagues; although an appropriate choice if limited to just one, this seems inadequate coverage for perhaps the most effective type of intervention available. In particular, an account of emerging research about behavioral therapy in children and adolescents with OCD would have been appreciated. Similarly, Paul Salkovskis' brilliant paper on cognitive therapy could have been supplemented by others.

Section 3 contains seven papers on neuropsychiatric approaches. Works by Paul Schilder as well as Steven Wise and Judith Rapoport present early neurobiological models of OCD, introducing critical concepts regarding its relationship to other neurological disorders and the hypothesized role of the basal ganglia in its pathophysiology. Similarly, the paper by Thomas Insel and Joseph Zohar is a classic in which a serotonergic model of OCD is proposed. A review by Michael Jenike regarding pharmacological treatments for OCD is also outstanding for its time (1992); however, it is difficult to understand why this paper was selected because more recent works would have been more current and thus more thorough for the reader of today (e.g., newer serotonergic medications and important information regarding augmentation strategies were not yet available). The landmark functional neuroimaging paper by Lewis Baxter and colleagues is an ideal choice, illustrating regional metabolic abnormalities associated with OCD as well as characteristic changes following successful treatment. One might have expected analogous papers conveying important structural findings in OCD as well as neuropsychological studies. An excellent paper by Susan Swedo and colleagues demonstrates the longitudinal course of OCD with emergence in childhood. Readers might have been well served if this had been augmented by one of the groundbreaking papers by the same research group regarding potential autoimmune mechanisms underlying OCD. Similarly, seminal papers reporting family-genetic research are conspicuous by their ab-

sence. Finally, since the concept of a spectrum of OCD and related disorders has been championed by Eric Hollander and his colleagues, it seems fitting that the last paper, by Stein and Hollander, address this topic.

In summary, there is much to recommend this book to an avid reader interested in OCD through the ages. However, if a clinician, investigator, or layperson could have but one book about OCD, I would not recommend this one; so, in that sense, the volume is not "essential." Still, as a second book on the subject it is likely to complement other sources well. Psychiatry in general, and psychoanalysis in particular, has a rich tradition of seeking to understand the present based on a richer appreciation of the past. The form and content of this book exemplify that tradition. Nonetheless, pragmatic consumers will inevitably prefer to focus on the here and now.

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Evaluation and Management of Sleep Disorders, 2nd ed., *by Martin Reite, M.D., John Ruddy, M.D., and Kim E. Nagel, M.D. Washington, D.C., American Psychiatric Press, 1997, 277 pp., $21.00 (paper).*

One of the most inviting aspects of this book was evident as soon as I received it—its small size. *Evaluation and Management of Sleep Disorders* is part of a series of Concise Guides edited by Dr. Robert Hales and published by the American Psychiatric Press. As Dr. Hales explains in his foreword to this volume, the guides are pocket-sized so that they may be readily available for use in a clinical setting. The ability to fit easily in a coat pocket made it easy for me to read the book during snatches of after-hours waiting time. Yet the guide doesn't read like a condensed version of the field. It is filled with clear explanations of the assessment of sleep disorders and offers detailed information. Goals of the book are to provide a portable and practical approach to the diagnosis and treatment of sleep problems and a current summary of the classification of sleep disorders. The book itself takes a symptom approach, dividing the disorders into 1) "I can't sleep" (insomnia), 2) "I sleep too much" (excessive daytime sleepiness), and 3) "strange things happen when I sleep" (parasomnias).

The initial chapter is an overview of sleep disorders. A 1995 Gallup Poll commissioned by the National Sleep Foundation (1) revealed that 40% of adults in the United States have occasional or chronic insomnia. There is a great cost to the economy in terms of decreased efficiency and personal stress due to sleep loss. The first chapter also reviews the various classification systems, including DSM-IV and the International Classification of Sleep Disorders of the American Sleep Disorders association. In order to begin classifying a sleep complaint, three questions are proposed as a good initial screen. First, the question, "Are you satisfied with your sleep?" will pick up most insomnias. Then asking, "Are you excessively sleepy during the day?" will reveal most excessive sleep disorders. Finally, parasomnias can be uncovered by asking, "Does your bed partner complain about your sleep?" These unusual events occurring during sleep are more often reported by observers of the patient's sleep—the bed partner, roommate, or parent. As with much of medicine, a good history will make most diagnoses, aided by sleep laboratory tests, such as polysomnography and the Multiple Sleep Latency Test. The second chapter reviews the physiology and pathology of sleep stages, circadian rhythms, and dreams.

Chapter 3 examines causes of insomnia. This is a disorder that most people experience at some time in their lives because excitement, stress, anticipation, and travel to higher altitudes can precipitate transient insomnia. Chronic insomnia can arise from psychiatric conditions, drug side effects, disorders of circadian rhythms, and periodic limb movements of sleep. The next chapter discusses the evaluation and treatment of excessive daytime sleepiness. Narcolepsy and sleep-related breathing disorders are prominent causes of this complaint.

The fifth chapter discusses parasomnias, which include four general categories: REM sleep behavior disorders and nightmares, disorders of arousal from sleep, sleep-wake transition disorders, and other miscellaneous disorders. REM sleep disorders consist of a number of disorders, including paralysis and hallucinations at the onset or end of sleep and sleep-related painful and impaired erections. Sleepwalking and sleep terrors are some of the disorders of arousal from sleep. Sleep starts and sleeptalking happen during sleep-wake transitions. Miscellaneous disorders include such problems as sleep-related eating disorder, sleep bruxism, and sudden, unexplained nocturnal death syndrome.

Chapter 6 discusses sleep disorders related to symptoms associated with medical illnesses or psychiatric conditions. Medical disorders may significantly disrupt sleep. Medication treatment for medical conditions can also disturb sleep, as can hospital stays. Psychiatric illness, of course, can be associated with insomnia or excessive daytime sleepiness. Chapter 7 examines medications with sedative-hypnotic properties for use in transient or chronic insomnia. The final chapter examines sleep problems in special populations, including at different ages and during pregnancy and menopause. Especially helpful in this chapter is an outline of treatment of enuresis and how to sort out sleep complaints in the elderly.

The authors of this guide, Dr. Martin Reite, Director of the University of Colorado Sleep Disorders Center, and Dr. John Ruddy and Dr. Kim Nagel, its associate directors, have produced a well-organized, succinct overview of the clinical approach to sleep disorders. The clinician using this volume can easily locate the relevant chapter by chief complaint and then find, within the chapter, DSM-IV diagnostic criteria to translate into current psychiatric diagnostic categories. During my review, I found tidbits in two or three areas that were immediately applicable to my clinical practice. All too often we concentrate on the patient's reports of daytime symptoms and neglect the other third of a patient's life. This book offers clinical practitioners a way to expand their understanding of how sleep interacts with daytime functioning and how to approach sleep concerns.

REFERENCE

1. Gallup Poll: Sleep in America. Washington, DC, National Sleep Foundation, 1995

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