

sured, the conundrum of a human relationship in the service of psychotherapeutic purposes, at times perhaps to save the life of a child or adolescent, is not attended to and does not get written about. Clinical observations not made within the framework of a randomized controlled trial are not significant or scientific or important enough to merit attention. There is no acknowledgment that “not everything that counts can be counted, and not everything that can be counted counts” (1). This is a highly idiosyncratic use of evidence-based medicine. Ralph Horwitz, chairman of Internal Medicine, Stanford University School of Medicine, had this to say about this “dark side of evidence-based medicine”:

The art of medicine will flourish where data are incomplete and blurred, which is much of medicine. It will flourish whenever caring doctors strive to meet the needs of their individual patients. Care of patients is an act, not an application of guidelines, but of interpretation of information. Physicians will be returned to grace because of this act of interpretation. Scientific evidence must be blended with a physician's experience, reasoning and knowledge (2, p. 323).

Of course, we should continue to stay in the forefront of research on adolescent mental health disorders. But in caring for our adolescents, our fundamental problem very definitely is not lack of knowledge; we know quite a lot about the treatment of these disorders. Yet we have not been able to put our knowledge to best use. What do we need to urgently know? We need to acknowledge that a very disquieting and unbridgeable moat separates the one in five youths in this country suffering currently from psychiatric problems from the resources necessary for their successful treatment. Our society has made the anachronistic decisions to provide vigorous financial support for research on neuroscience and psychiatric illnesses, but to withhold, by default, the funds necessary for the everyday implementation of the practical findings of these projects for the treatment of mentally ill people, including adolescents with developmental, emotional, and behavioral problems—thus abandoning them. *This is the problem we need to acknowledge and do something about urgently.* It would be a most helpful and significant initiative for the Annenberg Foundation Trust at Sunnyslands to convene commissions, similar to those whose work is summarized in this volume, to investigate and summarize what public policy, legal, and diverse other issues need to be addressed, and how to address them urgently, and to make available the extensive theoretical knowledge and clinical expertise we already have for the treatment of current developmental, emotional, and behavioral problems of all American youths.

In conclusion then, this volume well summarizes the basic knowledge we have on the definitions, epidemiology, risk factors, comorbidities, and pharmacological treatment of depression, bipolar disorder, schizophrenia, anxiety disorders, eating disorders, substance use disorders, and suicide in adolescents. For an unbiased review of psychosocial treatments of these disorders in adolescents, the reader will have to look elsewhere.

References

1. Kobelinski T as quoted in: In Minnesota, Voters Tune Out Scandals and Infighting to Focus on Issues. By Lynette Clemetson, The New York Times 2006; 156: No. 53,724, October 6, p A24
2. Horwitz RI: The dark side of evidence-based medicine. *Cleve Clin J Med* 1996; 63:320–323

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50 Signs of Mental Illness: A User-Friendly Alphabetical Guide to Psychiatric Symptoms and What You Should Know About Them, by James Whitney Hicks, M.D. New Haven, Conn., Yale University Press, 2005, 416 pp., \$27.50.

Most self-help books about psychiatric conditions include a presumptive diagnosis in the title and require that the patient has been diagnosed or will self-diagnose. This book starts with signs and symptoms and explains what they add up to and how they may be treated. The symptom is described in second-person address, allowing the reader to try it on. For example, under “euphoria (meaning hypomania or intoxication),” one reads, “So what if you’re crossing in the middle of the block; pedestrians have the right of way, don’t they? You wonder why the driver is so grumpy. It’s a great day!” (p. 114).

The tone is friendly, interested, and inviting, and the scholarship behind it is seamless:

Obsessive compulsive disorder is a fascinating illness, in part, because the symptoms seem so Freudian, even though the underlying causes are neurological. You obsess about dirt, sex and violence. You imagine scenarios that represent your worst fears and strongest taboos ... One might think that such symptoms have their origin in childhood, when we learn to suppress our primitive urges. But there is no evidence that childhood development is disturbed in those who go on to suffer from OCD later in life (p. 238).

The “50 signs” are as follows: Anger, Antisocial Behavior, Anxiety, Appetite Disturbances, Avoidance, Body Image Problems, Compulsions, Confusion, Deceitfulness, Delusions, Denial, Depression, Dissociation, Euphoria, Fatigue, Fears, Flashbacks, Grandiosity, Grief, Hallucinations, Histrionics, Hyperactivity, Identity Confusion, Impulsiveness, Intoxication, Jealousy, Learning Difficulties, Mania, Memory Loss, Mood Swings, Movement Problems, Nonsense, Obsessions, Oddness, Panic, Paranoia, Physical Complaints and Pain, Psychosis, Religious Preoccupations, Self-Esteem Problems, Self-Mutilation, Sexual Performance Problems, Sexual Preoccupations, Sleep Problems, Sloppiness, Speech Difficulties, Stress, Suicidal Thoughts, and Trauma. These rubrics cover the waterfront, and it is hard to think of a major area not covered. Shame disorders and gambling come to mind. While movement disorders from typical neuroleptics are patiently explained, diabetes with the atypicals is briefly mentioned; patients could use more help in warding off the metabolic syndrome (1). The book helpfully distinguishes what not to worry about, for example, the section, “Some Unusual Beliefs Are Not Delusions” (pp. 79–80) and a good index is provided. If “you” only have one of these problems, will you want the whole book? Perhaps few patients have only one, and there

are always one's acquaintances to evaluate. I am reminded of the kooky girl in the film *American Splendor* who knew the DSM by heart and gratuitously diagnosed all the other characters. But for the cartoonist R. Crumb, she chose the old symptom term, *polymorphously perverse*.

The author's treatment recommendations are generally sound, and more important, presented comprehensibly with a positive spin. For example, discussing selective serotonin reuptake inhibitor as a treatment for depression, he writes, "sexual side effects can usually be treated with sildenafil (Viagra). Though viewed as harmless by most doctors, these medications can interfere with the metabolism of some other medications" (p.104). While he gives credence to St. John's Wort, he gently urges readers to consult a psychiatrist.

The book should have a wide lay appeal, but as one who trains residents and medical students, I believe it would also be useful for apprentice general clinicians and therapists. Compared with training student professionals to listen, it is more difficult to teach them how to talk to patients in a helpful way. The strength of this book is not in its outdoing a textbook or presenting novel material, but in its parsing subjects and phrasing acceptable ways to speak about them. It wouldn't hurt doctors a bit to read Hicks' book and commit some of his patient-friendly language to memory.

Reference

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Advances in Treatment of Bipolar Disorder: Review of Psychiatry, Volume 24, edited by Terrence A. Ketter, M.D. Series editors: John M. Oldham, M.D., M.S., and Michelle B. Riba, M.D., M.S. Arlington, Va., American Psychiatric Publishing, 2005, 280 pp., \$36.95.

The Annual Review of Psychiatry produced another very timely and useful book for clinicians. The editor, Terrence Ketter, M.D., put the right set of authors together. From management of acute mania, bipolar depression, maintenance treatment, rapid cycling, childhood bipolar disorder, and issues specific to women and adolescents with bipolar disorder, *Advances in Treatment of Bipolar Disorders* offers an exciting window on the collective clinical and research experience

with these treatments, based on controlled trials in a rapidly maturing field. The authors are all experienced clinicians and researchers. They know their patients and the treatments. Most of them have participated in or authored many of the key studies that have led to the clinical approval of these agents. The summation of their collective experience makes this a very practical book. Their approach is evidenced based, reviewing the critical studies and drawn from an extensive clinical experience. They also make clear where recommendations are not fully supported by research evidence. Or which drugs did not seem to work in spite of a promising mechanism of action.

Since 1994 with the approval of valproate for the treatment of acute mania, we have seen a rapid increase in assessments of multiple new medications and adjunctive psychosocial interventions. Specifically, the multitude of newer anticonvulsants and the second-generation antipsychotics have provided numerous additional treatment options, finally justifying the large off-label use. This confusing number of treatments, the various side effects, and not in the least the complexity of the disorder beg for a regular and clear update of the state of the art. *Advances in the Treatment of Bipolar Disorder* will help clinicians, residents, medical practitioners who have patients with bipolar disorder to assist them in their practice, and medical students with an expert up-to-date review of older medications and newer important treatment options. This is particularly important, since many psychiatric residents today are shying away from prescribing lithium all together as too complicated and too cumbersome a treatment in heavy workload situations. In spite of the numerous newer treatment options, lithium should remain in the bipolar treatment armament. This book assures that a next generation will know how to prescribe and monitor lithium treatment.

I would have liked, though, a table with dose ranges and CYP450 enzymes for drug-drug interactions of all the discussed medications, as far as known. In the days of polypharmacy or adjunctive therapy, which reflects the dissatisfaction of patients and clinicians with the effectiveness of individual compounds, such information has become very important. This book will be a guide even for the better-informed clinicians who treat patients with this complex disorder as well as to medical students and perhaps even patients and families who want to know more about these medications.

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Reprints are not available; however, Book Forum reviews can be downloaded at <http://ajp.psychiatryonline.org>.