

GENETICS

Molecular Genetics and the Human Personality, edited by Jonathan Benjamin, M.D., Richard P. Ebstein, Ph.D., and Robert H. Belmaker, M.D. Washington, D.C., American Psychiatric Publishing, 2002, 378 pp., \$49.00 (paper).

This book is a serious and substantially successful effort to discuss areas of modern molecular genetics and human personality. The editors have brought together 35 contributors to create 18 chapters that begin to explore and explain this very complex topic. As one would expect, it is not an easy task to introduce the current state of genetic research as it relates to the convoluted patterns of human behavioral phenotypes.

The first chapter introduces some basic topics in genetics and the research methods involved in trying to untangle the epidemiology of complex human traits and behaviors. It is a dense chapter filled with research on the mathematical and theoretical constructs used to explore the relationships between genotypes and their expression in humans.

The second chapter explores the concepts of genetics and personality features and their relevance to psychiatry. This chapter explores aspects of normal and abnormal personality features from theoretical and clinical points of view. The author helps to undo a minor criticism I have with the title of this worthy book, which, in my mind, unintentionally tends to minimize its importance and scope. To many readers, "personality" might suggest the veneer of an individual's uniqueness in terms of behavior, and an entire book on the genetics of personality may put off potential readers. The first two chapters, as well as others in this book, discuss behavioral traits or behavioral phenotypes as elements of personality and clarify the broader range of the editors' efforts.

The next several chapters, all well written, seem to crisscross through important and interesting topics in a somewhat puzzling order. The chapter on autistic phenotypes is followed by a chapter on animal models of personality, which precedes chapters that weave through the genetics of particular loci, transporter systems, and the potential roles of serotonin and dopamine in human behavior from normal to pathological.

The final third of the book is the most interesting from my point of view, with chapters on genetic aspects of cognition, aggression, and childhood temperament. All of these chapters are well written and enlightening and discuss particular behaviors as well as genetic underpinnings.

Wisely, the last few chapters of the book are devoted to dissenting opinions and discussion of the social implications of the ideas presented in the earlier chapters. The editors recognize that some of these ideas are not without controversy regarding the degree to which they have been accepted as well as their potential effects on society.

Molecular Genetics and the Human Personality is a well-written and generally well-edited book that will be of interest to clinicians in several disciplines—primarily genetics, psychology, and psychiatry. Although it may not have a place on everyone's reading list, it remains an important book on an

area of ever more important interest to physicians, scientists, and ethicists.

MARK H. FLEISHER, M.D.
Omaha, Neb.

NEUROPSYCHIATRY

Textbook of Clinical Neuropsychiatry, by David P. Moore. London, Edward Arnold, 2001, 747 pp., \$99.00.

This is a very good book that compares favorably with the magnificent *Organic Psychiatry* by W.A. Lishman, now in its third edition (1). For most neuropsychiatrists, Lishman's is the seminal textbook in contemporary neuropsychiatry. When it first appeared in 1978 it reestablished neuropsychiatry as a field and fostered the development of this subspecialty, denied official status in spite of thriving from research and clinical perspectives. With this homage as prelude, I can state that David Moore's *Textbook of Clinical Neuropsychiatry* is a very worthy and useful addition to available neuropsychiatry texts. It is eminently readable, well organized, and thorough. No psychiatrist or psychiatry resident acquiring this book should be disappointed.

The text, organized much like *Harrison's Principles of Internal Medicine* (2), is divided into three sections: Diagnostic Assessment; Signs, Symptoms, and Syndromes; and Specific Disorders. Many of the chapters are followed by hundreds of references, which total more than 4,000. Tables and images enhance the text. Each topic is organized to cover its pathology and etiology, clinical features, course, differential diagnosis, and treatment. The writing style is tight and focused. Overall, this is very comprehensive coverage of neuropsychiatry. Especially appealing are the extended quotations from the pantheon of immortals in neuropsychiatry such as Alzheimer, Binswanger, Bleuler, Hughlings Jackson, Kraepelin, Lhermitte, and S.A.K. Wilson.

Part 1 includes summaries of interview techniques, the mental status examination, and the neurological examination. The fundamentals of computerized tomography and magnetic resonance imaging (MRI) are presented with very useful discussions of about a dozen conditions where obtaining an MRI is essential. An excellent, extended discussion of the EEG covers all any psychiatrist needs to know about this underused tool. These portions will help to counter the prevailing tendency to overvalue trivial "findings" on MRI and ignore incorporating EEG results into our assessments.

Part 2 is possibly the strongest section of the book. Moore provides clear descriptions of a plethora of "cortical" signs and symptoms. Included are language disturbances, apraxias, agnosias, aprosodias, and neglect phenomena with all their subtypes and subtleties. A major strength of this entire section is the discussion of differential diagnosis of each syndrome. These discussions help the reader appreciate the clinical context wherein these syndromes are found. The same format applies to movement disorders, which are also well described. Entire pages are needed to list the causes of tremor, myoclonus, tics, chorea, and parkinsonism, indicat-

ing the completeness of coverage. There is a very good section on catatonia, a relatively neglected topic in some texts. Naturally, there are extended discussions of dementia, delirium, and amnesia, again with an emphasis on the differential diagnosis.

Moore describes a large number of intriguing behaviors, such as "foreign accent syndrome," abulia, mutism, utilization behavior (with an excerpt from Lhermitte), pseudobulbar palsy (with excerpts from S.A.K. Wilson), excerpts from Kluver and Bucy regarding their syndrome, alien hand sign (a personal favorite of mine), and *le fou rire prodromique*—uncontrollable fits of laughter without mirth that are a precursor of sudden death. A fascinating case of a bilingual patient who developed a motor aphasia in Spanish and a sensory one for Hebrew is included. Cogent descriptions of topographagnosia, simultanagnosia, and asomatognosia are instructive in showing how rather weird, nonunderstandable phenomena can have a neurological basis and how labeling them as psychiatric would be quite unfortunate. More applicable to most practices are the sections on the differential diagnosis of depression, mania, anxiety, psychosis, and personality change. The longest sections in this part of the book are on seizures and epilepsy. As the author of a previous book on this subject (3), Moore does a brilliant job of describing the different epilepsies and their etiologies. A good example is the discussion of amnesic seizures, which includes an extended quotation from Jackson's famous case of Dr. Z. Moore quotes Bleuler's 1924 description of the interictal personality syndrome, which is now more frequently known as the Geschwind syndrome in honor of the most distinguished behavioral neurologist of the past half century.

Part 3 contains 15 chapters and discusses more than 100 specific disorders. The most extensive coverage is given to neurodegenerative, congenital, vascular, nutritional, toxic, metabolic, and infectious disorders. The chapter on sleep disorders is an excellent introduction to extremely common conditions that often complicate the management of primary psychiatric disorders. The descriptions of clinical features are simply brilliant. In very clear and concise terms, Moore brings neuropsychiatry alive. This delightful writing extends to the chapter on idiopathic psychotic, mood, and anxiety disorders.

There are a few gaps in coverage that should be pointed out. There is sparse coverage of pseudodementia, psychogenic amnesia, and pseudoseizures other than the medical workup for the latter, which is quite excellent. I will now add serum levels of neuronal-specific enolase when pseudoseizures are a consideration. There is virtually no discussion of somatoform disorders, malingering, or conversion disorders, which are problems seen in a healthy percentage of patients referred to neuropsychiatrists. In essence, Moore has made the text decidedly medical and neurological. Issues concerning psychological understanding and management are deferred.

In conclusion, *Textbook of Clinical Neuropsychiatry* is an important addition to our psychiatric corpus. It resembles *Organic Psychiatry*, and potential buyers would do well to compare these two wonderful works side by side to decide which of these amazing single-authored texts most appeals to their taste. I suspect residents and relative novices to neuropsychiatry will prefer Moore's crispness and tight organiza-

tion. More seasoned clinicians are in a better position to appreciate Lishman's lengthier expositions and the depth of thought that his writing conveys. Moore's text is a fine indication of the growth of neuropsychiatry, including its importance, acceptance, and, at long last, burgeoning.

References

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RAYMOND FABER, M.D.
San Antonio, Tex.

Neuropsychiatry: An Introductory Approach, by David B. Arciniegas and Thomas P. Beresford. New York, Cambridge University Press, 2002, 438 pp., \$140.00; \$50.00 (paper published 2001).

The field of neuropsychiatry, prominent in the 19th century, has once again emerged as a specialty area. This is due, at least in part, to major advances in the basic and clinical neurosciences, which have added to our knowledge base with regard to the neurobiological basis of cognition, emotion, and behavior. In the last 15–20 years, there has been an explosion of scientific information available to assist clinicians in the diagnosis and treatment of patients with neuropsychiatric disorders. Although this progress is of great value, the sheer enormity of the available information can be overwhelming to newcomers and those interested in, but not totally familiar with, the field of neuropsychiatry. To meet this need, *Neuropsychiatry: An Introductory Approach* was developed as a practical introductory guide to serve as a starting point for anyone interested in brain-behavior relationships and the treatment of neuropsychiatric problems.

The book serves as an overview of concepts and methods rather than as an exhaustive treatise on all neuropsychiatric problems, and it is divided into three major sections. Part 1 (chapters 1–7) reviews the history and current status of neuropsychiatry. In this section, Arciniegas and Beresford introduce a neuropsychiatric approach to use for conceptualizing and understanding basic and complex cognition, emotion, personality, and psychological adaptation. Part 2, *A Neuropsychiatric Approach to Evaluating the Patient*, describes the fundamental tools that should be used to understand neuropsychiatric disorders, including the neuropsychiatric evaluation, mental status examination, electrophysiology, and neuroimaging techniques. Finally, part 3 (chapters 12–18) examines several neuropsychiatric disorders with the purpose of providing an explicit application of the relevant concepts and methods discussed in part 1. Selected topics relevant to clinical neuropsychiatry are highlighted, including delirium, dementia, obsessive-compulsive disorder, Parkinson's disease, and traumatic brain injury, as well as diminished motivation, apathy, and alcoholism and other alcohol-related disorders. The ultimate goal is to permit generalizability and application of the approach to the clinical management and care of patients with other neuropsychiatric disorders.

The book is well written and easy to read and provides a cohesive, interesting, and clinically applicable learning tool for medical students, residents, allied health clinicians, and others motivated to learn about the neuropsychiatric approach. The goal of this book was not trivial—"to make the material engaging but relatively simple, and therefore useful" (p. xviii) as well as "offering enough information to convey the richness of the material, while not losing the notion of a practical, introductory guide to understanding neuropsychiatry among the seemingly endless details that might be included" (p. xviii). The authors are very clear about their purpose, and about the selectivity of the topics chosen to be included. The book is not an exhaustive review of neuropsychiatric disorders, and this is deliberate so that readers would not be distracted from the book's primary purpose—exposure to the neuropsychiatric approach itself. Throughout the book, the authors do an admirable job providing the basic and clinical scientific foundation needed to evaluate and treat neuropsychiatric patients competently, without losing sight of their goal to keep it simple and relevant.

Kudos to Drs. Arciniegas and Beresford for taking on such a worthy venture, and for a job well done. I sincerely believe that *Neuropsychiatry: An Introductory Approach* will be an asset to anyone who uses it.

LAURA A. FLASHMAN, PH.D.
Lebanon, N.H.

Psychiatric and Cognitive Disorders in Parkinson's Disease, by Sergio E. Starkstein and Marcelo Merello. Cambridge, U.K., Cambridge University Press, 2002, 240 pp., \$75.00.

Depression and anxiety are so prevalent in Parkinson's disease and related disorders (e.g., progressive supranuclear palsy, multiple system atrophy, corticobasal ganglionic disease) that most patients will experience an episode of depression or anxiety (usually both) at some time during the course of their disease. Because depression and anxiety are underdiagnosed and undertreated, many patients will suffer chronic depression and anxiety, which may exacerbate disease-associated cognitive impairment and further impair their capacity for self-sufficient living.

After years of increasing doses of direct and indirect dopamine agonists, many patients with Parkinson's disease develop hallucinations and delusions in addition to the well-known neurological phenomena such as on-off effects, dyskinesias, and abnormal involuntary movements.

With an unstated goal of improving the treatment of cognitive and psychiatric disturbances in Parkinson's disease, the authors aim their short volume "at senior clinicians and trainees in internal medicine and general practice, at neurologists who may want a better understanding of their patients' 'non-motor' problems, and at geriatric psychiatrists who may want to access the relevant information about emotion and cognition in Parkinson's disease, and update their knowledge about the motor complications and treatment of this disorder."

To educate this somewhat diverse audience the authors have organized the text into seven chapters: clinical, epidemiologic, and therapeutic aspects of Parkinson's disease; other disorders that can produce parkinsonism and hence mimic Parkinson's disease in some ways; cognitive deficits in Parkinson's disease in comparison with other neurodegenerative

diseases; depression in Parkinson's disease; anxiety, phobias, and apathy in Parkinson's disease; cognitive and psychiatric side effects of antiparkinsonian medications; and treatment of psychiatric disorders in Parkinson's disease. The book concludes with an appendix in which commonly used neurological and psychiatric rating scales are reproduced verbatim.

In general, the chapters are clearly written and the main points illustrated with well-chosen cases from the authors' clinical experience. The information is up-to-date, and the reviews are fair and balanced. Points of controversy are clearly indicated. Inclusion of commonly used rating scales will be helpful to readers who do not treat many patients with Parkinson's disease. I have two minor complaints: 1) In the chapter on parkinsonism the authors briefly mention Pick's disease, but they do not indicate that Pick's disease is now regarded as one cause of frontotemporal dementia, which has some cognitive commonalities with Parkinson's disease and is increasingly recognized as an important type of dementia. 2) The authors briefly describe two nonpharmacological treatments for Parkinson's disease: pallidotomy and deep brain stimulation. Deep brain stimulation, because it is largely reversible, offers great promise in treating advanced Parkinson's disease. Potentially, deep brain stimulation can lead to reduction in doses of dopaminergic medications with, one hopes, a concomitant reduction in neurological and psychiatric side effects. Unfortunately (and this is not a criticism of the book), not much has been published on the cognitive and psychiatric effects of the neurosurgical procedures in Parkinson's disease.

In summary, this will be a valuable book for physicians who want to learn more about Parkinson's disease and its treatment.

WILLIAM W. BEATTY, PH.D.
Oklahoma City, Okla.

Cognitive Deficits in Brain Disorders, edited by John E. Harrison, B.Sc., Ph.D., C.Psychol., and Adrian M. Owen, Ph.D. London, Martin Dunitz, 2002, 370 pp., \$44.95.

Why do so many things seem to happen after discussions in bars in Cambridge? Apparently, after complaining together over a drink about how difficult it was to recommend a textbook that covered cognitive dysfunction in neurological disease to their clinical colleagues, Drs. Harrison and Owen decided to try to fill an obvious gap in the market. Owen is probably more widely known in the neuroscience world than his co-editor, but the pair of them have chosen from among their research collaborators and, I assume, drinking partners a refreshingly youthful yet authoritative collection of contributors. An important further positive point is that all of the authors have had clinical contact with patients who have the disorders that they discuss.

The book broadly divides into two. First, the neuropsychological consequences of lesions to the temporal, frontal, parietal, and occipital lobes are each given a chapter full of detail from lesion studies, clinical case material, and neuroimaging studies. I would single out for particular attention the parietal lobe chapter, written by neurologist Masud Husain. This is as good as anything I have read in much larger and more expensive textbooks and will be my preferred reference for the area. In the second part of the book, cognitive dysfunction in some

clearly neurological conditions (Alzheimer's disease, Parkinson's disease, Huntington's disease, motor neuron disease, hydrocephalus, ruptured anterior communicating artery aneurysm, and tuberose sclerosis) and some perhaps less clearly neurological conditions (schizophrenia, obsessive-compulsive disorder, depression, and autism) are considered. The book works well because although each of the chapters acts as a stand-alone up-to-date review, the comprehensive range of individual chapter subjects gives the volume a reassuring textbook character.

This is not a book to read from cover to cover but an accessible and informed companion that I will turn to when I need to try to fill the ever-widening knowledge gap between my neurological and psychiatric training and the currently exploding cognitive psychological research approach. The editors are to be congratulated because they certainly have produced a book that can be recommended to clinical colleagues looking for a cognitive neuropsychology textbook. I'm afraid that headaches are all I ever get from trips to bars, but perhaps I don't go drinking often enough in Cambridge.

ROBERT HOWARD, M.D., M.R.C.Psych.
London, U.K.

CHILD AND ADOLESCENT PSYCHIATRY

Antisocial Behavior in Children and Adolescents: A Developmental Analysis and Model for Intervention, edited by John B. Reid, Ph.D., Gerald R. Patterson, Ph.D., and James J. Snyder, Ph.D. Washington, D.C., American Psychological Association, 2002, 339 pp., \$49.95.

This book is the latest installment of an ongoing program of research on the development and treatment of antisocial behavior, a term that encompasses clinically referred conduct problems, delinquency, and substance use. For approximately 40 years, Patterson, Reid, and their colleagues have conducted research on family interaction and social processes that underlie antisocial behavior as well as on treatment and prevention. Two previous books charted advances in development of theory and research (1, 2). Like the previous work, this book consolidates and integrates a large stream of publications and findings.

The volume includes 14 chapters by 19 contributors working at or in collaboration with the Oregon Learning Center in Eugene, where the research has been ongoing. An introductory chapter traces the history of the research program and highlights theoretical, methodological, and substantive advances. The remaining chapters are organized into two sections: Development of Antisocial Behavior and Interventions for Antisocial Behavior. The chapters on the development of antisocial behavior begin with the early childhood development of coercive family behavior in the home. The conceptual models integrate the influence of parents' discipline practices, peer relations, depression, stress, and many other factors over the course of development. Empirical tests of the models show how these factors influence and in many cases are influenced by child deviance. Interesting questions are addressed along the way, such as precisely how discipline

practices exert influence on child deviance, how peers help "train" deviance, and the emergence of adolescent depression, to mention a few.

The treatment chapters cover several interventions, including parent training, treatment in the context of foster care, preventive interventions for conduct problems, and intervention with divorced families. The chapters encompass studies of key processes and how they operate as well as reports of randomized controlled trials.

This is an excellent book to convey the latest on research on antisocial behavior over the course of childhood, adolescence, and early adulthood. The body of work features science at its best. The research shows how basic epidemiologic and longitudinal studies are used to construct and test theory of a clinical problem; how multiple influences can be integrated, modeled, and tested; and how basic research can be translated into effective interventions. The book is rich in theory, research, and guidelines for intervention and exemplary in showing how these relate to each other.

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ALAN E. KAZDIN, Ph.D.
New Haven, Conn.

Etiology of Substance Use Disorder in Children and Adolescents: Emerging Findings From the Center for Education and Drug Abuse Research, edited by Ralph E. Tarter and Michael M. Vanyukov. Binghamton, N.Y., Haworth Press, 2002, 165 pp., \$39.95.

Substance abuse among our nation's youth is a seemingly intractable crisis. Theories and action plans abound, but there is no clear consensus as to the cause or control of the crisis. This book describes the 20-year research project of the Center for Education and Drug Abuse Research, led by Dr. Tarter, which has the ambitious goal of determining the etiology and consequent prevention of substance use disorder in the young. Seven hundred families with a 10–12-year-old child were identified in 1989. Half of the children were identified as high risk for substance abuse (because of fathers with substance use disorder) and half were identified as low risk (fathers without substance abuse). The children initially underwent extensive multimodal assessments, had repeat intensive follow-ups at ages 12–14, 16, and 19, and will continue to be followed yearly until age 30. This brief volume is an interim report of the methods, assessment instruments, and initial findings of this major undertaking.

The first section, Measurement of Substance Use Disorder Liability, contains five chapters describing the purpose and design of the study with emphasis on the assessment tools developed and their validity, reliability, and potential use as predictors of adolescent substance abuse. I would have liked a clearer description of some of basic details of the study, such as its location, the number of families screened, the length of time each assessment took, the dropout rate between evaluations, whether subjects were paid, etc. The description of the scales used and developed is too abbreviated; most of the em-

phasis is on the statistical manipulations necessary to derive usable measures. Although the chapter authors acknowledge that some of the measures developed are unwieldy to use, others appear to show promise as practical clinical predictors of substance use disorders.

The second section of the book, Etiological Mechanisms, has seven chapters that describe the project's preliminary findings. These range widely and begin with the suggestion that D5 dopamine receptor gene polymorphisms are associated with the development of substance use disorder. The chapter authors are aware that the study suffers from a lack of replication by other investigators and the small variance in the risk of substance abuse accounted for by the genetic findings. As with much genetic research of this type, the language and methods used are not easily grasped by most clinicians. Potential biological factors in the development of substance abuse continue into the next chapter, which reports a correlation between cortisol levels in females (but not males) and behavioral dysregulation measured by a questionnaire developed by project researchers. Because behavioral dysregulation correlates with the development of substance abuse in both males and females, the authors hypothesize that males and females may progress to substance abuse by different neuroendocrine-driven pathways.

The authors of the next chapter report that sexual maturation in males (measured by pubic hair development at ages 10, 12, and 15) correlates with parental substance use disorder. They hypothesize that accelerated sexual maturity leads to deficient behavioral self-regulation, increased sensation seeking, and hence greater likelihood of involvement with substances. As the authors note, multiple alternative hypotheses could be constructed, and not enough time has elapsed (or enough subjects or variables analyzed) to test their hypothesis that accelerated sexual maturation is involved in the mechanisms of familial transmission of substance abuse liability.

The next four chapters relate a variety of findings, including that behavioral dysregulation at age 12 correlates with cigarette smoking at age 16 and suicidality at age 19, that high negative affect and low executive cognitive functioning at age 16 is found in boys at high risk for substance abuse, and that neglect and substance abuse in mothers' histories (but not fathers') are associated with severity of neglect of their children.

The above are only a few of the findings and hypotheses generated by the Center for Education and Drug Abuse Research project with its ambitious goal of "delineating the mechanisms underlying the development of a diagnosed substance use disorder." The research team is halfway through its 20-year phase of longitudinal data collection, and these initial findings and speculations are promising if not immediately convincing or useful for treatment. Future reports are eagerly awaited because the project has the potential of revealing the antecedents of adolescent substance abuse, knowledge of which may lead to effective initiatives to ameliorate the crisis persisting among America's youth.

BARRY LISKOW, M.D.
Kansas City, Kan.

Out of the Darkened Room: When a Parent Is Depressed: Protecting the Children and Strengthening the Family, by William R. Beardslee, M.D. Boston, Little, Brown and Co., 2002, 286 pp., \$25.95 (paper).

Dr. Beardslee is Psychiatrist-in-Chief at Boston's Children's Hospital; his brief and thoughtful text was written to help families cope with depression among their members. The 13 chapters read easily, and I found the epilogue with notes and references extraordinarily helpful. On finishing the book I immediately recommended it to several families. Dr. Beardslee's collaboration with staff and families from different social strata over a period of more than 20 years enabled him to choose examples from a heterogeneous practice. He acknowledges at the outset his special dedication to the stricken after the loss of his eldest sister in her mid-20s. Families start off with him by sharing their history together as he assesses each member's resilience and knowledge as well as uniqueness.

Dr. Beardslee's review of the biological basis and cause of depression is brief and clearly states that biology is NOT destiny. He puts known risk factors in perspective early in the text. Brevity is also evident in his approach to diagnostic entities and the panoply of therapies—medications take up fewer than three pages. There are plenty of texts on pharmacotherapy for depression.

Dr. Beardslee's emphasis is unequivocally on family dynamics and individual growth. His case studies are families who survive hospitalizations and suicides. His artistry is apparent throughout; however, he keeps himself in the background, so it is difficult to understand his particular style of action and use of language. His ability and availability are key to the sense of security he generates for his needy patients at times of crisis. For more than two decades, his Boston group (which includes psychologists and social workers) has studied almost 300 youngsters from about 150 families through different hazards and family healing interventions. His clinical results delineating resilient and vulnerable adolescents have already been published the *American Journal of Child and Adolescent Psychiatry*, *American Journal of Psychiatry*, *Biological Psychiatry*, *Psychoanalytic Study of the Child*, *American Journal of Orthopsychiatry*, etc.

This book emphasizes particular family struggles in spare pithy terms, sometimes Biblical in the vignette approach. Dr. Beardslee notes the influence of his father's text, *A House for Hope* (1). Frank and Fern cope with grandfather's death. Clair and Len develop strength to cope with Len's illness. Jerry and Glenda learn to deal with Glenda's bipolar illness. Young Jesse learns to deal with his mother's suicide with the special help of his school and community. "In trying to help Jesse deal with his emotions, his class visited his mother's grave and he talked about her." How is that for community involvement? Another child, Charlie, survives his parents' acrimonious divorce with a transient addiction to computer games, journal writing, medications, therapy, meditation, and rigorous exercise. Rebecca, 14, learns to deal with her mother's self-mutilation.

Toward the end of his presentation Dr. Beardslee presents a plan to change the system. He says that, at the time of his writing, "we are privileged to live in a time of great plenty.... Thus it is possible to achieve the goal of health for all children and all of their caregivers without an undue burden or without cutting other essential services." In facing the future, Dr.

Beardslee follows Benjamin Spock (outdated and not one of my favorites). He quotes Dr. Spock as saying, "Relax. You are doing better than you think you are." This encouragement "applies even more to families wrestling with depression."

This cheery optimism may be good for a book for families whom you want to encourage. Obviously the economy has changed since this exegesis. My experience with families with bipolar disorder for the past 30 years is less sanguine. I too have seen an individual who lost both parents to suicide, and he has done remarkably well. But there are many failures and a lack of resources. Colleges throughout the United States report increasing suicidality and abuse of alcohol. The lofty Princeton alumni magazine, with many of the best and brightest undergraduates, published a lead article this fall reporting alarming and depressing survey data about hopelessness, suicidal thoughts, and suicidal impulses (2). McLean Hospital follow-up data for its out-of-state referrals (personal communication) demonstrate the need for community follow-up.

Dr. Beardslee has some important points to make, which we should all heed promptly. The nurturant community and family are both vital, and medication is adjunctive, not primary, especially for adolescents.

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RALPH N. WHARTON, M.D.
New York, N.Y.

SCHIZOPHRENIA

Managing Negative Symptoms of Schizophrenia, by Ann Mortimer, M.D., and Sean Spence, M.D. London, Science Press, 2001, 93 pp., \$27.95 (paper).

In recent years, the negative symptoms of schizophrenia, such as affective flattening, lack of volition, and poverty of thought, have received increased and well-deserved attention. Awareness of the major contributions of negative symptoms to disability in schizophrenia and the fact that they do not necessarily respond to treatment in the same way as positive symptoms or to the same forms of treatment has led to a considerable expansion of the literature in the area.

Managing Negative Symptoms of Schizophrenia is a slim volume that attempts to present a thorough view of the phenomenology, neuroscience, and treatment of negative symptoms. Its authors, Ann Mortimer and Sean Spence, are British, on the faculty at the University of Hull and the University of Sheffield, respectively.

The book comprises nine chapters, all with references. The authors begin by discussing the new hope for patients with negative symptoms, ushered in by atypical antipsychotics. They continue with a review of the syndromes seen in schizophrenia, separating the positive syndrome (with a distinction

between "reality distortion" and "disorganization") from the negative syndrome. They see the primary psychopathology of negative symptoms as a failure to respond to stimuli, seen as poverty of ideation and poverty of affect, and consider other negative symptoms, such as loss of self-care, poverty of speech, and loss of motivation, as consequences of these primary symptoms. They are careful to enumerate "pseudonegative" symptoms separately—such entities as medication side effects, untreated positive symptoms, depression, and the effects of an institutional environment.

In chapter 4, the longest and most heavily referenced chapter, the authors review the contributions of neuroscience, including structural and functional imaging, neurochemistry, neuropsychology, and neurophysiology, acknowledging the lack of evidence pointing to one specific pathophysiology. Hypofrontality, lower dopaminergic activity in key pathways, and glutamate dysfunction are all given attention. A brief assessment of the burden of negative symptoms on the patient, family, and society follows.

The sixth chapter examines clinical and rating-scale-based assessment of negative symptoms. Commonly used rating scales, including the Brief Psychiatric Rating Scale, Positive and Negative Syndrome Scale, and Scale for the Assessment of Negative Symptoms, are discussed and included in appendices. A practical discussion about evaluating and treating causes of "pseudonegative" symptoms is included. The seventh chapter provides a concise review of the effects of atypical antipsychotics. The authors note positive results with clozapine, olanzapine, and risperidone as well as the availability of less evidence recommending quetiapine and ziprasidone. Amisulpride, sulpiride, and zotepine, which are not available in the United States, are discussed, and the authors note that there is good evidence for amisulpride's effectiveness. Other drugs of interest, including selective serotonin reuptake inhibitors, monoamine oxidase inhibitors, glutamatergic agents, and dopamine agonists are also reviewed.

The eighth chapter discusses social and family approaches, including rehabilitation, social skills training, and support for family caregivers; the authors point out the importance of these approaches even when pharmacological management is optimal. The last chapter, "Co-ordinating the Delivery of Services," focuses on the need for a team approach in the community, active outreach, and formal supervision. Services specific to the British health system, including extensive involvement of the patient's general practitioner and certain legal mandates for monitoring, form the core of this chapter. The authors do not mention this specifically, but the approach they advocate seems to resemble the assertive community treatment model in the United States, which has much to recommend it for patients with persistent negative symptoms.

All in all, *Managing Negative Symptoms of Schizophrenia* is a solid book. It is concise, clearly written, and well referenced. Its length appears to be a compromise—the busy practicing psychiatrist may prefer a briefer review, such as a long journal article, but the academic scholar of negative/deficit schizophrenia might expect a full volume, citing all the literature, rather than the key studies referenced in this book. It is worthy of attention from anyone with a serious interest in schizo-

phrenia, and its brevity means that most of us will actually have time to read it.

WILLIAM G. RYAN, M.D.
Birmingham, Ala.

Understanding and Treating Cognition in Schizophrenia: A Clinician's Handbook, by Philip Harvey, Ph.D., and Tonmoy Sharma, M.D. London, Martin Dunitz, 2002, 177 pp., \$29.95 (paper).

Understanding the cognition of patients with schizophrenia could give important insights into the formation of delusional thinking, the fixation of thoughts, and, probably, hallucinatory experiences. In our enthusiasm for an atheoretical descriptive clinical diagnostic schema, the cognitive processes of the patient with schizophrenia have been reduced to the most basic observation: "disorganized speech (e.g., frequent derailment or incoherence)" (DSM-III, DSM-III-R, DSM-IV, and DSM-IV-TR). Consequently, most clinicians and trainees tend to overlook both the complexity and vast literature on cognitive processes in schizophrenia. This concise small book by Philip Harvey and Tonmoy Sharma attempts to rectify this oversight. The 15 chapters cover such topics as learning and memory, working memory, attention, the effects of aging, and executive functions in patients with schizophrenia. These cognitive functions are often more critical than the label of schizophrenia because they determine the disability and potential for rehabilitation of the patient. Also covered are the effects of conventional and atypical antipsychotics, behavioral treatments of cognitive impairments, and other types of psychopharmacological interventions on cognition in patients with schizophrenia.

This book does a real service in calling our attention to the importance of cognition in the patient with schizophrenia and provides valuable information on the subject, but it does have some drawbacks. First, it is difficult to read and could have used a good editor to decrease the complexity of the prose style, e.g., "Patients with schizophrenia also show slower rates of development of automatic information processing with practice" (p. 60) and "One of the important factors to keep in mind when considering rates of learning with training is which types of patients are referred to rehabilitation" (p. 75). Second, there is a tendency to base much of the book on the authors' own work, which is fine, but in the chapter on the effects of atypical antipsychotics they focus on the unique effects of these drugs on cognition as opposed to the traditional neuroleptics, when the current literature on this subject shows less positive conclusions. Despite these drawbacks, the book should serve to convey to the clinician that "disorganized speech" is a shorthand term for the very complex area of cognition and that the cognition of the patient with schizophrenia is perhaps key to the psychopathology we observe.

GARY J. TUCKER, M.D.
Seattle, Wash.

Schizophrenia: Comprehensive Treatment and Management, by Marvin I. Herz, M.D., and Stephen R. Marder, M.D. Philadelphia, Lippincott Williams & Wilkins, 2002, 308 pp., \$59.95.

Marvin Herz and Stephen Marder, two eminent, internationally known schizophrenia researchers and experienced clinicians, have written a very practical clinician- and patient-focused handbook about schizophrenia and its treatment. Herz, Professor of Psychiatry at Rochester School of Medicine in New York and a previous chairman of the Department of Psychiatry of the State University of New York at Buffalo, is known for his research in relapse prodromes; he attempts to identify schizophrenia patients at high risk of relapse. Marder, an outstanding psychopharmacological clinical researcher and clinician, is Professor and Vice-Chair, Department of Psychiatry and Biobehavioral Sciences, David Geffen School of Medicine at the University of California, Los Angeles, and Director, U.S. Department of Veterans Affairs (VA) VISN 22 Mental Illness Research Education and Clinical Center. Together they bring 60 years of clinical and research experience dedicated to the study and care of schizophrenia. Both are well-funded researchers (e.g., the National Institute of Mental Health and the VA). They review the latest treatment literature, give case vignettes, and share what they have learned and found effective, while providing background information on the latest hypotheses of the disorder (briefly) and how the clinician may be able to influence positively the lives of patients. Their caring and clinical expertise comes through loud and clear. By writing the book themselves rather than collecting a number of collaborators, they have come up with a coherent and comprehensive approach to the treatment of schizophrenia. It is a testimony of the breadth of their experience and how the field has brightened for our patients and their families in recent years.

After discussing the new generation of antipsychotics, Marder and Herz present the psychotherapeutic approaches that have been well studied. Schizophrenia is a multidimensional disorder, so the treatment approach has to be multidimensional, even though the pharmacological approach is the keystone. They are optimistic about what can be done now, more than 100 years after the formulation of the disorder. They point out that the average patient is no longer looking forward to a sentence of progressive deterioration in functioning, loss of contact with reality, alienation, and dependency. Patients today experience the successes and failures of the new approaches, and the new generation of antipsychotics has altered the outlook. At the same time, therapists have to individualize treatment to optimize treatment outcomes because of the variable individual characteristics that patients bring to the disorder. In that light the authors also review the use of polypharmacy.

Schizophrenia: Comprehensive Treatment and Management alerts clinicians that the type of interventions may vary with the natural course of the illness. Adherence to treatment regimens and supportive management, the individual's changing clinical status and goals over time, and the level of manageable stress at different time points are important themes throughout the book.

In addition to discussions of the neurobiology and genetics, epidemiology, diagnosis, course, and outcome of schizo-

phrenia and schizoaffective disorders, the authors provide DSM-IV diagnostic criteria, rating scales, and treatment regimens. For example, they provide modules for training social and independent living skills in one appendix and the *Consumer and Family Guide to Schizophrenia Treatment* of the National Alliance for the Mentally Ill in another. Each chapter is followed by a list of up-to-date, relevant references.

Consistent with having their fingers on the pulse of new developments, the authors discuss one of the hottest topics in present-day treatment of schizophrenia: early intervention. Evidence is accumulating that we may be able to delay onset or even prevent the disorder from developing in full by treating prodromal symptoms in high-risk patients who have not progressed to meeting full diagnostic criteria but who may benefit from early psychopharmacological intervention. Conceivably, treating symptomatic young adolescents effectively may help them to grow out of their "window of vulnerability" and thus delay or prevent the onset of the disorder. This is consistent with the view that schizophrenia is a neurodevelopmental disorder with high-risk periods of greater stress vulnerability and subsequent progression of illness. It is also consistent with the view that degenerative changes may occur in some patients and antipsychotics may stimulate nerve growth factors. Although the concept of preventive treatment is still controversial in some quarters, I agree with the authors that this is an important development that could have major therapeutic consequences and that enough data are available for clinicians to ponder the early intervention strategy.

Clearly, two masters are at work here. It was a pleasure to read their expert reviews of the literature intermingled with their own experience. This book with its treatment guidelines will remain a standard for years to come. New drugs are not likely to alter the field dramatically within the next few years, but we can look forward to an update when that happens.

DANIEL P. VAN KAMMEN, M.D., PH.D.
Neshanic Station, N.J.

OBSESSIVE-COMPULSIVE DISORDER

Obsessive Compulsive Disorder: A Practical Guide, edited by Naomi Fineberg, M.A. (Cantab), M.B.B.S., M.R.C.Psych., Donatella Marazziti, M.D., and Dan J. Stein, B.Sc. (Med), M.B.Ch.B., F.R.C.P.C. London, Martin Dunitz, 2001, 228 pp., \$39.95.

Written by clinicians specifically for clinicians, *Obsessive Compulsive Disorder: A Practical Guide* includes contributions from recognized experts in the field of obsessive-compulsive disorder (OCD). The guide provides accurate, comprehensive reviews of recent studies in different aspects of the disorder, together with practical suggestions.

The introduction illustrates the phenomenon of OCD from a 21st-century perspective, taking account of prevalence, course, and prognosis. This is followed by a chapter on assessment, which distinguishes between diagnostic and rating instruments. From a purely clinical point of view, Goldsmith, Shapira, and Goodman remind us that face-to-face interviews are necessary to establish a relationship between pa-

tient and practitioner, and they recall the distinctions among obsession, depressive ruminations, and anxious worries.

The third chapter focuses on the complex topic of the OCD spectrum or, rather, spectra, including the Jarry and Vaccarino OCD-eating spectrum, Eric Hollander's more famous compulsive-impulsive spectrum, and related proposals from McElroy, Phillips, and Bienvenu. Tic-related subtypes are also considered. The illustrations of recent findings on dysfunction of the serotonergic and dopaminergic systems in this chapter are very useful because this is the level at which clinical practitioners will apply the different hypotheses to build the pharmacological treatment.

From my own point of view, the chapter by Stein, Fineberg, and Harvey on unusual OCD symptoms is one of the most useful. These symptoms include somatic, sensory, stereotypic, impulsive, interpersonal (such as jealousy and compulsive sexual behaviors), and problematic symptoms. In fact, typical forms of OCD are uncommon, like all "typical" things (e.g., presenting "typical Italian" in terms of pizza, mandolins, and "O Sole Mio"). The authors examine the mixed range of people with OCD disturbances who are referred to a physician for treatment.

Lorin Koran's professional research competence and personal sensibility shine through clearly in his chapter on quality of life in OCD. Not only does he suggest how and why it is important to evaluate quality of life in OCD patients, but he also offers critical advice for future research on the topic.

David Pauls reviews the genetics of OCD with explanations and suggestions for future research. James Lucey focuses on neuroanatomy, reviewing neuroimaging studies, and Donatella Marazziti provides a chapter on integrated pathophysiology in which research data provide the empirical basis for established hypotheses.

In Zohar and Fineberg's chapter on practical pharmacotherapy, the focus returns once again to OCD clinics, with a look at some of the most common questions that arise: What is the most effective drug dosage for OCD? Is treatment effective over time? and What is the best dose for long-term treatment?

In their chapter on psychotherapy in OCD, Brooks and Høhagen also present some predictors for exposure/prevention therapy and a multimodal approach. In the chapter on treatment-refractory OCD, McDougle and Walsh tell us about some potentially effective strategies for resistant cases: intravenous clomipramine; the addition of clonazepam, haloperidol, or risperidone; and inositol monotherapy. They list a dozen other promising treatments that may warrant controlled study.

Flament and Cohen, two fine experts in child and adolescent psychiatry, summarize all that is currently known about OCD in children and adolescents and that specifically should be considered in the treatment of these age groups. In the next chapter, Stein, Fineberg, and Seedat provide a practical guide to integrated treatment, and in the final chapter Frederick Toates, who has already made other major contributions in this area, reports patients' perspectives on OCD. This is another fundamental point of view that can never be neglected in a book written by clinicians for clinicians.

The editors and contributors of *Obsessive Compulsive Disorder: A Practical Guide* are to be thanked for this simple but complete guide. Even if you do not have time to read all the

extensive literature on OCD published in the last 10 years, you should at least read this guide. It will tell you everything that

clinicians need to know about a disorder that is being seen more and more frequently.

STEFANO PALLANTI, M.D., PH.D.
Florence, Italy, and New York, N.Y.

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

Corrections

In the February Image in Psychiatry "Melanie Klein, 1882-1960" by Albert Mason, M.B.B.S. (February 2003; 160:241), the third sentence of the second paragraph should have read as follows: "She used small toys to facilitate her work and demonstrated that all behavior—play, drawing, and even silence—had a latent content of unconscious fantasy that could be interpreted in the same way as verbal communications and dreams."

In the article "PET Studies of the Influences of Nicotine on Neural Systems in Cigarette Smokers," by Jed E. Rose, Ph.D., et al. (February 2003; 160:323-333), the graph shown in Figure 3 (p. 329, second column) is incorrect. The correct graph is shown below. (The online version of the this article at <http://ajp.psychiatryonline.org> was corrected before publication of this erratum.)

In the letter to the editor in the February issue by Chih-Chiang Chiu, M.D., et al. titled "Omega-3 Fatty Acids for Depression in Pregnancy" (Am J Psychiatry 2003; 160:385), the city of affiliation should be Taichung, Taiwan.