

of the volume, which could be viewed on the purchaser's computer or synchronized to a hand-held personal data assistant (PDA) for viewing.

This is a multiauthored text. Most of the chapters are written by colleagues of Drs. Ciraulo and Shader from Boston, although individuals outside of that area contributed. Among the difficulties with multiauthored textbooks is the fact that some chapters come in early and some late. Thus, there often is disparity in how current the information is from chapter to chapter. I did not find this to be the case with *Pharmacotherapy of Depression*. The references go through 2003, and the discussion includes aspects of the recent U.S. Food and Drug Administration concern regarding antidepressant use in children. Topics such as the use of reboxetine, an antidepressant that is approved in the United Kingdom but not in the United States, are included in the volume. The use of atypical neuroleptics for augmentation of selective serotonin reuptake inhibitor nonresponse is also mentioned, although briefly.

There are 10 chapters in this volume: "Biological Theories of Depression," "Clinical Pharmacology and Therapeutics," "Antidepressant Treatment of Geriatric Depression," "Treatment of Bipolar Depression," "Treatment of Depression Occurring During Psychotic Disorders," "Substance Abuse and Depression," "Depressive Disorders in the Context of HIV/AIDS," "Diagnosis and Treatment of Depression During Pregnancy and Lactation," "Antidepressant Treatments in Post-traumatic Stress Disorder," and "Antidepressant Therapy in Children and Adolescents."

This is a useful volume for clinicians and psychiatric residents. It is up-to-date, easy to read, and thoughtfully put together.

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Prozac on the Couch: Prescribing Gender in the Era of Wonder Drugs, by Jonathan Michel Metzl. Durham, N.C., Duke University Press, 2003, 275 pp., \$24.95.

I want to be fair here. Despite its title, I don't think this book was written with an audience of psychiatrists in mind. It derives from the psychiatrist-author's Ph.D. thesis in feminist cultural studies. It displays his broad reading and his narrow language form, which is typical of this genre of theorists. I am not an expert in this area. When I read his declaration that 40% of people on Prozac have impotence as a side effect, however, I wondered how many of his other facts were wrong.

Metzl describes the far-reaching paradigm shift in psychiatry from the predominance of psychoanalytic to biological assumptions. He argues that during the 1950s golden era of psychoanalysis in the United States, the predominant thinking about women and minorities was fundamentally wrong. The analysts' ability to describe, but not relieve, suffering set the stage for the new assumptions that mental suffering is attributable solely to neurochemical difficulties. This, too, is in error, he says, because mental disorders are embedded in social, political, and historical forces.

Metzl offers a "psychoanalysis" of meprobamate, diazepam, and fluoxetine. He synthesizes drug marketing efforts, declarations of psychiatric ideologues, psychiatrists writing for lay publications, and journalistic pieces about psychiatry. He finds that during the psychoanalytic era there were dra-

matic, recurrent representations of a female patient and a male psychiatrist. He asserts that each of the psychotropic wonder drugs in its own era promised to help women to find a life mate, become better lovers, or restore their maternal nurturance and thereby restore men to their rightful effectiveness in the family. He concludes that traditional patriarchal gender hierarchies have inconspicuously reappeared within biological psychiatry and that the new paradigm, ironically, is as antifeminist as the previous one.

His analysis of advertisements, which is quite illuminating, is selective rather than quantitative or systematic. He gives no consideration to advertisements that promise to help men and finds parallels between Oedipal dynamics of individuals and society. He seems relatively unaware of the limitations of his ideas and methods. The audience for this book might be interested in an empirical study that found equal numbers of men and women represented in the psychiatric advertisements of 1981 and differing gender trends in 2001 for the *American Journal of Psychiatry* and the *British Journal of Psychiatry* (1).

Prozac on the Couch never represents psychiatric thinking as richer than the gross oversimplifications of clinical reality that are inherent in psychoanalytic, biological, or gender-centric paradigms. Psychiatrists can be more sophisticated than Metzl perceives in this work (2). "Prescribing Gender" in the subtitle derives from his observation that in the meprobamate era the male doctor used to be represented as the therapy agent. Now there is no doctor in the advertisements, just the medication. Medication, therefore, has a male gender; it is phallic because modern advertisements still portray distressed young adult women. Get it?

References

1. Munce SE, Robertson EK, Sansom SN, Stewart DE: Who is portrayed in psychotropic drug advertisements? *J Nerv Ment Dis* 2004; 192:284-288
2. Committee on Addictions of the Group for the Advancement of Psychiatry: Responsibility and choice in addiction. *Psychiatr Serv* 2002; 53:707-713

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Concise Guide to Mood Disorders, by Steven L. Dubovsky, M.D., and Amelia M. Dubovsky, B.A. Washington, D.C., *American Psychiatric Press*, 2002, 292 pp., \$29.95 (paper).

The Concise Guide series is designed to provide theoretical and practical information for psychiatrists, psychiatry residents, and medical students. This volume considers epidemiology, diagnostic criteria, etiology, and current treatments for mood disorders. Findings and interpretation are weighted to the DSM classificatory system, and it would be disingenuous to expect otherwise, when this is the dominant model shaping research studies, treatment trials, and clinical management plans. The Dubovskys are to be applauded for distilling and blending a vast amount of information to provide the reader with that model and its application, some definitive answers to particular questions, and basic information to assist extended reading.

My concerns about the current synthesis reflect more of a general concern about the North American classification of the mood disorders—where the DSM model is accepted and

reified rather than critically appraised, despite its clear limitations and application paradoxes. The authors fail to describe or be concerned about many such paradoxes. At a minor level, they present epidemiologic data in the introduction indicating that the lifetime prevalence of major depression is similar to its point prevalence, a logical fallacy suggesting some difficulty in separating the wheat from the chaff in tilling the field.

At the macro level, we are informed (p. 59) that recent DSM systems have facilitated the description of "more homogeneous populations" (read constructs such as "nonbipolar," "nonpsychotic," and "major depression") and so advanced studies of treatment outcome. However, we are informed (p. 92) that the dexamethasone suppression test has moderate diagnostic specificity in distinguishing melancholic and non-melancholic depression but that "this is not of great practical importance, given that both types of depression are treated similarly." Later, we read that a mild and a moderate nonpsychotic single episode of major depression "can be treated with antidepressants or psychotherapy" (p. 219) and that "all antidepressants currently available are equally effective" (p. 220). The paradox of such nonspecificity (effectively building to an "All roads lead to Rome" treatment model) presumably reflects the importance of studies that are designed to test treatments nonspecifically (i.e., as if they have universal application) for nonspecific heterogeneous disorders (e.g., "major depression").

Why are such nonspecific and unsophisticated conclusions seemingly sanguinely accepted by the authors? Why, after limited etiologic and treatment outcome research over the last 20 years, is the DSM model treated with such respect by the field? In essence, why run (i.e., treat differing depressive disorders and commit vast amounts of education and research in accord with such nonspecificity models) when you're on the wrong road?

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ADDICTIVE DISORDERS

Addiction and Change: How Addictions Develop and Addicted People Recover, by Carlo C. DiClemente. New York, Guilford Publications, 2003, 317 pp., \$35.00.

One may ask why there is yet another book out about addiction. So many books exist about substance abuse that each individual clinician could choose one that supports almost any position on the topic. The industry continues to grind out one volume after another. *Addiction and Change* is a refreshing improvement over others of this genre. Carlo DiClemente is acknowledged as one of the developers of the transtheoretical model of behavior change. He makes good use of this approach in dealing with the issues of substance abuse.

An important component of DiClemente's book is an emphasis on change. This emphasis allows his work to be broadly applicable to changing human behavior on a variety of levels. The process of addiction and change is well covered. The psychological perspective incorporates a review of scien-

tific literature about reinforcement schedules and reward paradigms. The process of intention, contemplation, and decision is described in a way that is interesting to the behavioral scientist and clinician. It is well organized and easy to understand.

Appropriate case examples are given to illustrate important points. There is an excellent chapter on addiction prevention. This portion of the book addresses types of prevention and how transitions should be considered at appropriate times. Common myths are dispelled, and issues regarding societal policy making are discussed. Indeed, the point is well made that prevention needs to be logically addressed at stages of addiction rather than attacked unsystematically. The discussion of dual diagnoses and comorbidity is concise and useful.

This book is reasonably well referenced. The chapters flow in a manner that makes adaptation of the transtheoretical model to changing addictive behavior easy to follow. Moreover, this is an extremely readable reference. The most influential consideration regarding this work is the description of the transtheoretical model of behavior change. The concepts of precontemplation and contemplation are extremely useful additions to the common discussion of temptation and habit formation. Most clinicians realize that unconscious stimuli can result in resumption of old behaviors, but few have articulated this as well as DiClemente. In fact, the integration of the transtheoretical model into the treatment of addiction is what separates this excellent book from the rest of the writings on drug abuse. The author contributes to the literature on habit formation, treatment, and resolution. This is a good book and I highly recommend it.

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Pagliaros' Comprehensive Guide to Drugs and Substances of Abuse, by Louis A. Pagliaro, C.Psych., M.S., Pharm.D., Ph.D., and Ann Marie Pagliaro, R.N., B.S.N., M.S.N. Washington, D.C., American Pharmacists Association, 2004, 462 pp., \$89.00.

Have you ever been told by a patient that her boyfriend had offered her some "nugget"? or by concerned parents that their son talked about using "blue lips" at a rave? Have you been asked to evaluate a habitual user of propoxyphene? or a recent immigrant who chews khat? If you have had such an experience, it would have been comforting to find a copy of this book on your shelf to provide a quick and authoritative reference for these and many other "drugs and substances." As an experimenter, I searched for each of the above substances on the World Wide Web with the help of a common search engine, using combinations of words, but, except for propoxyphene (Darvon), I had difficulty finding any useful information. Many of the web sites located promoted the acquisition and taking of drugs, their information hardly trustworthy. The web site of the National Institute on Drug Abuse was not easy to use when only the street name or chemical name of a drug was available. *Pagliaros' Comprehensive Guide to Drugs and Substances of Abuse*, however, offers an extensive index of street, chemical, and brand names and a concise 3–5-page monograph about each of more than 100 drugs abused in the United States and Canada.