

PRIMARY CARE

Massachusetts General Hospital Guide to Primary Care Psychiatry, 2nd ed., edited by Theodore A. Stern, John B. Herman, and Peter L. Slavin. New York, McGraw-Hill, 2003, 789 pp., \$69.00 (paper).

The second edition of Massachusetts General Hospital's guide to primary care psychiatry provides an update to a classic textbook of interest to psychiatrists and primary care practitioners. This new edition is an expanded volume of 78 chapters divided into seven sections. Ninety-seven authors have contributed to the second edition. As implied by the title of this book, the vast majority of authors have a Massachusetts General Hospital and Harvard appointment. The breadth and expertise of the contributors are quite impressive.

This soft-cover book follows a general outline strategy. This strategy makes it quite helpful as a bedside or office reference resource to answer important clinical questions as they arise. The outline format is complemented by a variety of helpful tables. The outline format would make this reference ideal for a personal data assistant (PDA) version, although I am not aware that a PDA version is available.

The first three sections provide a general overview for management of psychiatric problems in primary care. Key chapters include a synopsis of interviewing as well as a chapter outlining the use of the primary care version of DSM-IV. Additionally, the book highlights the value of cognitive behavioral strategies for dealing with a variety of psychiatric syndromes relevant to primary care populations.

These introductory sections set up the core feature of the book, a section highlighting approaches to specific conditions. This section is the obvious strength of the book and covers 54 clinical conditions ranging from the suicidal patient, the patient with fatigue, the patient with a postpartum mood disorder, and even the celebrity patient.

The final three sections focus on psychopharmacology, quality of life, and "physician-assistance issues." The final section addresses important issues in breaking bad news, maintaining boundaries, and dealing with the complexities of addressing psychiatric issues in a managed care environment. A final chapter provides strategies for physicians in coping with the rigors of medical practice.

The *Guide to Primary Care Psychiatry* might better be called the *Guide to Adult Primary Care Psychiatry*. Although two chapters focus specifically on childhood issues (attention deficit disorder and behavioral problems), the vast majority of the book is focused on adult clinical conditions. Therefore, this book might be more specifically helpful for adult consultation-liaison psychiatrists and practicing internists than practicing pediatricians and family physicians.

Nevertheless, I think this second edition of the *Massachusetts General Hospital Guide to Primary Care Psychiatry* is an outstanding reference. The \$69.00 list price is very competitive compared with other options. Although the book is a little too big to fit in the pocket lab coat, it will find a place as a handy reference in a variety of clinical settings.

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Primary Care Psychology, edited by Robert G. Frank, Ph.D., Susan H. McDaniel, Ph.D., James H. Bray, Ph.D., and Margaret Heldring, Ph.D. Washington, D.C., American Psychological Association, 2004, 343 pp., \$49.95.

Primary Care Psychology is a program manual defining professional psychology's continuing evolution as a discipline and profession. Established as a laboratory/academic discipline in 1879, psychology has gone from the laboratory to schools and clinics as an independent mental health profession, having served for a time as handmaiden of psychiatry. The framers of *Primary Care Psychology* outline an emergent vision of professional psychology as a health service profession "reflecting a movement from the profession's traditionally narrow focus on mental health diagnoses and treatment to a more generic psychosocial and behavioral orientation to health-care" (p. 317). A psychologist who works in primary care is

a general practitioner who has skills in the psychological assessment of and intervention with common health problems of patients and families throughout the lifespan. Primary care psychologists work collaboratively with other health care professionals to provide continuity of care and to help identify important questions for research using a biopsychosocial model. (p. 64)

Although psychology's interface with the field of medicine is not new—previously it was considered under the rubrics of medical psychology, health psychology, or behavioral medicine—professional psychology appears poised to move directly into the field of primary care medicine (general practice, family practice, and internal medicine). The economic impact of linking psychology services to common medical conditions (called "cost offset") is well-known. The edited chapters of *Primary Care Psychology*, originating in the Committee for the Advancement of Professional Psychology of the American Psychological Association, outline the conceptual, educational, practical, and economic dimensions of psychology practice tied to rapid and continuing changes in the health care industry.

It is not merely coincidental that these efforts to broaden and diversify professional psychology's reach have been linked to the American Psychological Association's controversial efforts to include prescriptive authority within the scope of professional psychology's identity. The chapters focus on collaborative practice models and address the common colds of behavioral health—anxiety and depression—as well as pediatrics, women's health issues, chronic illnesses, lifestyle conditions such as diabetes and obesity, geriatric psychology, and practice in rural settings. *Primary Care Psychology* envisions goals whose practical significance and ultimate success face formidable obstacles related to retooling professional psychology's educational and training structure, reimbursement, uncertainties about the future of the American health care system, and opposition from other health service providers who have a vested interest in maintaining the status quo.

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