stance abuse specialists, and to laypeople with a curiosity about drugs of abuse.

The book opens with a short description of how to define drug abuse and then turns to recent trends of drug use in the United States, providing a general description of the neurological aspects of drug use. The heart of the book is divided into specific chapters that discuss all of the major drugs of abuse: tobacco/nicotine, opioids, CNS depressants (alcohol, barbiturates, benzodiazepines, solvents, inhalants), marijuana, and CNS stimulants (cocaine, amphetamines). Of interest, there is an entire chapter dedicated to "club drugs," namely, gamma hydroxybutyrate, 3,4-methylenedioxymethamphetamine (Ecstasy), and ketamine.

Each chapter concisely and concretely describes the epidemiology, trends of use, and pharmacology of the drug of abuse. Special emphasis is placed on the toxic effects of drugs of abuse, including acute intoxication effects as well as long-term medical consequences.

Two new features of this edition are a chapter devoted entirely to the medical issues associated with drug abuse and an expansion of the chapter on drug abuse and the law. Particular emphasis is placed on infections obtained from intravenous drug use and the pulmonary effects of smoking drugs. The chapter examining drug abuse and the law succinctly summarizes the history of drug regulation in the United States and adds much-needed information about international drug laws.

Overall, this handbook is clearly written and presents the information in a well-organized and scientific fashion. Its brevity is appropriate, especially for the reader who is not a specialist in addictions. However, this is not the book to seek out for treatment; very little space is given over to how to treat substance-dependent individuals (this is not the book's purpose). Every significant drug of abuse is well covered and enough details are provided to familiarize or update the reader with accurate information. The only important drugs of abuse that are not described are anabolic steroids; a review of these would be particularly relevant given the recent attention placed on them by the media and popular culture. Finally, the book could use a concluding chapter and perhaps the addition of more illustrations, especially a visual depiction of the drug of abuse, to aid the reader. Nevertheless, the authors have done well to produce a work that is understandable to a wide audience and that is not weighed down in confusing research terminology.

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Neurological Aspects of Substance Abuse, 2nd ed., by John C.M. Brust, M.D. Philadelphia, Elsevier Butterworth Heinemann, 2004, 477 pp., \$104.95.

This book is an excellent resource for issues related to substance abuse. It is highly informative and provides answers to the multiple treatment issues that arise on a daily basis in clinical practice. The author has made a huge effort in producing this book, beginning with the basic premise that most biomedical aspects of substance abuse are neurological. Each chapter has an exhaustive reference list. Historical snapshots for each substance of abuse are also provided.

This book compares the effects of substance use in animals and humans. The author uses a scientific approach based on pharmacology and animal studies to address the biomedical aspects of drug abuse, including overdose, withdrawal, medical and neurological complications, fetal effects, and pharmacotherapy. The book provides a fitting historical background related to each substance of abuse, its pharmacology, its neuronal effects, and its actions on various neurotransmitters. Insights are provided into the mechanics of addiction to substances of abuse resulting in the users feeling trapped as drug use becomes an important part of their daily activity.

The book consists of 13 outstanding chapters. Chapter 1 provides an overview of the definitions of dependence, addiction, abuse, and tolerance. The author addresses the triangle of psychic dependence, physical dependence, and social consequences correlated to neurobiological interactions that explain the resulting behavior.

Chapter 2 explores the neurobiology of addiction (new to this edition): "the loss of control over drug use, or the compulsive seeking and taking of drugs despite adverse consequences." It focuses on sensitization: "enhanced drug responsiveness with repeated exposure to a constant dose." In this chapter the author reviews animal models, neuroanatomy, neurotransmitters, neuromodulaters, intracellular signaling, and rewards systems to explain behaviors. Chapters 3 to 13 are each dedicated to a single substance of abuse, including opioids, cocaine, anticholinergics, ethanol, and tobacco. Each chapter provides exhaustive knowledge on aspects of the particular substance of abuse such as origin, availability, receptor effects, addiction, withdrawal, fetal effects, organ damage, and treatment. The author also discusses public policy on individual drugs.

The book is very well balanced clinically, it grips the reader, and it is easy to read and understand. It is well written and based on the author's expert understanding of the field of substance abuse and the related neurobiology. Typographical errors and misspellings are rare, and the editing is of high quality. Overall, the information in this book is well organized, covering issues involving the common substances of abuse as well as the neurobiology of addictions. It is suggested reading for trainees, psychiatrists, and clinicians working in behavioral health. Family physicians, internists, and other physicians would also benefit because substance abuse is a common, often undiagnosed problem.

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Treating Alcohol and Drug Abuse: An Evidence Based Review, edited by Mats Berglund, Sten Thelander, and Egon Jonsson. Weinheim, Germany, Wiley-VCH, 2003, 629 pp., \$124.00.

This is a report of the findings of the Swedish Council on Technology Assessment in Health Care in the area of alcohol and substance abuse. The council evaluates the medical and scientific world literature on the technology and methods of intervention used in delivering health care. For the effort reported in this book, a team of 13 investigators performed a comprehensive literature search of articles published between the 1950s and 2000, rated more than 1,600 studies for

quality, and relied for their conclusions on those which were designed for validity, i.e., were randomized and controlled. The investigators' approach, including methods, selection criteria, and search strategies, is described. They relied on DSM-IV and ICD diagnostic criteria, and their fundamental questions were whether a treatment was better than nothing, more effective than other methods, suited to certain types of patients, effective in dually diagnosed patients, or required an inpatient setting. The bulk of the pages are devoted to the presentation, in tabular form, of their findings, but they also summarize their findings and their conclusions. They provide a glossary, an appendix describing their quality checklist, and an appendix on their guidelines for measuring effect size.

First, they looked at prevention of alcohol problems, meaning short-term interventions such as motivational talks by a primary care provider. Then they tried to answer the question of how effective psychosocial treatment for alcohol dependence is, comparing different approaches and the conditions under which the interventions were delivered. The third chapter reviews the treatment of alcohol withdrawal syndrome with medications as shown in randomized, controlled studies comparing benzodiazepines, anticonvulsants,  $\beta$ blockers, α<sub>2</sub> agonists, magnesium, calcium antagonists, antipsychotics, and thiamine. The fourth chapter is on pharmacotherapy for alcohol dependence. The aversive drug disulfiram is compared with psychotropics and with the anticraving agents acamprosate and naltrexone. There is a chapter on the long-term course of alcohol and chemical dependence. This one is different from the other chapters in that, rather than surveying a vast amount of data from a large number of studies, it reviews some choice epidemiologic and longitudinal studies of alcohol and heroin dependence in order to provide context for the evaluation of the randomized clinical trials elsewhere in the book.

In chapter 6, the authors report the results of their scrutiny of 112 studies to compare supportive, educational, and psychotherapeutic interventions for drug dependence. They divided psychotherapy into psychodynamic, cognitive, and family therapies, and they compared outcomes with inpatients and outpatients. They addressed a set of seven questions, the first of which was whether these interventions are effective at all. The following chapter deals with pharmacotherapy for nonrapid, rapid, and ultra-rapid opioid withdrawal. The investigators reviewed 33 studies with more than 2,000 patients comparing clonidine, methadone, buprenorphine, doxepin, and other adrenergic agonists with placebo.

Chapter 8 is about pharmacotherapy for opioid dependence. The authors report findings of studies comparing the agonists methadone, L-alpha-acetylmethadol, and buprenorphine with the antagonist naltrexone as well as studies comparing the agonists with one another. Chapter 9 is on pharmacotherapy for cocaine dependence. Cocaine inhibits dopamine reuptake in the brain. Researchers have tried anti-depressants, dopamine agonists, anticonvulsants, and buspirone without encouraging results. The same is true for methamphetamine dependence, although there is very little literature on this dependence. Finally, the investigators reviewed studies of the effect of substance abuse on the fetus and the neonatal infant. They summarize the literature on alcohol-induced fetal injuries and explore the question of us-

ing endpoints short of fetal alcohol syndrome in evaluating treatment.

In the foreword, Henry Kranzler, M.D., a prominent psychiatrist, states that this book should be required reading for those who work with alcohol- and substance-abusing patients. I would not go that far, but there is an abundance of valuable information gathered between its covers.

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## Personality and Personality Disorders

Paradigms of Personality Assessment, by Jerry S. Wiggins. New York, Guilford Publications, 2003, 386 pp., \$45.00.

Jerry Wiggins' seminal text *Personality and Prediction* was published in 1973 (1). Since that time, there have been few graduate students in clinical psychology who have not had the pleasure of immersing themselves in Wiggins' rich treatise on the complexities and intricacies of clinical assessment (2). His 1973 text is indeed a classic. Many reviewers and colleagues have asked when it would be updated. It never has, yet it is still being used to this day in graduate assessment courses.

Dr. Wiggins has now written a closely related text, Paradigms of Personality Assessment, that may also become a classic. He outlines within this text five basic paradigms of personality assessment: the psychodynamic (conscious and unconscious psychological conflicts), the interpersonal (regularities in how the person relates to others), the personological (the person's life history), the multivariate (the person's relative standing on standardized measures of personality traits), and the empirical (established empirical correlates with respect to traditional categories of psychiatric impairment). He covers with considerable sophistication the complexities, nuances, and fundamental issues of each perspective, but he also intersperses the scholastic explications with engaging historical background. If one wishes to learn the basic principles and major issues of each fundamental paradigm, this text will provide a sophisticated education in a manner that is not only readily understandable but also enjoyable to read.

As if that were not enough, the second half of the book is devoted to the assessment of an individual, "Madeline," by well-recognized experts of each of the five basic paradigms. Dan McAdams assesses her personality and clinical functioning using his rich psychobiographical interview. Sidney Blatt and Rebecca Behrends use the perspective and tools of the psychodynamic paradigm. Aaron Pincus and Michael Gurtman use the theoretical model and tools of the interpersonal paradigm. Paul Costa and Ralph Piedment use five-factor model assessments for both self and spouse. Finally, Yossef Ben-Porath uses the MMPI-2. These eminent investigators provide their assessments largely blind to one another, and, if I can speak colloquially, this was a cool idea. Madeline is an outstanding choice for this exercise. Not only does she have a very colorful personality and intriguing life history, but the book also includes a follow-up to her life story years after the