

pist survivors, an often neglected area. I recommend the book especially to those clinicians who are so wedded to a biological/genetic model that they need to be reminded about learning theory and other psychological perspectives. For those clinicians who de-emphasize the bio in biopsychosocial, however, I am concerned that this work will only reinforce an unfortunate bias.

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**Field Guide to Psychiatric Assessment and Treatment**, by Mark S. Bauer, M.D. Philadelphia, Lippincott Williams & Wilkins, 2003, 300 pp., \$34.95 (paper).

This book is a part of the Field Guide Series written to provide an easy reference for clinicians who are busy and need quick answers and accurate clinical and laboratory information. The psychiatric guide is the first to be aimed at specialists and generalists in primary care areas. It is published in a pocket-sized format and fits easily into a laboratory coat pocket. Unfortunately, the print is very small for my 70-year-old eyes, one more indication that this book is primarily for young mental health workers and primary physicians and medical students. It is a powerhouse of relevant and useful information, and I am happy to have a copy. In the days when I was making active rounds on a daily basis, I carried a pocket-full of 3-by-5 cards with this kind of data. It was very good of Dr. Bauer to organize and condense the information and, above all, to teach us. He warns us in the first sentence, "Don't read this book. It wasn't meant to be read. Much of it is not written in sentences." He and the series editor at Lippincott Williams & Wilkins agree that busy practitioners do not read books.

This Field Guide contains four main sections. The first, The Basic Techniques of Biopsychosocial and Evidence-Based Assessment, is a relatively short section containing 16 panels or boxes, each containing structures and strategies for interviewing and data collection. Some of the anecdotes are fascinating. It ends with the old adage, "When you hear hoof beats, it's probably horses, not zebras." How often have we used the same saying in hospital rounds? Section 2, Symptom-Based Assessment of Common Clinical Complaints, is, to me, the best section in the book. It contains 18 modules, each organized around a common presenting complaint such as depression or anxiety or around a specific clinical need such as a competency evaluation. The modules also contain several summary panels that tabulate frequently used clinical information and mnemonics for the memory-challenged student or older clinician.

In section 3, Overview of Adult Psychiatric Diagnoses Using DSM Criteria, the language is simpler than DSM, and many research-related diagnoses are eliminated. I think this section will be very helpful to the medical students and residents, and I will recommend it to them when I meet with them. Section 4, Treatment, is a large, comprehensive section that nicely covers the basic therapeutic strategies, including psychotherapies and pharmacotherapy, with a useful list of medications with tapering strategies, hazards, and practical laboratory monitoring (and much more).

The book also contains 14 useful appendixes covering such subjects as cognitive screening instruments, detoxification

(alcohol, benzodiazepines, stimulants, and nicotine), clinical problems of chronic pain, drug interactions, and drug equivalency tables. It ends with a reference section and a good subject index.

As I finished reviewing the book I wondered why something like it was not around when I was starting out. Dr. Bauer is to be congratulated.

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**Prescribing Mental Health Medication: The Practitioner's Guide**, by Christopher M. Doran, M.D. New York, Routledge, 2003, 352 pp., \$114.95; \$43.95 (paper).

This book is most appropriate for the medical student or nurse practitioner who wants to master the "nuts and bolts" of psychotropic drug management. It is divided into five parts: an apologia for the book's existence; steps in prescribing such medications from "start to finish"; discussion of special populations (e.g., the young, the old, those with alcohol-related problems); dilemmas faced in their administration; and factors that constitute (or can compromise) a competent prescriber. Each chapter within a section contains highlighted tips and talking points serving as examples that emphasize the important issues of that topic, as well as demonstrating how to effectively communicate the information that patients require to participate independently in the treatment process.

This is a "how to" manual in the best tradition for those engaged in the ongoing care of patients suffering from the most common mental disorders encountered in clinical practice. It takes a practical approach, addressing every phase of drug management from the first encounter with a patient to treatment termination. Thus, every component of care is covered, including management of the "difficult" patient (e.g., the overly anxious, the poorly compliant, and the borderline personality). In this context, it also reflects on the clinician who may be overwhelmed by the workload of a busy practice, making the important point that such stress may be misinterpreted as the patient's problem.

The last several chapters cover related but relevant aspects such as confidential record keeping, the role of therapeutic drug monitoring, the use of generic drug formulations, the judicious use of the phone and e-mail, and how to relate to pharmacists and representatives of the pharmaceutical industry. Further, there is a discussion on the use of resources such as the Internet to help keep the practitioner abreast of current information, how to respond to patients' inquiries about information they have obtained from this source, and how to access practice guidelines.

Two weaknesses are the use of selective and, at times, not the most relevant references and an annoying series of misspellings throughout the text. These issues notwithstanding, I believe there is an enormous amount of practical information delivered in a succinct and effective style to guide those who strive to become competent and safe prescribers of psychotropics.

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