

Reference

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Clinical Manual of Addiction Psychopharmacology, edited by Henry R. Kranzler, M.D., and Domenic A. Ciraulo, M.D. Washington, D.C., American Psychiatric Publishing, 2005, 284 pp., \$52.95.

This manual is an excellent and comprehensive review of current knowledge on the psychopharmacology of addictive disorders. It consists of 10 chapters; nine address one class of substances each, and the tenth focuses on psychosocial treatments. Chapters are written by experts with extensive backgrounds in addiction treatment and research and include sections on the history and epidemiology of addictive disorders, diagnosis, pharmacokinetics, pharmacodynamics, neuropharmacology, treatment outcome, and other topics of interest to clinicians, researchers, administrators, and students. Extensive reference lists are found at the end of each chapter and include the most current as well as some of the older, important studies, with a few reaching back into the 1950s and 1960s. The chapter on psychosocial treatments is OK but does not have the depth and breadth of the others; it does not provide much historical information and misses points on therapist differences, psychiatric severity, the impact of the control condition on study outcome, the value of drug counseling, and the role of these treatments in HIV risk reduction.

I found the chapter on hallucinogens particularly interesting; there are so many of them with such varied “street” names and possible effects. I have always wondered why so many people have been so willing to take so many drugs with such profound, unpredictable, and potentially toxic effects.

This comprehensive, systematically organized manual is the best summary I have read on pharmacotherapies for the different addictive disorders and their various states of intoxication, withdrawal, and relapse prevention. The volume of work that has been done is impressive, as is the dispassionate way in which the data are presented. The end result is a manual of great depth and breadth that strikes an excellent balance between the scientific basis for using pharmacotherapies to treat addictive disorders and the results of treatment outcome studies and practical aspects of treatment. This manual is a valuable resource for those whose primary interest is research, treatment, or simply learning about the psychopharmacology of addiction.

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What Your Patients Need to Know About Psychiatric Medications, by Robert E. Hales, M.D., M.B.A., Stuart C. Yudofsky, M.D., and Robert H. Chew, Pharm.D. Washington, D.C., American Psychiatric Publishing, 2005, 356 pp., \$59.95 (paper).

With the explosion of interest in psychotropic medications, and the ready accessibility of information in popular books and the Internet, our patients ask increasingly sophisticated questions about the medications we prescribe. Many of these questions emerge from a level of knowledge that is highly—but not necessarily correctly—informed. One problem is that

a good deal of the material that is consumed by the public comes from people who may not be authoritative, some of whom have personal or political axes to grind. Patients can search databases such as MEDLINE or read the *Physicians' Desk Reference*, but these sources contain more data than most patients can absorb and evaluate.

This concise and information-packed book coauthored by two prominent leaders in psychiatry and a colleague in psychiatric pharmacy is an answer to psychotropic information (and misinformation) overload. In a readable and accessible format, the authors provide essential data about all of the currently available psychiatric medications. Following a brief introduction to the class of drug (e.g., antianxiety drugs, mood stabilizers), the authors provide information on mechanisms of action, applications, available preparations, dosing, common side effects, adverse reactions, drug interactions, use in pregnancy and breastfeeding, overdose, and how to take each medication. The book manages to provide just about everything a patient needs to know about each medication in just 4 pages. Space is provided at the end of each section for notes as patient and prescriber discuss the medication. A handout on each drug can be prepared by copying the page in the book or by printing it out from the CD provided, which contains a PDF of the book.

This book will be useful for clinicians who prescribe psychotropic medications in any setting, and it will be informative for their patients. It will be equally useful in nonpsychiatric settings, where it will ensure that patients are adequately informed about their treatment, and in psychiatric settings, where the handouts can serve as a source of authoritative data that patient and physician can expand upon. The authors are to be commended for producing such a universally useful volume.

In a book that is not encyclopedic, experts may disagree on what is and is not essential, but patients will agree that most of what is contained here is useful. Since information continually changes and new medications emerge (e.g., eszopiclone had not been released at the time this book was published), a future edition might provide periodic electronic updates and a means of adding notes to the electronic version. Each section has an engaging picture of a capsule in the title banner that might be changed to a picture of one or more of the actual pills available for the medication covered in that section. Regardless of editorial changes, *What Your Patients Need to Know* should become a valuable resource for practitioners and their patients.

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Adverse Events, Stress, and Litigation: A Physician's Guide, by Sara C. Charles, M.D., and Paul R. Frisch, J.D. New York, Oxford University Press, 2005, 272 pp., \$39.95.

The suicide of a patient is one of the worst adverse events in psychiatry and a tragedy for all whom it touches. Robert Simon opened his recent book on suicide risk assessment and management by acknowledging the painful truth: “There are only two kinds of clinical psychiatrists: those who have had patients commit suicide and those who will” (1, p. 1). Psychiatrists of patients who commit suicide are inevitably deeply affected by this irrevocable act. Thus, although it is not intended solely for a psychiatric audience, psychiatrists are

well advised to read *Adverse Events, Stress, and Litigation: A Physician's Guide*.

Past decades have seen a dramatic increase in professional negligence or malpractice litigation following adverse outcomes. This litigation brings its own kind of pain and distress to plaintiffs and defendants alike. As the eminent jurist Learned Hand observed, "As a litigant, I should dread a lawsuit beyond almost anything short of sickness and death" (2). For defendant physicians, however, such litigation can be more than just painful; it can be personally and professionally devastating.

This excellent book by Charles and Frisch offers physicians who find themselves thrown into the frightening world of malpractice litigation more than a guide: it offers them a light in the darkness. It describes all aspects of the experience of becoming a defendant from personal, psychiatric, and legal perspectives, starting with physicians' reactions to the adverse event that precipitates the litigation to getting on with life after the litigation. In addition, the authors provide suggestions and recommendations at the end of each chapter to help physicians wisely and effectively address their emotional, professional, and legal needs. These unique insights and helpful suggestions will assist physicians experiencing the distress of an adverse event and subsequent malpractice litigation.

Dr. Charles, Professor of Psychiatry Emerita at the University of Illinois College of Medicine in Chicago, knows of what she writes. In her first book, *Defendant: A Psychiatrist on Trial for Medical Malpractice* (3), Dr. Charles and her coauthor Dr. Eugene Kennedy provided an unprecedented account of Dr. Charles's malpractice trial after the attempted suicide of a patient. By sharing her own experiences, Dr. Charles demonstrated to psychiatrists that they were not alone in the feelings and experiences related to an adverse event and unwilling involvement with the legal system.

The current book, co-written by Dr. Charles and Paul Frisch, General Counsel to the Oregon Medical Association, builds elegantly on the earlier book. *Adverse Events, Stress, and Litigation* is divided neatly into chapters that parallel the chronological sequence of events in litigation. Case examples are used expertly to highlight issues under discussion. Each chapter provides recommendations to physicians to manage or cope with the issues reviewed in those chapters.

The first chapters review the definition of adverse events from many perspectives, the emotional and psychological reactions of physicians, the period of anticipating the lawsuit, and then the litigation itself. Each stage of the subsequent litigation is expertly explained in subsequent chapters, includ-

ing the process of the complaint, the reactions to being sued, retention of attorneys, coping with the stress of litigation, and the complex processes of discovery, settlement negotiations, and trial. For physicians unfamiliar with the law, these sections are invaluable. The book concludes with an overview of the medical, legal, insurance, and practice consequences of malpractice litigation. The authors then offer recommendations to physicians to help them move forward after the case ends.

The book's only flaw is the analysis of the stress caused by adverse events within a posttraumatic stress disorder (PTSD) model. The authors state that physicians may experience a variety of emotional reactions, from not developing any serious symptoms despite their distress to developing a wide range of psychiatric disorders. However, the authors' explicit definition of an adverse event as a traumatic life event as defined by DSM-IV leaves the impression that PTSD is a natural outcome of experiences of adverse events in medical practice. Adverse events are without doubt distressing and stressful, but not all distressing and stressful events are traumatic stressors. Although the use of a PTSD model reflects the extreme degree of distress subjectively experienced by those sued for malpractice, it does a disservice by expanding the categories of traumatic stressors without a scientific basis. Forensic psychiatrists in particular are all too aware of the tendency to label any type of distress following an adverse event as PTSD, a tendency that facilitates the increasing incidence of all types of litigation.

Overall, however, this book is exceptional. It is objective, informative, well organized, and well written. It covers ground not addressed anywhere else by educating physicians about one of the most anxiety-producing professional situations we can encounter. Whether we have already been sued, or whether we will be in the future, *Adverse Events, Stress, and Litigation* is well worth reading.

References

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