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***Psychiatric Aspects of Neurologic Diseases: Practical Approaches to Patient Care***, edited by Constantine G. Lyketsos, Peter V. Rabins, John R. Lipsey, Philip Slavney. New York, Oxford University Press, 2008, 464 pp., \$42.95.

This excellent clinical resource opens with the statement that psychiatry and neurology had their origins together and were linked by a "fascination with behavior in the broadest meaning." Today these two disciplines overlap: many patients with neurologic diseases suffer from cognitive deficits, abnormal mood states, and difficult behaviors that are fundamental to their disease states or reaction to the illness, and psychiatrists are increasingly asked to help manage such patients. This book from the psychiatry faculty at Johns Hopkins should be in the library of both psychiatrists and neurologists.

The first section, "Psychiatric Assessments and Syndromes," reviews the psychiatric examination and describes various psychiatric symptoms and syndromes. Demoralization, a common yet often misunderstood reaction to adversity, is increasingly recognized as a unique category in itself and is comprehensively described. This is a section that should be used by medical students during their psychiatric clerkships and by psychiatrists preparing for their general psychiatric boards.

The second section, "Psychiatric Aspects of Neurologic Diseases," reviews elements of mind, mood, and behavior of a variety of neurologic disorders including stroke, traumatic brain injury, headaches and chronic pain, multiple sclerosis, and other disorders commonly seen by physicians. Each chapter is outstanding and outlines both the common psychiatric disorders that co-occur with a neurologic disorder and helpful treatment interventions. The chapter on pain reviews headaches but also chronic pain and provides excellent tables for analgesics. The chapter on traumatic brain injury reviews common problems in this syndrome, such as apathy, irritability, behavioral disorders, and depression, with an excellent table on various medications for each symptom complex. The caregivers of individuals with neurologic diseases are not forgotten and are briefly discussed within each chapter. The chapter on Tourette's syndrome includes important information about children and adolescents who are often diagnosed with this troubling syndrome. Chapters on other disorders, whether common, such as Parkinson's, epilepsy, and stroke, or less common, such as Huntington's, allow the reader to easily obtain necessary information on presentation, course, and treatment.

The final section, on psychiatric treatments, covers in detail contemporary psychotropic medications and their uses and side effects. The chapter on the use of stimulants and dopamine augmenters is particularly helpful. Neuroleptics, anxiolytics, and mood stabilizers are included in this section.

Chapters on psychotherapy and other nonpharmacological interventions, which include the rationale for structured day treatment centers and psychoeducation, complete the volume. A glossary at the end of the book is useful. For example, "catastrophic reaction" is defined and a clinical example is provided. The book is issued in paperback and can fit into a

lab coat pocket. All the chapters are carefully edited and presented in a clear and consistent writing style with judicious use of tables. Whatever the reader's level of training, this book offers an up-to-date means of mastering a body of knowledge that is mandatory for any competent psychiatrist or neurologist.

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***Textbook of Hospital Psychiatry***, edited by Steven S. Sharfstein, M.D., M.P.A. Deputy Editors: Faith B. Dickerson, Ph.D., M.P.H., and John M. Oldham, M.D., M.S. Washington, D.C., American Psychiatric Publishing, 2009, 528 pp., \$125.00.

The concluding chapter of this new textbook of hospital psychiatry, written by its three editors, states that psychiatric hospitals are the hub of any mental health system (p. 470). In most communities, that is no longer true. Indeed the introduction by the same authors points out that "the scarcity of acute psychiatric beds in this country has reached crisis proportions" (p. xix). The number of psychiatric hospital beds has declined precipitously as the withdrawal of general hospitals from inpatient psychiatry has followed the downsizing of state hospitals (1). The situation is paradoxical on several accounts. First, the need has never been greater, with emergency rooms in many communities "in gridlock with acutely ill psychiatric patients stuck with nowhere to go" (p. xix). Acute psychiatric hospitalizations are brief and crisis oriented, leading to frequent readmissions and imprisonment of many of the more seriously and persistently ill patients. The second aspect of the paradox is that psychiatrists are now better at delivering effective inpatient treatment to people with severe mental illnesses, with improvements in both psychopharmacology and psychological and cognitive treatment.

The book offers no new solutions to problems of the inpatient treatment in the mental health system; instead it is a collection of chapters about inpatient treatment that I found remarkable in their breadth. Chapter after chapter contains practical applications of the biopsychosocial model to the problems of acutely ill patients with a variety of diagnoses. For acutely ill adults, Glick and Tandon give a number of trenchant pieces of advice, including their prohibition against diagnosing patients with "not otherwise specified." Instead they recommend that the physician "make a working diagnosis as is done in the rest of medicine" (p. 31). Equally wise is a psychosocial comment: "Don't assume that patients have no significant others (broadly defined); almost everyone has some significant other, even the homeless" (p. 31). The chapter on posttraumatic stress disorder units, by Loewenstein and Wait, has a very sensitive description of how to handle minor medical issues for patients whose medical care has been neglected in the past. They point out that: "In the overreacting patient's history, he or she may report not getting medical attention unless it was a life or death matter (p. 114)." A unit on psychosis as described by Boronow has to deal with how to give medica-

tion to paranoid patients who may refuse it. Boronow recommends that the offer of medication be repeated several times a day because paranoid symptoms often fluctuate over the course of the day. In the chapter on co-occurring substance abuse with mental disorders, Recupero, Fiore, and Dubreuil present a lucid discussion on the problem of smoking on such a unit. They point out that smoking is often considered a lesser target that should be overlooked while the patient is trying to detoxify from other substances, although the evidence indicates that smoking behavior increases the addictive properties of a number of other substances, including alcohol.

Although the book does not predominantly concern itself with systems issues, the chapter by Hepburn and Sederer on the state hospital is a fascinating account of the forces that converge on the governance of a state hospital—from courts and advocacy groups mandating freedom for patients to unions asking for more use of seclusion and restraint to protect their members who work as nurses and staff. The authors' ability to conceptualize the interaction of these many competing demands in the context of low funding and high needs makes this chapter worth reading several times by anyone charged with responsibility of leadership in a public mental health system.

A series of chapters contrast patient and staff perspectives on care in the inpatient service. The bewilderment of patients trying to understand the rules and regulations was especially poignant. One patient pointed out that it took her several days to understand that she needed to attend group in order to have the privilege of going outside. She stated how mysterious most of the demands on her seemed when she was ill. The staff perspective is equally fascinating. Their distaste for forcible restraints and their risk of injury during this procedure are both detailed.

The book can be read at a number of levels. Some chapters, particularly early in the book, are quite appropriate for medical students, who often fear their rotation on the inpatient psychiatric service and cite it as one reason why they choose not to pursue psychiatric training. The book would certainly be useful for a new resident or a new attending psychiatrist, because many of the most difficult situations are nicely outlined in the book. I found the book an interesting reminiscence of my own student days in psychiatric hospitals, some of which were spent with Steven Sharfstein, the senior editor of the book when he was chief resident of the Day Hospital at Massachusetts Mental Health Center. The authors, all well-known eminent psychiatric educators, have indeed shared their lifetime of experience in their textbook.

#### Reference

1. Liptzin B, Gottlieb GL, Summergrad P: The future of psychiatric services in general hospitals. *Am J Psychiatry* 2007; 164:1468–1472

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***Moody Minds Distempered: Essays on Melancholy and Depression*, by Jennifer Radden. New York, Oxford University Press, 2008, 208 pp., \$65.00.**

This book is written with a great deal of thought and erudition. It is not a clinical book; rather it concerns the history and philosophy of depression and melancholia, which the author, Jennifer Radden, Ph.D., has been studying for decades. Dr. Radden is a professor of philosophy at the University of Massachusetts Boston and a consultant in ethics to McLean Hospital.

Her philosophical inquiries concern the nuances and differences between various common manifestations of depression as a mood, a disorder, a state of mind, a kind of pain—just to list a few. In the process, her work encompasses a historical perspective on historical change in depression's conceptualization. For example, she points out that the heroic concept of melancholy from the 17th and 18th centuries largely disappeared by the end of the 19th century. Instead, the disorder became increasingly feminized. She points out that "...through a series of editions of Kraepelin's *Textbook of Psychiatry*, melancholy became more conspicuously 'gendered' during this era" (p. 19). Freud's "Mourning and Melancholia" is an important reference point in this transition, particularly since it focuses on loss as a major factor in depression.

Perhaps the most interesting aspect of her work is her thesis of culture as an aspect of both melancholia and depression. We know that depression has different external appearances among different cultures and societies, but for those who want to make the illness of depression more "universal" in its conceptualization, these differences are problematic. Dr. Radden sees culture as a much stronger determinant of symptoms than most biological psychiatrists might believe. "The philosophical distinction between illnesses and diseases," she writes, "would perhaps allow us to say that there were two illnesses here (melancholia and depression) but only one disease—a solution employed when it is asserted that different cultures sometimes produce a variety of symptom profiles. The concept of masked depression is invoked, for instance, to explain why men's depression symptoms include none of the felt sadness and dispiritedness of women's. (Depression in China, it has been argued, takes the culturally acceptable form of somatized symptoms—headache, back pain, dizziness, and such—while Western men's acting out and excessive drinking are the depressive idiom permitted by their gender roles.)" (p. 9).

Although this is not a clinical book, psychiatrists might appreciate this historical and theoretical approach as a well-reasoned attempt to better understand the illness with which we are preoccupied in our practice.

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