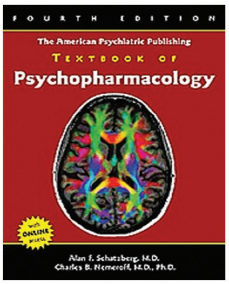

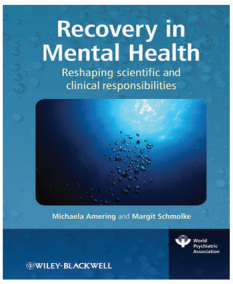

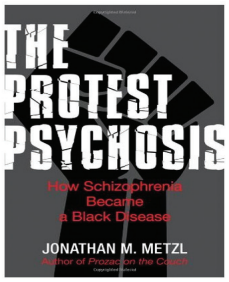

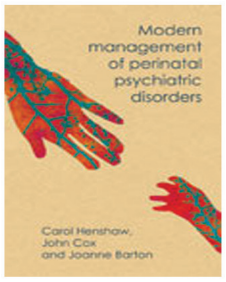

The American Psychiatric Publishing Textbook of Psychopharmacology, Fourth Edition, *edited by Alan F. Schatzberg, M.D., and Charles B. Nemeroff, M.D., Ph.D. Washington, D.C., American Psychiatric Publishing, Inc., 2009, 1648 pp., $285.00.*

The fourth edition of the Schatzberg and Nemeroff textbook is over 1600 pages long, but it reads like a carefully written series of articles, much in the way that articles from a good encyclopedia read. The four major sections cover psychopharmacology in four different flavors—research methodology, a pharmacopeia of major drugs currently in use, the major psychiatric disorders that are treated with drugs, and finally, psychopharmacological treatment itself; a brief fifth section is devoted to ethical issues.

The section on research methodology is best read by someone who already has some familiarity with a particular area but wants to make sure that he or she has not overlooked any important considerations. One example is the excellent chapter by Kraemer and Schatzberg on statistical analysis, trial design, and the placebo response. The chapter is thoughtful and wide ranging. It well summarizes Kraemer's classic advice to eschew complicated analyses, particularly those involving stratification and covariates, which are tempting to investigators and their funding agencies but ultimately rob clinical trials of their power to detect differences between treatments. However, to implement such a strategy requires careful study of many of the chapter's references and a background in statistics and clinical trial design concepts, such as the Consolidated Standards of Reporting Trials (CONSORT).

Similarly, the chapter on the neurobiology of mood disorders by Gillespie, Garlow, Binder, Schatzberg, and Nemeroff in the section on major psychiatric disorders is an excellent overview of the neuroendocrine axes and neurotransmitter systems that make depression a fascinating combination of psychological, neurobiological, and somatic symptoms. But the chapter is actually a compact synthesis, and to understand fully the subject matter covered by the chapter would require an extensive background or careful reading of the references, which are comprehensive. Serious students of depression will want to read the chapter to make sure that they understand the full breadth of this research.

The pharmacopeia of individual drugs, which occupies over 600 pages, is the most unique feature of the book. The depth of information is considerable and will expand the knowledge base of most clinicians, even if they prescribe these drugs regularly to patients. The valproate chapter by Bowden, for example, covers pharmacokinetics, treatment response, and side effects in considerable helpful depth in its 17 pages.

The treatment section of the book is likely to be where many clinical readers will naturally turn first. The chapter on treatment of personality disorders by Simeon and Hollander combines perspective on the role of medication in the treatment of personality disorders with practical strategies for assessment and targeting of symptoms. It is a good guide and review for both residents and experienced clinicians who bridge psychotherapeutic and psychopharmacological approaches in their practices.

The fifth section of the book is a single chapter on ethical considerations. The chapter is well written and touches on every conceivable major issue, from the problems of prescribing for children and involuntary patients to the ubiquitous conflict of interest with the pharmaceutical industry. This section is a new feature of this edition, and it is a welcome addition. The authors—Hoop, Layde, and Roberts—have written prolifically on a wide range of ethical issues in psychiatry. There are still serious unresolved issues on how psychiatry should relate to the marketing efforts of the pharmaceutical industry. Major academic figures in psychopharmacology who have conducted pharmaceutical industry research, lectured to their colleagues at meetings as participants on industry speakers bureaus, and introduced new drugs to their patients as opinion leaders have a perspective on the management of relationships with industry that needs to be shared with others. An example of such sharing of perspective between a senior leader and his trainees can be found in this issue's Education in Psychiatry (1).

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Recovery in Mental Health: Reshaping Scientific and Clinical Responsibilities, *by Michaela Amering, M.D., and Margit Schmolke, translated by Peter Stastny. Chichester, U.K., Wiley-Blackwell, 2009, 280 pp., $100.00.*

This is a rich and stimulating book that covers a broader field than we would ordinarily consider the "recovery" con-

cept to encompass. There are sections dealing with health promotion, resilience, the effects of stigma, and the involvement of consumers of psychiatric services in the design and conduct of mental health research. There are a number of definitions of the recovery concept, but the following example, in which the authors summarize Davidson and colleagues (1), is particularly illuminating: "Recovery does not necessarily imply an improvement or elimination of symptoms and deficit, but rather relates to a learning process that enables people to live with long-term limitations and teaches them how to cope or compensate for them and to participate in community life as actively and satisfactorily as possible" (p. 45).

The authors, a psychiatrist and a psychotherapist, reveal their enthusiasm for the topic of consumer-oriented services throughout the book (and in the postscript, they describe what drew them to the subject). They present a wealth of information from around the world, referenced with care. The book, originally in German, has been beautifully translated and updated for the English-language edition. As we read about consumer-developed recovery programs from the United States, Australia, and several European countries, recovery-oriented treatment systems from Scotland to Ohio, and the global involvement of the World Psychiatric Association, it becomes apparent that the recovery concept has had a significant impact on service delivery in a large number of developed countries, often with government support. America's earlier consumer-driven reform movement, the Mental Hygiene Movement of the early 20th century, did not have this broad an impact. This is something we cannot afford to ignore, particularly since, as with the Mental Hygiene Movement, the stimulus for the recovery concept has been the perception of widespread deficits in the adequacy of psychiatric care.

The authors are not biased reporters, and they deal with each issue with balance and thoughtfulness. They are appropriately cautious about recent attempts to prevent psychosis through early intervention. Issues such as consumer empowerment and involuntary treatment are handled with delicacy from the perspective of both the patient and the clinician. Nor do the authors recommend, as some mental health policy makers have done, that we rely on subjective reports of quality of life or related measures in designing treatment programs, pointing out that subjective and objective data of this type are often at wide variance with one another. They do endorse, however, the expanded use of qualitative research and suggest, somewhat caustically, that psychiatry's emphasis on evidence-based research might be better regarded by consumers and family members if the results of, say, rehabilitation intervention research were more widely adopted in practice.

Although the recovery concept has diffused as a social movement and hence will not necessarily be based on scientific evidence, this book offers ample research data on the central components of the model. We are shown the evidence for the substantial recovery rate from schizophrenia, and we recognize the reason for the optimism that is fundamental to the approach. One of the most robust findings in schizophrenia research since the time of Eugen Bleuler is that a significant proportion of those with the illness will recover completely and many more will regain good social functioning. We learn about the merits of consumer empowerment in improving outcomes from serious mental illness and how we can help it happen. We discover how consumer involvement in treatment benefits both the peer-provider and the recipient. A growing body of research supports the concept that empowerment is an important component of the recovery process and that consumer-driven services and a focus on reducing internalized stigma are valuable in empowering the person with schizophrenia and improving outcomes from the illness.

As practitioners, what should we take from this book? The authors would want us to offer hope rather than unfairly negative prognoses. They would encourage us to eschew paternalism and to partner with our patients in making treatment decisions, offering them choices as a route to empowerment. They would expect us not only to treat our patients with dignity and respect but to insist that our coworkers do so, whatever the setting. And they would want us to bear in mind that psychiatrists have been criticized by a distinguished leader in the field as being sources of "iatrogenic stigma" of mental illness for ignoring some of these very precepts (2).

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The Protest Psychosis: How Schizophrenia Became a Black Disease, *by Jonathan M. Metzl. Boston, Beacon Press, 2010, 288 pp., $27.95.*

The Protest Psychosis is a passionate condemnation of the relationship between psychiatric diagnosis and race. It is deliberately provocative—"the book explores the processes through which American society equates race with insanity"—with the aim, it seems, of shocking readers into recognizing their own underlying racism. The tale it tells is grim. In the early 20th century, "schizophrenia" was a problem of white middle-class women. They needed help, but above all they needed kindness, and the institutions built to house them existed not to protect others from them but to restore them to themselves. Most psychiatrists are aware that DSM-III narrowed the category of schizophrenia. Patients left within it after 1980 were sicker, crazier, and more violent than those who fit within its earlier capacious boundaries. Many may not realize that before the category was narrowed, back in the days when psychoanalysis still dominated psychiatry, African American men came to represent the problem of schizophrenia in popular culture and, arguably, in psychiatry. Advertisements for antipsychotic medications in the psychi-