

***Mental Health Care in the College Community***, edited by Jerald Kay and Victor Schwartz. Hoboken, N.J. Wiley-Blackwell, 2010, 396 pp., \$61.95 (paper).

*Mental Health Care in the College Community* provides a comprehensive exploration of the evolution and structure of college and university mental health services. The book offers an in-depth look at key aspects of college mental health from a variety of perspectives. This text runs the gamut, from the early history of student mental health and its links to the community mental health movement that emerged in the early 1960s to the challenges and opportunities faced by student mental health centers today. Each chapter is a self-contained summary of key issues on the campus setting, written by a group of experienced clinicians and researchers.

In the wake of the Virginia Tech and other campus tragedies, campus mental health has been in the spotlight, and a variety of very important issues have been raised. How do we identify high-risk students? How do we facilitate students accessing care? What can be done to reduce stigma? What kind of research is being done on campus? How about training? What treatment models work best on campus? How does psychiatry interface with the community at large? What are the legal obligations to the student and the community?

The unique aspects of a campus community are key elements in designing effective models of care. In her chapter, Dr. Lorraine Siggins talks about the relationship of the mental health service with the community at large. How much information can be shared with faculty and staff? What about campus safety? She describes the ways in which the mental health service (called Mental Health and Counseling at Yale) can be available for consultation and support to faculty, staff, and peers when they have concerns about a student. Sometimes, the conversation is a one-way communication because of privacy rules. Siggins also notes that the mental health service can play an important role in responding to campus crises. Outreach to students puts a face on the service and provides a great opportunity for educating students and residential staff. This helps with early recognition of problems by the whole community, greater awareness of available resources, and reduction of stigma that so often delays referral and treatment. She also discusses the mission of the service and how to best provide care for the whole community given the available resources.

*Mental Health Care in the College Community* provides an enormous amount of valuable information on a number of diverse topics pertaining to the campus setting. Working with parents, different models of care, suicide prevention, training programs, and working with special populations are just a few of the other issues discussed in this book.

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***Integrative Neuroscience and Personalized Medicine***, edited by Evian Gordon and Stephen Koslow. Oxford, United Kingdom, Oxford University Press, 2011, 322 pp., \$89.95.

This is an edited volume of 322 pages divided into 15 chapters. The editors have assembled a stellar group of academia and industry neuroscience contributors from the United States, Australia, Israel, and the United Kingdom.

As the editors point out in the introduction, "one size does not fit all." The goal of the volume is to update the reader on the concept of personalized medicine and to support the idea that a better understanding of the genomic regulation and other biomarkers of mental disorders will lead to improved diagnoses and treatments.

The first chapter, on the history of personalized medicine, reminds us that the concept is not a new one and provides examples going back to antiquity. Progress in the last 20 years, including public policy and legal aspects, is nicely summarized.

The second chapter, by Alan Schatzberg, provides a concise review of mostly failed attempts to characterize psychiatric conditions with biological tests, such as tests for 3-methoxy-4-hydroxy-phenylethyleneglycol levels and hypothalamic pituitary adrenal axis activity or the dexamethasone/corticotropin-releasing hormone test.

Section Two focuses on specific mental disorders. Unfortunately, only a few illnesses, such as schizophrenia, depression, and attention deficit hyperactivity disorder, are covered. Noted omissions are bipolar disorders and posttraumatic stress disorder. However, the chapter on schizophrenia is particularly comprehensive.

The chapter on functional magnetic resonance imaging (fMRI) is thoughtful and concludes with discussion on how fMRI has failed to deliver its early promise in aiding in the diagnosis of psychiatric conditions. The authors convincingly argue the need to shift away from mean group comparisons and shift toward a more promising classification-based paradigm.

The chapter on stress and its impact on personalized medicine is thorough and emphasizes the importance of genomics, brain imaging, and other biomarkers in mood and anxiety disorders. This chapter includes a clear description of the neuroendocrinology of stress and how it relates to the pathophysiology of mood and anxiety disorders. The authors' concluding message is that in the past, in order to develop new therapies we have relied on group data rather than on individual data, which many times results in failed therapies, but with the availability of new technologies, such as genomics, brain imaging, and other biomarkers, we will be able to develop a more personalized medicine: "the right treatment for the right patient at the right time."

Chapter Eight attempts to summarize the role of neuroimaging and biomarkers in psychiatric disorders. It is rather repetitive of the content in other chapters that focus on individual disorders. A chapter focusing on dementia would have added value to this volume.

Chapter Nine focuses on the autonomic nervous system. It represents a comprehensive review of psychosomatic concepts.

The reader will, perhaps, be disappointed that Chapter 10, on sleep health, does not adequately cover biological rhythms

in sleep disorders or the use of sleep studies in the diagnosis of specific psychiatric conditions.

Chapter 11, on multiple sclerosis, is particularly comprehensive. It is 40 pages long, well written, and up-to-date.

Chapter 12 is on brain-related health care new models for personalized medicine in psychiatry. It highlights the fact that better clinical outcomes with personalized medicine should lead to better financial outcomes. Chapter 14, on the economic impact of the personalized medicine tsunami, is—as suggested by its title—provocative yet thoughtful. The authors point out that we are in the middle of dramatic changes in health care, including the availability of new technologies combined with new public attitudes and public policies. The authors address the “four Ps” of research of the National Institutes of Health: predictive, personalized, preemptive, and participatory, namely, that the “participation” of a diverse group of people in diverse settings is needed in order to increase our capacity to “predict” who is at risk in order to develop new therapies to “preempt” the development of disease by using “personalized” interventions. The authors also address challenges of new policies, such as the Mental Health Parity and Addiction Equity Act of 2008, which, in order to succeed, will need to be accompanied by new treatment solutions to fulfill the demand of the expanded coverage.

The last chapter, written by the editors and titled “Accelerating the Future of Personalized Medicine,” is a thoughtful, concise summary of the future, with a convincing call for action. Of note, readers should be aware that Dr. Gordon is the chief executive officer of a private company that is currently funding research efforts in the area of personalized medicine for pharmaceutical development, which suggests that he has close knowledge of the challenges faced in this arena and a motivation for its success.

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***The Risks of Prescription Drugs*, edited by Douglas W. Light. New York, Columbia University Press, 2010, 184 pp., \$15.00.**

The primary thesis of this book is that greedy drug companies, along with government and professional bodies who have grown dependent on industry funding, have colluded for many years to rip off the American public and expose patients to the unnecessary risks of new drugs that by and large are no better than existing products but are more dangerous and expensive. The book suggests that in the case of psychiatry and some other fields, new illnesses are created or inappropriately expanded by manufacturers looking to create new markets for these drugs, often with the help of physicians and investigators who are paid to support this effort.

The editor and all but one contributor, who is a family physician, are sociologists, and the book has a sociological and, at times, polemical orientation. For example, it is argued that attention deficit hyperactivity disorder has been diagnosed more frequently recently because drug companies have developed new treatments for it, the promotion of which has led to more new “patients.” The book also includes a discussion on how social anxiety disorder, which was once vanishingly rare, is now common because manufacturers have gotten an indication for existing products, such as paroxetine, or have developed new medications that are no better. There is a section devoted to the assertion that manufacturers minimized the finding of the Women’s Health Initiative that hormone replacement therapy was more dangerous and less helpful than previously believed, and the Food and Drug Administration (FDA) dragged its feet in letting physicians know about the important implications of this finding. There is also a section on how only a single crusading FDA employee battling the FDA-industrial complex saved the United States from the epidemic of teratogenicity resulting from the unnecessary use of thalidomide in other countries for minor sleeping problems. Nevertheless, medications are released into this country without adequate data on adverse effects, and this is getting worse because the FDA has sped up the approval process to help manufacturers extend the working patent life of their products.

The solutions to these political and economic issues are also political and economic: public funding of new drug testing, which must demonstrate superiority to existing products in the same category; elimination of the effects of marketing on practitioners and patients; prohibition of off-label use of medications; and following guidelines of the American Medical Student Association that are endorsed by Senator Grassley. These guidelines, by the way, include, among other things, banning pharmaceutical representatives from all academic sites, providing unrestricted educational and research grants from big Pharma to institutions rather than to departments or individuals, and limiting compensation from and ongoing relationships with industry.

The book is very well edited, if repetitive at times, and it contains some very useful facts and references. However, anyone expecting a balanced discussion of interactions of medicine with industry with realistic and novel ideas for change will be frustrated by incessant reminders of the avarice of industry, the weakness of physicians, the lack of scientific rigor of researchers, and the flimsy regulation by government of medication use. Many of the points that are made are important and valid, but without adequate consideration of scientific and clinical issues in pharmacotherapy, they only evoke a negative reaction toward the entire field. For example, the reason why all negative effects of new treatments are not apparent at the time the treatments are released is not just that manufacturers conceal or minimize negative results: it takes three times as many patients to find important adverse events as it does to find a therapeutic effect, and it takes much longer to find rare but serious adverse effects. A new treatment may not be better than existing ones for a majority of patients with a particular disorder, but it may present considerable benefit for a subgroup for which the cost is justified by the benefit, as occurred with gefitinib, an epidermal growth factor receptor antagonist that was not statistically superior to existing treat-