spective of abstinence and mood hygienics, but I think many readers, and probably many patients, will find it simplistic. Many bipolar patients have had multiple failure experiences in attempting to stop using substances or have had multiple trials of medications with little response or intolerable side effects. There is limited guidance on how to approach group members with different ideas on how to combat their depression, mania, or substance abuse (for example, those who believe in "controlled drinking") or on how to approach those who have already been through multiple 12-step or "just say no" programs without benefit.

At times, the approach is "one size fits all." There is little discussion of 1) how patients who mainly smoke marijuana should be approached differently from patients who regularly use methamphetamine, cocaine, or heroin or, for that matter, alcohol; 2) how these different substances affect manic versus depressive symptoms (or the course of bipolar I versus II disorder); or 3) the different needs of male and female patients. The book would have been strengthened by the addition of case vignettes illustrating how different patients respond to the psychoeducational materials and, in turn, how clinicians can mold the approach to patients with different attributes.

The chapter titled "Dealing with Family Members and Friends" glosses over the many relational issues associated with dual-diagnosis disorders, such as how to cope when a spouse also has a substance use disorder (and with whom refraining from use may have relational consequences) or how to negotiate with a parent who, rightly or wrongly, has become overly vigilant for early warning signs of recurrence. I also wondered why, given the focus on environmental triggers for relapse and the emphasis on considering others' points of view, family members are never invited to any of the group sessions.

Despite these limitations, the practical approach offered in this book will be useful as a framework for clinicians who treat comorbid bipolar patients and practice in settings that include group treatment. The educational and cognitive-behavioral materials may also be adaptable to individual therapy or pharmacological management sessions.

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Developing an Evidence-Based Classification of Eating Disorders: Scientific Findings for DSM-5, *edited by Ruth H. Striegel-Moore, Ph.D., Stephen A. Wonderlich, Ph.D., B. Timothy Walsh, M.D., and James E. Mitchell, M.D. Washington, DC, American Psychiatric Publishing, 2011, 429 pp., $65.00.*

The process of preparing for the release of DSM-5 has created opportunities for reconsideration of the validity of symptoms used to substantiate specific diagnoses. DSM-IV was initially published in 1994 and revised in 2000. DSM-5 is expected to be released in 2013. This edited volume includes data gathered and reviewed by leading clinicians and researchers in the field of eating disorders and provides a thorough discussion of the literature related to symptom specificity and profiles associated with different eating disorder presentations. The 23 chapters explore the challenges and questions prompted by some of the existing criteria or clusters of symptoms attributed to diagnoses, many of which are not as specific as they seem on close examination, are difficult to measure or validate, or are specific to certain cultures, ages, or genders. The level of detail in some chapters may exceed what the nonspecialist is interested in, but for providers and researchers who are focused on research or clinical care of individuals with eating disorders, the chapters encourage the reader to think beyond the limits of DSM-IV.

The book is organized into four sections. Part 1 is titled "Improving the Definition of Symptoms and Syndromes of Eating Disorders." Part 2 includes more statistically oriented work and is titled "Empirical Approaches to Classification: Methodological Considerations and Research Findings." Part 3 is focused on and titled "Eating and Feeding Disorders in Childhood and Adolescence." Part 4 explores, as titled, "Cultural Considerations in the Classification of Eating Disorders."

Many of the chapters throughout the book attempt to provide alternative approaches to clarifying the residual eating disorder not otherwise specified category. One of the most significant problems with DSM-IV has been that as many as 60% of eating disorder patients fall into the eating disorder not otherwise specified category. The chapters in section 1 explore the limitations of the current criteria for eating disorder diagnoses, including disordered cognitions, fear of weight gain, and frequency thresholds of behaviors for diagnosis. In chapter 4, Hilbert et al. explore the validity of binge size in binge eating disorder and examine objective bulimic episodes relative to subjective bulimic episodes. The experience of loss of control while eating is discussed by Field et al. (in chapter 6) as a critical factor in binge eating disorder and bulimia nervosa. They also discuss the likely lowering of the threshold from twice a week to once a week for binge eating disorder and bulimia nervosa episodes. The second section

includes studies that confirm and validate aspects of the current eating disorder classification systems but also point out challenges in classifying individuals who currently fall into the default category of eating disorder not otherwise specified. Other possible approaches to classification are defined. In chapter 7, Crosby et al. note that while the primary purpose of DSM-5 is "to inform clinical practice, the diagnostic criteria specified in these systems are also often used in research" (p. 91). In the third section (in chapter 12), a group of clinicians and researchers from the Workgroup for Classification of Eating Disorders in Children and Adolescents (Bravender et al.) discuss the importance of "modifications to adult defined boundaries of illness" (p. 169), developmental considerations, lower thresholds, and shorter durations of symptoms for diagnoses. In chapter 13, Chatoor et al. suggest differentiation of eating disorders in infancy and early childhood into five categories: sensory food aversion, infantile anorexia nervosa, posttraumatic feeding disorder, feeding disorder associated with a concurrent medical condition, and oral motor feeding disorder.

Cultural considerations are the focus of the fourth section of the book, which includes an emphasis on sociocultural factors thought to play a central role in the development of body dissatisfaction. In chapter 17, Becker suggests that "social expectations and physical environment will shape and constrain symptom presentations, attribution of meaning and treatment seeking" (p. 264) for eating disorders. The final seven chapters explore the role of culture and ethnicity in eating disorders, including studies related to symptom presentations in Native American, Asian, and Canadian populations, the role of cultural variation in rationales for food refusal, the increasing prevalence of fat phobia and body dissatisfaction in China, the sixfold increase in the incidence of eating disorders in Japan (from the 1980s to 2006), and a study of unique culturally specific presentations of bulimic symptoms in indigenous populations in the Pacific islands.

Our classification systems are challenged to demonstrate clinical utility as well as scientific validity. The authors in the various chapters of this book remind us of the evolving science underneath our approaches to clinical diagnosis and the importance of periodic reevaluation and revision.

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Corrections

At the time the article "Auditory Emotion Recognition Impairments in Schizophrenia: Relationship to Acoustic Features and Cognition" by Rinat Gold, Ph.D., et al. was published online on February 17, 2012, the middle initials from two authors' names were missing. The middle initials were included for the article's appearance in the April print issue and for the online edition posted as part of the issue.

Table 2 in the article "Childhood Maltreatment Predicts Unfavorable Course of Illness and Treatment Outcome in Depression: A Meta-Analysis" by Valentina Nanni, M.D., et al. (Am J Psychiatry 2012; 169:141–151) contained the following errors: With regard to the "Outcome Definition" of the Barbe et al. study (third row), remission should be defined as "free from major depressive disorder diagnosis at the end of treatment." With regard to the "Results" in the same study, the text should have read "Sexual abuse does not predict change in rate of depression after treatment (44.4% vs 27.1%, p=0.40)." With regard to the "Results" of the Asarnow et al. study (fifth row), the text should have read "Childhood abuse associated with lack of response to combined CBT with pharmacotherapy but not to pharmacotherapy alone (abuse-by-treatment interaction β=0.15, p<0.001)".