

interpretation of the literature on the diagnosis and natural history of schizophrenia and the correlation between diagnostic construct and course. There are at least eight categories in studies in the European Union and 12 in studies in the United States to be listed: combining categorical and dimensional approaches sounds like the most adequate approach to face this complexity.

Each clinician is a translation scientist committed to real-time translation of bench science to bedside clinical practice. The chapter by Girgis and Abi-Dargham on neurobiology presents the implication of this translational reasoning in terms of assessment procedure and provides the right basis for the treatment chapters, while also introducing the experimental probes.

Then there are two fascinating chapters on child and adolescent schizophrenia (by Rapoport and Frangou) and the problem of early detection of schizophrenia. The fundamental distinction between nonpsychotic premorbid and prodromal symptomatology is clearly stated.

The concept of the clinical staging model with different foci—ultra-high risk, first episode, and the recovery or critical period of the first 5 years after the diagnosis (2)—is of crucial importance in this new framework of schizophrenia, considering that about 75% of those who develop a first episode of psychosis will progress to a schizophrenia diagnosis (3).

I think the clinical staging model that considers the degree of extent, progression, and biological impact may represent the “state-of-the-art” approach to the complexity of the phenotype. The potential benefit of staging would be the better coordination and definition of the treatment, either pharmacological or behavioral, including family interventions.

Since we have multifunctional drugs, the two chapters on treatment—two textbooks themselves with about 300 references included—teach all you need to know about the everyday use of these drugs and new compounds, presented with the necessary support to decide the specific target dimension for each of them.

The next four chapters address the real-world issues of cognitive-behavioral therapy for schizophrenia patients, rehabilitative intervention, community treatment, and non-adherence to treatment, while at the same time covering the importance of dissemination to population-based community interventions.

This book approaches two other central issues: the clinical management of both suicidal behavior and aggressiveness/violence, followed by the analysis of substance abuse behavior. This vulnerable population is prone to polydrug abuse at the rate of 40%–60%, making the issue of substances one of the major problems of today.

The chapter on comorbidity is also a very helpful section, now that we are aware of the importance of the prompt recognition and assessment of it, as it has been a too often neglected side of the clinical psychopathology of major psychosis. Medical comorbidity is an arising issue because as psychiatrists, we need to care about the whole person, and our work must be directed toward an increase in the quality of life as well as of the life expectancy itself in this population already prone to illness.

The issue of gender difference is a very recent acquisition of psychiatry, and this textbook brilliantly highlights its major

aspects. As for the genetics contribution, we know that we are not far away from including genetic information in the assessment process.

Economic matters in the age of the Patient Protection and Affordable Care Act are closely connected with the empowerment and perception of the suffering, and I found it very appropriate that the chapter on economic matters was placed close to the first-person account section. We have learned that a better outcome is not directly correlated to a higher rate of spending, rather the personalized treatment would assess all the faces of the phenomena, with interventions that have to be timely and coordinated, not necessarily the most expensive.

In addition, we still need a fundamental shift in our thinking from pessimism to a reasonable optimism (chapter 4, by McGorry and Addington). One central message is that we should dedicate more time to disseminating this new knowledge to population-based community interventions. We must listen to but also study the people who have recovered from schizophrenia, as well as their caregivers: they have a lot to teach us, and this volume states it.

Next year, I will open my course by asking my students and residents to give this excellent book a close read, but it is also valuable reading for professionals, researchers, and laymen: the sum of the chapters make up a new culture for the care of schizophrenia patients.

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***Suicide: Global Perspectives From the WHO World Mental Health Surveys*, edited by Matthew K. Nock, Guilherme Borges, and Yutaka Ono. Cambridge, United Kingdom, Cambridge University Press, 2012, 404 pp., \$120.00.**

Suicidal behavior is a major public health concern worldwide for which culturally appropriate interventions are desperately needed. Almost 3 years ago, I lost two individuals in my social network across two continents to suicide in a space of 6 months. I was devastated to say the least. I accepted to review this book because I have many unanswered questions about

suicide, both from the perspective of a psychiatrist/researcher and that of one who has been personally affected.

In this book, Matthew K. Nock and colleagues add to the growing scientific literature on global mental health problems. Their book offers a fresh perspective on the epidemiology of nonlethal suicidal behavior by presenting data from more than 100,000 study participants, from 21 countries, who participated in the World Health Organization World Mental Health Survey Initiative. The book is organized into five sections. In the introductory section (chapters 1–3), the authors review the global burden of suicidal behavior and the methods of the World Mental Health survey and provide an updated literature review on what is already known about suicidal behavior across the globe. The second section (chapters 2 and 4) focuses on two cross-sectional studies on the prevalence and onset of suicidal behavior, transitions in the behavior, and persistence of the behavior over time. The authors describe a number of novel findings from these two studies. Most remarkable was the finding that “in all countries, the highest risk period for transitioning from ideation to plan or to attempt occurs during the first year after the onset of ideation (p. 73).” For clinicians, this emphasizes the importance of not shying away from asking about suicide ideation or plans because the period within which we must take action to prevent a suicide act is quite limited.

Sections 3–4 (chapters 6–14) are devoted to cross-sectional studies on a wide range of both short- and long-term risk factors for suicidal behavior and treatment of suicidal persons. Although these studies confirm much of what is already known about risk factors for suicide, they also provide new findings. What is unique in these studies is that they further demonstrate the extent to which each risk factor is associated with the onset, transition, and persistence of suicidal behavior over time. Further, they provide risk-factor indices that clinicians can use to identify those at high risk for suicide attempt. These cross-sectional studies are well written with detailed analyses and descriptions of study findings.

In Chapter 14, which describes findings regarding the treatment of suicidal behavior, the authors report that “only 39% of suicidal respondents received treatment in the past year, with consistently lower proportions having received treatment in low- (17%) and middle-income countries (28%) than in high-income countries (56%) (p. 208).” Indeed, the low numbers of suicidal individuals receiving treatment in low-income countries is not surprising given emerging data from some low-income countries indicating that the act of suicide is not only regarded as dangerous, criminal behavior but is also not discussed by affected families and the community (1, 2). In the concluding section, the authors take the reader through a series of further analyses that could provide deeper insight into the mechanisms through which various factors increase the risk of suicidal behavior.

Although this innovative book has invaluable information for graduate students, scientists, clinicians, and policy makers, some limitations should be noted. *Suicide: Global Perspectives From the WHO World Mental Health Surveys* does not provide any information to enhance our knowledge of what suicidal behavior means in different cultural contexts. Although the World Mental Health Consortium made efforts to translate its assessment tools from the language the instrument was originally developed into the traditional dialect of a given population, this book falls short in reporting

on the local concepts of suicidal behavior in the different cultural settings and the steps taken to make the assessment tools culturally appropriate in any given population. Understanding local concepts of suicidal behavior is a necessary first step in designing further global epidemiological, intervention, and prevention studies on suicidal behavior that would guide the development and implementation of culturally appropriate suicide prevention programs.

Further, the exclusion of many studies from low-income countries (3–10) in the updated literature review of suicidal behavior in chapter 2 coupled with the gross underrepresentation of low-income countries in the World Mental Health Survey Initiative suggests that the data presented do not truly represent a global perspective of suicidal behavior.

Despite these limitations and many others that are well acknowledged by the authors throughout the text, this book provides invaluable information that has potential to inform the design and implementation of intervention and preventive strategies for suicidal behavior.

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