

perspective of what the current editors describe as “the unapologetic Freudian insider” (p. xxii).

Auchincloss and Samberg have produced a volume that, despite the complications and caveats noted, all of which the editors themselves explore even-handedly and with appropriate historical contextualization in their extended introduction, creates a sense of unity regarding the discipline it aims to explicate. The text provides extremely useful definitions and conceptual summaries, inviting readers, especially students, into the complexities and controversies it identifies and includes the crucial references indicating where to get started in further exploration.

Psychiatrists interested in understanding psychoanalytic terms and concepts will find in this work a congenial introduction to complex subject matter, a finely crafted story of the development of each important term or concept within contemporary psychoanalytic usage, and a respectful attempt to indicate where and how differences of opinion are manifest within the discipline. Educators will find it an ideal place to send students to begin their study of psychoanalytic topics, a reflection of the editors standing as leading teachers of psychoanalytic theory and technique.

Reference

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Management of Adults With Traumatic Brain Injury, edited by David B. Arciniegas, M.D., Nathan D. Zasler, M.D., Rodney D. Vanderploeg, Ph.D., and Michael S. Jaffee, M.D. Washington, DC, American Psychiatric Publishing, 2013, 587 pp., \$79.00 (paper).

Traumatic brain injury (TBI) is a common and serious medical problem experienced across the lifespan that is associated with a large amount of neuropsychiatric comorbidity. Psychiatrists frequently see these patients for consequent cognitive, mood, and behavioral disturbances. Because TBI has received the most attention within the last decade due to heightened awareness and ascertainment, many practicing psychiatrists may not have received adequate training in the assessment and treatment of patients with TBI.

Management of Adults With Traumatic Brain Injury is a readily accessible clinical guide for psychiatrists who treat patients with TBI. As mentioned within the text, the study of TBI has grown exponentially within the last decade, resulting in a vast and dispersed literature that may not be convenient for the busy clinician to review. Fortunately, this guide does an excellent job of condensing research results, guidelines, and

standards of care that are of enormous practical value for practicing psychiatrists. The text confines itself to the clinical care of TBI patients and provides adequate reference to more basic science aspects of these disorders should the reader be interested in pursuing them.

The text is broken into three general sections: assessment, management, and special topics. An introductory chapter provides an excellent overview of the pathophysiological mechanisms involved in TBI as they pertain to the clinical aspects outlined in later chapters. Because most psychiatrists treat patients with mild TBI (also referred to as concussion), most of the discussion focuses on this population subset, with the exception of long-term complications and management of those with more severe TBI. A strength of the book is its demarcation of the management section according to neuropsychiatric syndromes, since this is often how patients present to psychiatrists (e.g., “Mr. X” is referred to you for depression following a mild TBI). This serves to make the text a practical guide in which data can be quickly looked up during or following a patient encounter, requiring a minimal amount of time. Management of all neuropsychiatric syndromes includes both pharmacological and nonpharmacological treatments in addition to preventive interventions. Somatic symptoms (e.g., vertigo, headache) that frequently accompany neuropsychiatric symptoms are also addressed in a way that is easily understood, and the authors provide the reader with knowledge on when and to whom patients with these symptoms should be referred. The special topics section mostly focuses on specific TBI populations, including the elderly, athletes, and military personnel. Also included within this section is a very informative, but simplified, guide to forensic issues that frequently surround treating a TBI patient. This chapter is written from the perspective of a treating physician, the most likely role of the reader.

The quality of the text is excellent. Classic TBI literature is included but is done in a way that supports more recent research and recommendations. As is often the case, controlled clinical studies may be lacking with regard to treating certain neuropsychiatric syndromes in TBI. In these cases, many of the authors give anecdotal reports and suggestions based on their own clinical practices. Most chapters are written by experts within the TBI field whose primary research and clinical foci are the topic of their chapter. Chapters are comprehensive, and pertinent references are often cited for more in-depth reading. The end of the book includes a list of websites for patients, caregivers, and clinicians that have up-to-date information and recommendations.

In conclusion, this text emphasizes the valid point that all psychiatrists will likely experience caring for a patient with TBI. The psychiatric subspecialties (e.g., child and adolescent psychiatry, geriatric psychiatry, addiction medicine, and psychosomatic medicine) may be more likely to encounter these patients given the increased risk for TBI in these populations. Although possibly a daunting task for clinicians who may not have encountered much TBI in their training, this text provides a comprehensive and practical approach for the assessment and management of these patients and emphasizes the very important point that psychiatrists have the potential to greatly increase the quality of life for these patients and their families.

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Casebook of Neuropsychiatry, edited by Trevor A. Hurwitz, M.B.Ch.B., and Warren T. Lee, M.D., Ph.D. Washington, DC, American Psychiatric Publishing, 2013, 383 pp., \$75.00 (paper).

Over the past 25 years, neuropsychiatry has evolved from an ill-defined esoteric area of interest to one that is now recognized as a subspecialty with a core body of knowledge at the intersection of psychiatry and neurology. Since 2006, the United Council for Neurologic Subspecialties has administered certification examinations in neuropsychiatry and behavioral neurology. Newly promulgated training milestones for general psychiatry residencies (1) formalize the inclusion of aspects of neuropsychiatry as required knowledge. Currently, high-quality clinical training resources in this arena are in great demand.

Casebook of Neuropsychiatry is a welcome volume and the first of its kind. It delves into the variety of complex neuropsychiatric diagnoses one might encounter while practicing general psychiatry in either an inpatient or outpatient setting. The authors present 38 real-life clinical cases grouped into 11 chapters by symptomatic presentation: disinhibition, apathy, depression, anxiety, psychosis, hyperkinetic states, somatoform disorders, alterations of consciousness, memory failure, intellectual failure, and focal neurobehavioral syndromes. Classic neuropsychiatric diseases (epilepsy, multiple sclerosis, and traumatic brain injury) are included along with more recently described diseases (anti-N-methyl-D-aspartic acid receptor encephalitis) and disorders (cogniform disorder).

Each case is presented with relevant clinical findings, neuroimaging data when available, and, in some instances, selected neuropsychological test findings. Patient presentations are laid out in a straightforward medical manner, focusing on basic neuropsychiatric history and examination elements. There is a dearth of descriptive information about the patients' subjective experiences of their neuropsychiatric symptoms, although the book does not claim to offer such a focus.

Each case report is followed by a helpful discussion in which intertwining neurological and psychiatric elements serve as teaching points, and probable neuroanatomical and neurophysiological etiologies are described. In addition, an outline of key clinical points and lists of both further readings and references are provided.

Most of the case reports in this volume discuss patients referred for complex neuropsychiatric assessments to a tertiary care center. In many of the cases, the primary diagnosis is clear (epilepsy, brain injury from an aneurysm or surgical excision of a tumor, or accidental carbon monoxide poisoning); however, the management of the case was challenging to the referring physicians. The authors demonstrate how understanding the neurological underpinnings of the disorder helps to inform more effective treatment interventions.

In some of the clinical examples, the diagnosis was initially unclear. In these situations, the authors do not minimize how

difficult it may be to make a diagnosis. Often, patients have gone for years without the true etiology of their symptoms being recognized. In other instances, there has not been a full understanding of how a crucial neurological component has contributed to the clinical presentation. In discussing these complex clinical problems, the authors share their thinking about how various aspects of the cases suggest different diagnoses and, just as in neuropsychiatric practice, they may not be able to settle on an absolute diagnostic solution.

Patients who present with what are generally thought of as "psychiatric symptoms" and with no previous neurological disease are probably the most pertinent to psychiatrists in general practice. Many of these cases, as discussed in the book, are diagnostic dilemmas, including, for example, an excellent case of difficult-to-diagnose Lyme disease, a patient with psychogenic nonepileptic seizures, and an individual with dementia syndrome of depression.

The editors of this book are to be commended for the many challenges they overcame in producing this work. Among them is dealing with the explosion of data about the brain basis of neuropsychological phenomena along with continued uncertainty about this information as our understanding of brain function evolves. The consistency of the writing throughout is exceptional and allows this edited book to read as though it was the work of one author.

The authors of *Casebook of Neuropsychiatry* do an excellent job at presenting and discussing the management of disorders that are clearly neurological and that manifest with behavioral or psychiatric symptoms. They pay somewhat less attention to disorders that may be perceived by patients to be of non-neurological origin, including learning disabilities, disturbances in social cognition, mild unrecognized prosopagnosia, autism spectrum disorders, mild cognitive impairment, mild cognitive difficulties associated with depression, or memory disturbances associated with sleep disorders. Patients with these disorders often first present to psychiatrists or psychotherapists. Another limitation is that some prior knowledge of neuropsychiatric principles, concepts, and terminology is needed for the readers to get the most out of this book.

Learning from cases is an excellent way to bring clinical situations to life. These cases are well chosen to represent a spectrum of neurological conditions. We highly recommend the *Casebook of Neuropsychiatry* to clinicians wishing to improve the sophistication of their neuropsychiatric differential diagnoses.

Reference

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