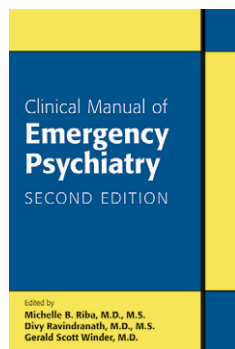


Book Forum

Clinical Manual of Emergency Psychiatry, Second Edition

edited by Michelle B. Riba, M.D., M.S., Divy Ravindranath, M.D., M.S., and Gerald Scott Winder, M.D. Washington, D.C., American Psychiatric Association Publishing, 2016, 375 pp., \$70.00 (paperback).



More than 12% of emergency department visits are for behavioral health emergencies, a large number resulting from inadequate outpatient resources and shrinking inpatient psychiatric bed capacity (1). To meet this demand, psychiatrists may consult in emergency departments, practice telepsychiatry, or manage psychiatric emergency services. Psychiatric emergencies are also being treated through free-standing crisis centers and regional referral centers (2). More providers are practicing emergency psychiatry in its different forms, and there is a need for research and education specific to this subspecialty. The *Clinical Manual of Emergency Psychiatry* offers a solid first step into the field of emergency psychiatry.

The book is “not meant to be a textbook” for “first-year and second-year psychiatry residents” but is designed to introduce them to clinical management in “busy psychiatric emergency services”—where, for the first time, they face the combination of acute psychopathology, uncertainties of diagnosis, time pressures, medical comorbidity, and team management unique to emergency psychiatry (p. xxiii). Many trainees are intimidated by this environment, and this text makes the field feel accessible and manageable. The authors organize chapters by chief complaint in order to assist in the assessment and treatment of common presentations. The authors’ explicit goal is to help trainees to “review the key points, as needed, just before seeing a patient” (p. xxiv).

How well, then, does this book achieve this goal? I brought the *Clinical Manual* to work in my urban psychiatric emergency service center to find out. There are immediate limitations to the chief-complaint-oriented approach: for example, when a hyperactive patient was brought in involuntarily by police, I was uncertain whether to start with the chapter on psychosis (chapter 5), agitation (chapter 7), substance-related emergencies (chapter 9), or even seclusion and restraint (chapter 11).

The agitation chapter proved the right choice. I found a helpful differential of medical etiologies followed by a description of verbal de-escalation strategies espoused by Project

BETA (3). As I began considering medication options, the authors provided a helpful table to summarize the dosing and pharmacokinetics of commonly used medications. However, understanding which medication was indicated required me to read 11 pages, which was not conducive to rapid decision making. The authors again use Project BETA’s approach to medication selection, although they do not build on those guidelines by introducing trainees to novel mechanisms of delivery (e.g., inhaled medications) or action (e.g., intramuscular ketamine, increasingly popular among our colleagues in emergency medicine).

The not-a-textbook middle ground is frustrating. The text does not work well as a bedside reference because many of the clinical gems and decision-making advice are embedded in the text and are not presented visually. Such reading makes it difficult to do a quick review when busy. Although the authors do not intend to offer an encyclopedic text, the level of detail can be insufficient; for example, the authors rightfully recommend antiparkinsonian agents or benzodiazepines with intramuscular typical antipsychotics but do not provide dosing instructions. A differential of medical etiologies for acute agitation is emphasized, but no clear guidance is offered as to how extensive a workup is warranted. Perhaps it would have been helpful to describe several short scales validated for delirium screening in the emergency department.

It speaks to the enjoyable writing, and maybe to the dearth of literature in emergency psychiatry, that I was left wanting more on contemporary topics, including managing boarding patients, identifying malingering (barely mentioned), and developing quality improvement metrics.

But that is not the detailed textbook that the authors envisaged. Instead, they deliver a strong, if at times incomplete, introduction to emergency psychiatry for advanced medical students and junior residents. Most situations encountered in my psychiatric emergency service shifts were well-covered. My own copy will rest on the psychiatric emergency service center’s bookshelf to await anxious residents in need of a quick primer. And if trainees remain sufficiently interested to outgrow its scope, the *Clinical Manual of Emergency Psychiatry* should be considered a success.

REFERENCES

1. Halmer TC, Beall RC, Shah AA, et al: Health policy considerations in treating mental and behavioral health emergencies in the United States. *Emerg Med Clin North Am* 2015; 33:875–891
2. Zeller S, Calma N, Stone A: Effects of a dedicated regional psychiatric emergency service on boarding of psychiatric patients in area emergency departments. *West J Emerg Med* 2014; 15:1–6

3. Richmond JS, Berlin JS, Fishkind AB, et al: Verbal de-escalation of the agitated patient: consensus statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup. *West J Emerg Med* 2012; 13:17–25

Scott A. Simpson, M.D., M.P.H.

Dr. Simpson is an Assistant Professor in the Department of Psychiatry at the University of Colorado Denver School of Medicine and an emergency psychiatrist at Denver Health Medical Center.

The author reports no financial relationships with commercial interests.

Book review accepted April 2016.

Am J Psychiatry 2016; 173:644–645; doi: 10.1176/appi.ajp.2016.16040381

Handbook of Assessment and Treatment of Eating Disorders

edited by B. Timothy Walsh, M.D., Evelyn Attia, M.D., Deborah R. Glasofer, Ph.D., and Robyn Sysko, Ph.D. Washington, D.C., American Psychiatric Association Publishing, 2016, 358 pp., \$59.00 (paperback).

This handbook discusses the diagnosis, evaluation, and treatment of eating disorders in a succinct yet fairly thorough fashion. The use of the word “handbook” suggests that brevity was purposeful. It was written by practitioners (psychiatrists, psychologists, pediatricians, and nutritionists) with a wide range of experience and was edited by eating disorder professionals who have vast and impressive experience in the field. It offers a good balance between clinical practice and a scholarly review of recent cutting-edge information about eating disorders. The editors and their authors address the complexities presented by patients of both genders and spanning the age spectrum. They also recognize eating disorders may present in select populations, such as bariatric surgery patients and obese individuals, and give attention to these topical areas. In addition, there is a very interesting chapter reviewing cultural differences in the presentation of eating disorders.

The chapters are well organized and succinct. Each chapter concludes with a helpful review of its key clinical points and an alphabetized reference list. The addition of video material is a novel, informative, and instructive way to highlight germane clinical scenarios.

This book is divided into diagnosis, assessment, and treatment sections. The book begins with an eloquent discussion

about the evolution of categorizing eating disorders. It educates the clinician as to how to approach eating disorders using DSM-5 classification and traces the history of the diagnosis of anorexia nervosa, bulimia nervosa, and binge-eating disorder, and the path from DSM-IV to DSM-5. Authors also review rumination disorder and the novel avoidant/restrictive food intake disorder. The assessment section has useful sample questions demonstrating how eating disorder professionals assess patients' food intake. It reviews assessment tools in detail and is lengthy and intricate, perhaps more than may be useful to those not engaged in full-time clinical practice with patients who are suffering from eating disorders. Yet it has only minimal information about medical signs and symptoms of severe eating disorders or about medical complications of eating disorders. The text is helpful in providing information regarding the challenges inherent in the diagnosis of eating disorders—for example, patients minimizing their symptoms, and the difficulties in assessing patients who have problems with cognitive impairment.

The treatment section offers a practical guide for clinicians and discusses levels of care, nutritional and behavior management, and medications that may be used in patients with eating disorders. The authors, however, rightly emphasize that there is no singular medication that has been found to be useful as an evidence-based treatment for patients who restrict their food intake and are underweight. The section on the treatment of associated eating disorder conditions (rumination, pica, and night eating) offers relevant and also unique suggestions for dealing with these conditions, such as using diaphragmatic breathing techniques to help reduce rumination.

We recommend this book both to professionals working closely with eating disorder patients as well as to those practitioners who come across eating disorder patients in their office or hospital-based practices and who want a cogent sourcebook to help them with assessing and managing these challenging individuals. Certainly, a familiarity with the contents of this text will help achieve a more successful outcome for patients with eating disorders.

Patricia Westmoreland, M.D.
Philip S. Mehler, M.D., F.A.C.P.

From the School of Medicine, University of Colorado, Denver; and the Eating Recovery Center, Denver.

The authors report no financial relationships with commercial interests.

Book review accepted April 2016.

Am J Psychiatry 2016; 173:645; doi: 10.1176/appi.ajp.2016.16030368

