

HOUSE OFFICER SERIES: PSYCHIATRY, 6TH EDITION

Editor: Tomb DA

Lippincott Williams and Wilkins, Philadelphia, USA, 1999.

HK\$116.00; pp 291; ISBN: 0-683-30634-0.

Common sense tells us that when a book reaches its sixth edition, it means that it has been popular with readers and is probably profitable to the publisher. This book is in fact very appealing to house officers. The pocket size makes it easy to carry around. It is written in simple English, with short sentences, making it easy to understand and helpful for doctors who have limited time to make quick decisions. The information is systematically arranged into easily readable tables and checklists. It also has colourful photos of commonly used psychiatric drugs, aiding communication with patients who often do not know the name of their tablets.

This book offers a good introduction to the specialty by starting with psychiatric classification and assessment. Explanations of psychopathological terms are particularly enlightening. The strongest point of this volume lies in its practicality, giving details on 'how to do it' rather than general textbook statements. For example, very detailed and step-by-step guidelines are provided for the treatment of alcohol/opioid withdrawal, just like a handy cookbook for the uninitiated. Communication skills and general points to note in the outpatient clinic are also given, which are practical tips based on common sense, yet so often forgotten even by experienced staff. Two frequently confusing topics are also neatly presented. For mood disorders, the different aetiology, risk factors, clinical course, and prognosis of depressive disorder and bipolar affective disorder are clearly distinguished, unlike other textbooks where both disorders are discussed simultaneously leading to confusion. Distinct treatment approaches are suggested for different types of anxiety disorders, again unlike most other textbooks where the same treatment solutions are offered for all types of anxiety disorders.

Some excellent chapters are especially worth mentioning. The "Grief and the dying patient" chapter is useful to house officers involved in consultation liaison work. The chapter on "Suicidal and assaultive behaviors" is also highly recommended for candidates taking Part II examinations as it is helpful in answering questions in a quick and accurate way. The chapter on "Psychiatric symptoms of non-psychiatric medications" is another area usually neglected by other textbooks, and often appears simply in the form of a table in small print.

With the advent of evidence-based medicine, this book also quotes useful references for the latest advances in the field. For example, it provides information on the latest brain pathology findings in schizophrenia, updated genetics of

Alzheimer's disease, and the importance of carbohydrate-deficient transferrin as a biological marker for alcoholism, just to name a few. Psychopharmacology is also up-to-date: lamotrigine, gabapentin, and topiramate are mentioned for the treatment of bipolar affective disorder; naltrexone and acamprosate for the treatment of alcoholism; and levo-alpha-acetylmethadol and buprenorphine for the treatment of opioid dependence.

Some inspiring sentences from this book are worth remembering:

- "Patients (or their physicians) can often identify a precipitating event for even the most organic of psychiatric conditions – do not be fooled"
- "Delirium must clear before a diagnosis of dementia can be made"
- "Psychosis describes a degree of severity, not a specific disorder".

Illuminating examples illustrate abstract terms. For instance, "to daydream through a boring lecture yet end up with a complete set of notes without being aware of having taken them" is dissociation. These vivid descriptions are eye opening to house officers.

Despite its numerous merits, this book is not without weaknesses. Its 'inborn error' is that it is mainly used for psychiatric practice in the USA, which is not compatible with the usual practice in Hong Kong. Diagnostic and Statistical Manual of Mental Disorders (DSM) -IV is used throughout the book, rather than the International Classification of Diseases (ICD) -10 which is commonly used in Psychiatric Clinical Information System in Hong Kong, making it confusing for the house officer who has to switch from DSM-IV to ICD while assimilating the knowledge from the book. The recommendation for treatment of depression is to begin with a selective serotonin re-uptake inhibitor or newer antidepressant, and for treatment of schizophrenia, atypical antipsychotic drugs are the initial treatment of choice. This is not practical in Hong Kong. The last chapter on legal issues is also not applicable to the local scene.

Surprisingly, child psychiatry is not mentioned in this book. The only related disorder, attention-deficit hyperactivity disorder, is included in the chapter on Personality Disorder, which is inappropriate and confusing. Other important topics being missed out include postpartum disorders, community psychiatry, and psychodynamics and defence mechanisms. House officers are probably not satisfied with only one page of information on eating disorders. Neither would they be

content with the chapter on alcohol, which brings no information on the alcoholic content of common drinks, the method of calculating units of alcohol, or the recommended safety limit of alcohol intake.

The chapter on mental retardation is also too brief. The differences in clinical presentation of the mentally retarded compared with the general population should be highlighted. A high index of suspicion for organic causes should also be emphasised. In my view, readers should also be encouraged to think of behavioural therapy before pharmacotherapy when treating mentally retarded patients.

Despite its attempts at including the latest advances, some new drugs were left out. Viagra is one of the hottest topics nowadays. Donepezil, a safe drug with modest effect on Alzheimer's disease, should have been included. House officers should know that tacrine has fallen out of favour due to its hepatic side effects.

This book is very popular with medical students. However, medical students should be aware that 'hot topics' for examination might not be included. For example, first rank symptoms for schizophrenia are not mentioned. The favourite

examination question of seven criteria for alcohol dependence syndrome is not included either. Those medical students who quote "anxiety, overconcern and overprotectedness" for high expressed emotions are bound to have a hard time with obsessive examiners. Therefore, this book should not be used as the sole text for medical students. Rather, it should be used as a practical supplement to other classical textbooks such as the Oxford Textbook of Psychiatry, which elaborates on theoretical issues.

All in all, this is a very important addition to the long list of psychiatric textbooks currently in use in Hong Kong. It is highly recommended for house officers and junior psychiatrists alike when they need a quick and easy-to-handle reference.

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UNDERSTANDING PSYCHIATRIC TREATMENT: THERAPY FOR SERIOUS MENTAL HEALTH DISORDER IN ADULTS

Editors: O'Mahony G, Lucey JV
John Wiley & Sons Ltd, New York, USA, 1998.
US\$55.00; pp200; ISBN: 0-471-97570-2.

The essence of this book can be gleaned from the following excerpt in the preface: "This book originated from case discussions in the Department of Psychological Medicine, St. Bartholomew's Hospital, London. ... This book is about therapy. It is not a textbook of psychiatry. We have drawn together a group of contributors to set out brief accessible accounts of a variety of common treatments. Not every treatment in psychiatry is described. Neither do we attempt to prescribe the management of specific conditions. Instead we have asked contributors to describe the essentials of the most widely applied methods in clinical practice."

Apart from one introductory chapter on treatment planning, the specific areas covered include psychoanalytic thinking, group therapy, social and community psychiatry, behavioural and cognitive therapy, electroconvulsive therapy, physical treatments for depression, prophylaxis of affective disorders, and antipsychotic therapy.

The end product is what it says it is — brief accounts of a variety of common treatments. The outcome, however,

appears to fall between two places — the is not detailed enough for veterans, while not being systematic and explanatory enough for beginners. This is not a bad book from reading the individual pages, but it would be difficult to know to whom the book should be recommended. Something can be learned from this book, but it won't necessarily be better than reading the corresponding parts in a general textbook.

Finally, I would like to draw attention to a number of printing errors encountered. While many of these are typographical in nature, graver mistakes include the chemical structure of desipramine being incorrectly drawn as identical to that of imipramine, while that of nortriptyline appears to be identical to amitriptyline!

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LEXICON OF PSYCHIATRY, NEUROLOGY AND THE NEUROSCIENCES, 2ND EDITION

Editor: *Ayd FJ, Jr*

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It is difficult to stifle enthusiasm and admiration when opening this book. With more than 1060 pages containing more than 10,000 items starting with 'ABA design' and ending with 'zygote', this lexicon achieves the nearly impossible — to cover virtually every important facet of information a practicing psychiatrist will ever need and more. The reader can find everything from rare psychopathological definitions to major neuropsychiatric concepts and an exhaustive list of psychopharmacological terms. A concise description of psychiatric drug interactions is one of the many strengths of the lexicon, for example, 'clozapine' is discussed in 37 pages with mini essays on 'clozapine plus phenytoin', 'clozapine plus paroxetine', 'clozapine plus rifampin', or 'clozapine plus fluvoxamine/parotid gland swelling' just to mention a few of the gems. Each item is carefully referenced and up to date. The layout of the book is logical, items are easy to find, and the text is crystal clear and reads smoothly. This book serves the student, the junior doctor, the experienced clinician, and the researcher equally well. Everyone working in psychiatry

and the neurosciences needs this book on his/her desk.

There is probably only one person who could compile a lexicon of this magnitude: Dr Frank Ayd, Jr. Younger generations of psychiatrists may not be familiar with his name although he is one of the founding fathers of psychopharmacology who is still productive after more than 50 years in psychiatric practice and research. He is the author of more than 400 papers and over 50 books. Dr Ayd is also the founder and editor of his own journal — the *International Drug Therapy Newsletter*.

This reviewer has simple advice. If you consider buying only one book in the coming few years, this should be the one, being by far the best value for money. Rush out and purchase it today — do it while stocks last.

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