

(p 72). Several chapters of Part II present cases of approved medicines and substances, which were withdrawn from the market due to serious side effects, such as Redux, Rezulin and phenylpropranolamin. Serious side effects could be missed in randomized controlled trials. Pre-marketing randomized clinical trials cannot enroll enough subjects representative of the entire population and follow them long enough to provide a full picture of all possible side effects. However, as the author cautions us, “requiring that drugs on the market be completely ‘safe’ is an impossible goal.” He adds that ‘the real question is whether a drug’s dangers are in some acceptable proportion to the good it does’” (p 102). Pharmacoepidemiology, as demonstrated in several chapters, helps in detecting the side effects, and also identifying therapeutic effects, which were mistakenly attributed to prescribed medications. The final chapter of this part also discusses risk stratification and risk management.

Part III provides some explanations for the spiraling costs of medications in the United States. The author rightfully does not blame solely the pharmaceutical industry for the rising costs, but also the regulatory agencies and Congress (as the author suggests in one place, the alliance of industrial greed and political complicity). He points out that the laws originally designed to promote innovation turned into a system that rewards trivial pseudo-innovation even more profitably than important discoveries (the example of “me-too drugs”). The other issues involved in the increasing costs are the impact of the industry on medical education and information provided to physicians, the changing demographics of the American society (older and thus requiring more medications) and the changing habits of our society (everything is treated with medications nowadays). Dr. Avorn also discusses the cost analysis of various medications and its usefulness. Nevertheless, he warns about oversimplification of cost analysis quoting Einstein's observation that not everything that counts can be counted.

The fourth part focused on information “investigates the flow of good data, factoids, and hype that shapes the prescription a doctor writes” (p. 18). It discusses the power of advertising and suggests using industry's own medicine in fighting industry's message. The author brings up interesting concepts such as academic detailing (in opposite to industry detailing), and devising un-ads.

The final part of the book, dealing with policy, presents suggestions of possible solutions to the outlined problems. The author emphasizes that we must figure out how to deliver the most important medical interventions intelligently, equitably, and affordably. His proposed agenda consists of five components: 1) pulling together existing drug information (PDR is clearly not an easy, reasonable and user friendly source); 2) getting that information to prescribers more effectively, safely, and affordably; 3) getting that information to prescribers and patients through an innovative knowledge delivery system; 4) realigning incentives so that only quality and value drive prescribing practices; and 5) tackling the cost problem that makes medicine unaffordable for many. Dr. Avorn suggests that, “the

initial FDA approval of a drug should be seen as the beginning of an intensive period of assessment, not an end” (p 383). He also warns that the growing medical school reliance on industry funding may be a serious hindrance for medical schools becoming the knowledge transfer system in the strategic approach he suggests. Finally, Dr. Avorn argues that the system he suggests is not implausible. On the contrary, he states that, “the current U.S. mode of piecework health care delivery, with its all-against-all assumptions, its perverse incentives, its absurdly high costs, its embarrassingly large numbers of uninsured, its tattered patchwork of uncoordinated services, and its frequent denial of care — that is the system that's implausible” (p 415).

This is an important, passionate, though provoking book addressing some very important and central issues of American medicine. It is well written, very informative (a bit too informative at times) and surprisingly entertaining, considering the topic and length. I would recommend it to anybody interested in issues of risks, benefits, regulations, approval and costs of medications we prescribe. I am not sure whether it is good bedtime reading though, as it is a bit disquieting and one might not sleep very well considering all the discussed problems. Thus, maybe read it on weekends or during vacations, but read it.

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***American Mania. When More Is Not Enough.*** By Peter C. Whybrow; WW Norton Company, New York, New York; 2005; ISBN 0-393-05994-4; \$24.95 (hardcover); 338 pp.

Most Americans keep working more, buying more, being more and more busy, yet being also more dissatisfied, more depressed and anxious, living more and more frantic, fast and faster lives. In his new book, *American mania. When more is not enough*, Peter Whybrow, MD, compares this increasing American frenzy to mania, “a dysfunctional state of mind that begins with a joyous sense of excitement and high productivity but escalates into reckless pursuit, irritability, and confusion, before cycling down into depression” (p 4). Dr. Whybrow is carefully analyzing what he calls a “manic society,” the modern-day America, and its restlessness, ambition, and temperament. His book is divided into three parts with telling titles — I: The American temperament: a mania for prosperity, II: Over the top: prosperity's paradox, and III: More is not enough: prosperity reconsidered.

In the introduction to his book, Dr. Whybrow points out that America is an “unusual nation — it is in many ways a genetic experiment as much as it is a social one — in that the temperament of the migrant has played a unique role” (p 8). The analysis of migrant temperament plays an important role in Whybrow's biological and sociological explanation of what he

sees as heightened American ambition, unabashed love of competition and self-interest. He also points out that it is an “odd twist of fate that the same curiosity, hard work, and intelligence that first enabled the migrant to shape these United States have now invented a lifestyle that can be physiologically and mentally disabling” (p. 12).

After discussing the origin of America's extraordinary material success in the philosophy of the Enlightenment and especially in some of the teaching of Adam Smith, Dr. Whybrow smoothly moves to answering the question of what drives America's relentless pursuit. He elegantly connects the characteristics of migrants — optimism, self-interest, curiosity or novelty seeking — to the dopamine, norepinephrine and serotonin systems and selection pressure. America was founded by those who had to migrate due to various pressures, and had to find their own new habitat. Among them, those who were especially assertive, curious, those who inherited particular genes, were able to emerge “on top.” This assertiveness and novelty seeking seems to be related to the dopamine reward pathways. It seems that there is a significant association between the presence of receptor allele D4-7 and high novelty seeking. It also seems that people who historically stayed close to their homeland have a lower prevalence of the exploratory and novelty seeking D4-7 allele. Novelty stimuli bombarding the dopamine system keep the brain in high gear, maintain the brain in high alert. However, as Whybrow points out, the overload of social stimulation engages the same chemical pathways of reward as do drugs such as caffeine, cocaine, nicotine and amphetamines. Thus, by the end of Part I we gain some understanding of the possible biological underpinning of some of the features of the American temperament.

In Part II, Dr. Whybrow explores some of the “contradictions that lurk in the shadows of America's extraordinary prosperity, and offers cautionary tales to emphasize why in our search for happiness we must look beyond the simple pursuit of material affluence” (p. 107). (I hope that this message does not get lost by being perceived as hypocritical sermons of materially relatively affluent men, the author and the reviewer.) He reviews the Internet mania and the bubble of Internet based economy of the 1990s. He again makes a skillful parallel between the explosion and collapse of e-commerce and mania. The following chapter demonstrates how America's decline in physical exercise and our taste for high-calories food — in a mismatch between the human genetic inheritance and the contemporary diet — have confused the regulatory systems controlling body weight to precipitate a pandemic of obesity. Dr. Whybrow emphasizes that Americans have not been always fat. He also observes that those who are genetically equipped to survive most proficiently during depriving times are the ones who now suffer the most during the times of abundance, e.g., Mexican-Americans (mixture of European and Native American genes) and Native Americans, such as Pima Indians. Dr. Whybrow observes that in America, eating has been “transformed from a basic necessity of life to a commercially driven, reward-centered recreational activity, ... and that food has

become divorced from hunger and nutritional need” (p. 148). Dr. Whybrow also thinks that we have fallen into a dangerous complacency, considering weight gain as something genetically determined, beyond personal responsibility, a problem for which medical science will discover a magic bullet. He warns us about the mismatch between biology and environment that makes us sick as a nation. I loved the observation that, “In the best American tradition the obesity pandemic, rather than triggering a national campaign of education and exercise to aid those who suffer the most to help themselves, has spawned a whole new industry that seeks to profit on our nation's growing disability” (p. 154). He mentions that even health clubs for children with miniature stair-climbing machines are on the rise!

The last chapter of this part discusses the “ultimate paradox of America's Fast New World — that we are running short of time.” Dr. Whybrow uses a story of a successful immigrant lawyer to demonstrate how the excessive work, lack of time, travel across travel zones and chronic sleep deprivation can lead to anxiety and depression, so common in modern day America. This chapter is again filled with thoughtful observations. In America, while the sleep debt increased to two to five hundred hours a year, demand for coffee exploded. Discussing the lawyer-patient case, Dr. Whybrow notes how word processing and e-mail changed behaviors such as negotiation between business clients — perfectionism has no bounds and arguments over detail can replace an intelligent discussion of principle. Dr. Whybrow also quotes one of his colleagues, Dr. Bystritsky, who suggests that “in a healthy individual happiness is constantly being redefined ... and ... after a certain level of income, all the evidence suggests that happiness comes from the interaction with other people, not from material possession” (p. 173). In Bystritsky's observation, competitiveness and electronic “connectedness” lead to a new generation of highly competitive but socially inept Americans (virtual world in reality increases isolation and social unease).

From these observations, Dr. Whybrow moves easily to the last part of the book and asks a fundamental question, “What does it take for civil society to thrive”? Among the various suggestions he proposes that “The anonymity of the international corporation must be broken and local economies nurtured if global capitalism is to benefit not just those who are corporate managers and investors but also the majority of the world's people” (p. 206). The titles of the last two chapters, “The roots of happiness: of compassion and community” and “Finding the balance in the age of the merchant: of self and society” illustrate Dr. Whybrow's remedies to America's mania. He cites one of the discussants of his book, who pointed out that “In America, we have confused finding happiness with the pursuit of pleasure.” Whybrow suggests that, “In managing excess stimulation, which is the core challenge of the Fast New World, the setting of clear personal priorities and the efficient use of time are essential strategies in sustaining health and well-being” (p. 241). He continues in emphasizing that we have to manage several major areas — personal time, technology, appetite, and activity — to avoid health complications due to stress-related conditions.

Finally, Dr. Whybrow reminds us that, "In a collective denial of aging — at the other end of the life cycle — we employ all available technologies to simulate youth, misunderstanding that the secret to immortality lies not in the individual but in the society we leave behind" (p. 260).

This is a great analysis of the Fast New American World and what the author astutely calls American mania. Dr. Whybrow puts together seemingly unrelated work and thinking of Tocqueville, Adam Smith, Darwin, Freud and certainly also his own. He explains some of the societal ills in the frame of neurobiology. He points out the mismatch between our inherited biology and the demands of our time-sensitive commercial culture, and the fact that the "America's technology-driven Fast New World is already testing the limits of human physiology" (p. 78). The book is great bedtime reading for everybody. It provides a lot of food for thought. Many clinicians could wholeheartedly recommend this book to their busy patients — provided that they can convince them to find time to read it. I hope they convince them. Many readers may feel that they know all the particular ideas and facts mentioned in this book. Maybe they do. Separately. But Dr. Whybrow puts them together in a unique analysis and provides a thoughtful perspective of our fast, frenzied and paradoxical times. This book is definitely highly recommended, enjoyable reading.

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***Acute and Transient Psychoses.*** By Andreas Marneros and Frank Pillmann; Cambridge University Press, New York, New York; 2004 ISBN: 0-521-83518-6; \$110.00 (hardcover), 252 pp.

The authors compare the DSM-IV diagnosis of "Brief Psychotic Disorder" and the ICD-10 "Acute and Transient Psychotic Disorders" with each other and against diagnoses of schizophrenia and the bipolar type of schizoaffective disorder, although other disorders such as schizophreniform disorder and various terms that have been used historically are also discussed from time to time. They make the case that these brief and intermittent psychoses are, to some extent, the "left-over material" after many of our better defined psychotic disorders have been identified and sharply defined.

The book's thirteen chapters are divided into three major segments: historical and conceptual issues; research findings; and specific issues of nosology. The main themes include whether or not either or both of the brief or acute diagnostic categories as currently defined are truly different from other psychotic illness in definite, reproducible ways, and if so, what these diagnoses really tell us about symptom patterns and prognosis. The fundamental basis for the majority of the book is a combined prospective and retrospective study designed and administered by the authors at the Halle University Hospital, in

what was formerly known as East Germany. It is fortunate that the authors have this data set from which to write, since the other studies relating to these diagnostic entities are few in number, and most suffer from the difficulty of adequately defining the disease entity studied. Given their study population, they are able to comment on such matters as longitudinal course, suicidal behaviors, clinical features, and demographics specific to these categories. Conclusions, which are clear and concise, at which the authors were able to arrive through analysis of the available data are set aside from the main body of the writing by being boxed in and set in different type, so they are easy for the reader to identify throughout the book.

The final few chapters explore the problems and potential solutions in defining and conceptualizing brief and acute/transient psychoses, discussing how the American Psychiatric Association and the World Health Organization have utilized time and phenomenological approaches to do so. The authors conclude, based on their results, that there is no substantial difference between the DSM-IV and the ICD-10 brief psychotic entities. They define both what is and is not supported by their work and that of other researchers in this field. The book ends with an extensive references section, followed by a subject index.

This is a text that will particularly interest the psychiatrist who sees unusual presentations of psychosis. While some of the time that includes all of us, I would think that community-based and tertiary referral (especially university-based) psychiatrists would be two excellent audiences, as well as those who want and need a manageable and up-to-date (to 2004) overview of the world literature on brief psychotic states. Since it covers its subject matter so completely, students may also find it useful, especially the chapters in the history and concepts section — although the price may deter students who do not have access to it in a library setting. The book is quite well written and, if further explanation is required, contains a number of charts and tables to summarize or illustrate the information discussed in the text. While some might argue with how definitively the authors state their conclusions, I found their approach both refreshing and helpful.

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***The Neurobiology of Aggression and Rage.*** By Allan Siegel; CRC Press, Boca Raton, Florida; 2004; ISBN 0-415-30834-8; \$129.95 (hardbound), 312 pp.

Dr. Siegel has devoted nearly forty years to the study of the physiology, chemistry and anatomy of aggression and rage. In this book, he covers multiple aspects of aggression in eleven chapters, beginning with a summary of just what aggression is and the history of neurological enquiry in this field. Within these introductory chapters, the discussion of Dr. Kenneth