de Zwaan, Crow, and Peterson decided to put together a volume that would (a) provide useful clinical information for practicing physicians about the diagnosis and treatment of this condition, along with a manual for an evidence-based treatment, and (b) review the literature that has developed on this condition over the last dozen or so years, suggesting possible future avenues for research (p vii).

The book is thus divided into two parts: I. 'What we know about binge-eating disorder and its treatment,' and II. 'Cognitive-behavioral treatment program for binge-eating disorder.' The first part consists of seven chapters, which review the diagnosis and epidemiology of BED; clinical features, longitudinal course, and psychopathology of BED; the association between BED and obesity; eating behavior, psychobiology, medical risks, and pharmacotherapy of BED; BED and bariatric surgery; psychotherapy for BED; and future developments in the area of BED. These chapters provide a solid review of the literature of each mentioned area and have the character of detailed, well-referenced review articles.

It seems that BED is a stable and persistent disorder (p 17). The rates of general psychopathology are higher in obese individuals with BED than those without binge eating (p 18). In addition, patients with BED have higher levels of Axis I comorbidity than obese individuals without BED, and low risk of anorexia nervosa. The chapter addressing the relationship between BED and obesity is posing questions such as whether obesity is an eating disorder itself (not clear, maybe); how frequently do BED and obesity coexist (estimates of coexistence vary from 5% of obese patients to 20–30% of obese patients); what is the central clinical feature of obese binge eaters; whether binge eating causes or results from obesity (seems likely that binge eating promotes weight gain), and whether the distinction between obese BED and non-BED matters for treatment. The chapter on psychobiology, medical risks, and treatment emphasizes the various medical risks. It also reviews studies with pharmacological agents effective in BED, such as tricyclic antidepressants, selective serotonin reuptake inhibitors, and weight loss agents (e.g., orlistat, sibutramine, and topiramate). I found the following chapter on BED and bariatric surgery very useful. It reviews various bariatric surgery procedures, including their success rates and complications, and also provides sketches of what is done in each particular procedure. The most common bariatric procedure is the Roux-en-Y bypass—loss of 60–80% of excess weight, which some regain after 18–24 months. The chapter also discusses the binge-eating disorder before and after bariatric surgery. The various psychotherapy approaches for BED include cognitive-behavioral therapy (CBT), interpersonal therapy, dialectical behavior therapy, behavioral weight control treatment. The epilogue of Part I is the "usual" not much to say about the future of this condition and its treatment.

Part II is truly a very practical manual of CBT treatment program for BED. It starts with the introduction to this treatment program, outlining treatment goals, therapist qualifications, patients appropriate for this treatment, program and session structure (Phase I, sessions 1–6, teaches behavioral and cognitive strategies that target binge eating; Part II, sessions 7–13, addresses associated problems that often accompany binge-eating behaviors; and Part III, sessions 14 and 15, focuses on maintaining improvement and preventing relapse); and conceptual framework for this treatment. This section also includes additional literature resources. The next section provides the session-by-session therapist guidelines for all 15 sessions, including homework and worksheets. These guidelines are very detailed and well organized. The last section includes patient materials, session-by-session lecture handouts and worksheets, again for all 15 sessions. All forms could be photocopied for personal use.

This book clearly fulfills its above-mentioned goals. The reviews of each BED-related topics are exhaustive and informative. The CBT program outline and materials are very detailed and clinically useful. Anyone with rudimental CBT skills interested in treatment of this disorder could probably learn the CBT approach to BED by following this program with several patients. I believe that anybody interested in BED in particular and eating disorders in general will find this volume interesting, informative, and quite clinically useful. Clearly, combining the review of available literature with a detailed outline of a treatment program is a good idea and is worthwhile pursuing in books about other disorders.

REFERENCE

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorder*, 4th ed. Washington, DC: American Psychiatric Association; 1994.

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Outpatient Psychiatry. A Beginner's Guide. By Thomas Steele; WW Norton & Company; New York, New York; 2007; ISBN: 978-0-393-70543-0; $24.95 (paperback), 176 pp.

The title of this book, *Outpatient Psychiatry. A Beginner's Guide* sounded quite attractive to me for several reasons. First, like most of us, I practice in an outpatient setting. Second, I teach and supervise residents during their outpatient psychiatry rotation. Third, the outpatient psychiatry texts by Lazare (1) and Thase, Edelstein, and Hersen (2) have been out of print for almost two decades, and any new textbook would be of great help. Last, but not least, a good, solid, well-written beginner's text for residents is always welcome.

The first correction of my expectations came immediately after I opened this small volume and read its Preface. This

book is not really about the practice of outpatient psychiatry. It is an introductory text to outpatient psychotherapy, or more exactly, those five psychotherapies or techniques in which competency is required by the Residency Review Committee (psychodynamic, cognitive-behavioral (CBT), brief, supportive, and combination of psychotherapy and pharmacotherapy). The author felt that ". . . there is a need for a single volume, a *vade mecum*, that addresses these areas: techniques of the psychotherapies, issues in using psychotropic medication in patients engaged in therapy, and pertinent issues from the expanding field of psychotherapy research" (p X).

The book consists of *Preface*, *Introduction*, eight chapters, and *Envoi*. Chapter 1, "Psychotherapy: An overview," addresses issues such as what is psychotherapy (p 7; 400 schools with two main common features: they involve a *relationship* between the healer and patient, and they alleviate *demoralization*), common elements in psychotherapies, therapeutic technique vs. therapeutic context, the nonparallel nature of the five competencies, some procedural issues, issues of assessment, and issues of diagnosis. The author provides several general tenets such as that "being a nonjudgmental listener is a major aspect of therapeutic relationship" (p 11), and that "offering treatment implies that there is hope" (p 12). He makes an important and useful distinction between therapeutic technique (e.g., free association, flooding) and therapeutic context (e.g., one therapist-one patient). The discussion of the nonparallel nature of the five competencies emphasizes that two of these competencies—psychodynamic and CBT—are psychotherapy techniques. Brief psychotherapy rather "reflects an approach to time management rather than a specific goal or technique" (p 15). Supportive therapy, according to the author "is not a specific technique but rather a statement that reflects a mixture of techniques and goals" (p 16). Finally, "psychotherapy plus psychotropic medication is obviously non-specific with regards to any particular type of psychotherapy" (p 16). At the end of this chapter, the author cautions us that in practice, "therapies are rarely pure." This chapter, together with the last one, is probably one of the more useful chapters of this volume.

The following five chapters, "Specific Approaches: Psychodynamic Psychotherapy," "Specific Approaches: Cognitive-Behavioral Therapy (CBT)" (this one written with Darlene Shaw, PhD), "Specific Approaches: Brief Psychotherapy," "Specific Approaches: Supportive Psychotherapy," and "Specific Approaches: Psychotherapy with Psychotropic Medication," attempt to review each particular area. Some chapters include clinical vignettes. Some chapters (psychodynamic and psychotherapy with psychotropic medication) include suggestions for further reading. All of them include interesting and less interesting tips and suggestions. All of them are covering only the very basics or less than very basics of their particular area. The psychodynamic psychotherapy is the longest and most thorough (within the scope of this book), probably due to the author's own orientation. The CBT chapter seems most organized and practical (may be due to its nature?). Some statements or observations are witty and apposite (e.g., "supportive psychotherapy is not pseudohumanitarian handholding" (p 100) or ". . . all psychotherapies need to be supportive—only a masochist would continue a therapy that did not, in fundamental ways, provide emotional support (p 107)). Some statements are a bit less clear, e.g., "Drugs work from the bottom up, as it were, while psychotherapy works from the top down" (p 116). Some examples are hard to understand, e.g., an example of the problems of split treatment on pages 129–130. This example lists "bad" combinations of medications (here, of course, called "drugs"), some of them out of common use or not even marketed anymore (both facts acknowledged by the author), some of them listed under their generic name, some under their trade name.

The chapter on combining psychotherapy and medication tries to put too many things together (including modes of action; psychopharmacology and character; modes of interaction; roles of psychotherapy: cure, fostering compliance, help to avoid disastrous actions resulting from the illness, psychoeducation, and helping patients with the "scars" of illness and other issues).

Chapter seven, "Psychotherapy Research," reviews a few issues important in the area of psychotherapy research, such as statistics, enlarging the sample, and some design issues. The author also briefly reviews efficacy and effectiveness and, citing Gabbard et al. (3), reminds the reader that "cost-effective is not synonymous with cheap." Nevertheless, the chapter is a bit out of space. I am not sure whether the beginner could really appreciate the nuances of psychotherapy research, and, on the other hand, whether the text is advanced enough for a more sophisticated reader.

Last chapter, "Issues Common to the Various Psychotherapies," covers several important issues such as supervision ("sine qua non of learning psychotherapy," p 144), including the parallel process, maintenance of boundaries (important discussion of the difference between boundary crossings and boundary violations), and termination. Again, the author discusses some witty and important terms/issues (e.g., "sightseeing, or chronic undifferentiated psychotherapy," p 153, or "institutional transference," p 156).

The first critique of this book is obvious—the title is misleading. The book is not about outpatient psychiatry, but about some outpatient psychotherapy. I write "some" because, as the author points out, it deals only with those areas in which competencies are required by the Residency Review Committee. The book is supposed to be a beginner's guide, but I do not believe it addresses the beginner's issues and questions thoroughly and usefully. If anyone would like to really learn the nuts and bolts from the point of the beginner, they should use the book by Bender and Messner (4) *Becoming a Therapist*. That book is much more user-oriented and useful. The author states that he believes a single volume addressing these areas is needed. Maybe. However, the volume would have to be more comprehensive and educational. Thus far, the five volumes on psychotherapies published by the American Psychiatric Publishing, Inc., seem more useful and comprehensive and not

very heavy (I have to admit that I have a conflict of interest here—I co-authored one of these five volumes (5)). Finally, if I really needed a single volume skillfully reviewing psychotherapies (not necessarily for the beginners), I would definitely reach for the splendid *Oxford Textbook of Psychotherapy* (6). Thus, *Outpatient Psychotherapy. A Beginner's Guide*, does not address what the title promises, does not totally fulfill its outlined goals, and is not very useful. However, some practitioners who are not very skilful in psychotherapy (-ies) may find it a useful refresher. Many will not. As far as the psychotherapy beginners—as I suggested, there are more useful texts available.

REFERENCES

1. Lazare A. *Outpatient Psychiatry: Diagnosis and Treatment.* Baltimore, MD: Williams & Wilkins; 1989.
2. Thase ME, Edelstein BA, Hersen M (Eds.). *Handbook of Outpatient Treatment of Adults: Nonpsychotic Mental Disorders.* New York, NY: Plenum Press; 1990.
3. Gabbard GO, Lazar S, Hornberger J, Spiegel D. The economic impact of psychotherapy: A review. *Am J Psychiatry*. 1997; 154:147–155.
4. Bender S, Messner E. *Becoming a Therapist. What to Say, and Why?* New York, NY: The Guilford Press; 2003.
5. Riba MB, Balon R. *Competency in Combining Pharmacotherapy and Psychotherapy. Integrated and Split Treatment.* Arlington, VA: American Psychiatric Publishing, Inc.; 2005.
6. Gabbard GO, Beck JS, Holmes J (Eds.). *Oxford Textbook of Psychotherapy*. Oxford, UK: Oxford University Press; 2005.

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Physical Illness and Schizophrenia. A Review of the Evidence. By Stefan Leucht, Tonja Burkard, John H. Henderson, Mario Maj, and Norman Sartorius; Cambridge University Press; New York, New York; 2007; ISBN: 978-0-521-88264-4; $58.00 (paperback), 208 pp.

Serious mental disorders are frequently associated with numerous and serious physical health problems. The preface to this small volume states that this book is the first of a series of volumes addressing an emerging issue—the timely and proper recognition of physical health problems in people with severe mental illness (p ix). The international group of authors, who put this book together, emphasizes that patients with severe mental disorders not only have a higher prevalence of physical illness than the general population, but their mortality due to natural causes is also higher (p ix), their access to health care is reduced, and the quality of healthcare they receive is worse than in the general population (p ix). Finally, the authors state that "psychiatrists are reluctant to treat physical illness, perhaps as frequently as doctors in other medical specialties fail to recognize that their patients also suffer from a mental disorder or refuse to provide treatment for it" (p ix). In addition, "in many countries psychiatrists have taken off their white coats . . . forgetting that they are medical doctors . . . the creation of the specialty of liaison psychiatry is a sad testimony to the fact that only a small proportion of psychiatrists have an interest in dealing in a comprehensive manner with people struck by illness. There are no liaison internists, liaison dermatologists, nor liaison surgeons . . . . The existence of liaison psychiatrists is an unwise message to the rest of medicine . . . ." (p x). This is a strong but truthful opening salvo!

The authors of this volume, Drs. Leucht, Burkard, Henderson, Maj, and Sartorius, feel that the first step in dealing with this situation is to raise the awareness of the problem among healthcare professionals, primary care providers, patients, and their families. Thus, they present us with the first volume of a new series of books on serious mental illnesses' association with poor physical health, the volume on schizophrenia and physical illness. The brief Introduction discusses excess mortality in people with schizophrenia (the overall mortality being twice as high as that in the general population), and mentions some of the more common physical illnesses people with schizophrenia suffer from more frequently. The following brief Method "chapter" explains that this volume is mostly the result of a huge Medline search on the association between schizophrenia and physical illness (44,567 hits/results!).

The main section of this volume presents the results of this search organized by groups of physical diseases/illnesses/disorders. The list of reviewed groups of diseases is endlessly exhaustive and includes bacterial infections and mycoses, viral diseases, parasitic diseases, neoplasms, musculoskeletal disorders, digestive system diseases, stomatognathic diseases, respiratory diseases, otorthinolaryngologic (ENT) diseases, diseases of the nervous system, eye diseases, urological and male genital diseases, female genital diseases and pregnancy complications, cardiovascular diseases, hematologic and lymphatic diseases, congenital, hereditary and neonatal diseases and abnormalities, skin and connective tissue diseases, nutritional and metabolic diseases, endocrine diseases, immune system diseases, disorders of environmental origin, animal diseases and pathological conditions, signs and symptoms. Some of the interesting or noteworthy information includes higher incidence of tuberculosis in schizophrenia, increased risk of HIV infection in schizophrenia, reduced risk of cancer yet increased cancer mortality in schizophrenia (poor care!), poor dental status in people with schizophrenia, increased frequency of cardiovascular problems in schizophrenia (probably related to higher rates of smoking, weight gain, diabetes, dyslipidemia, lack of exercise, and even well-known cardiac effects of antipsychotic medications), and increased prevalence of diabetes mellitus even in drug naïve schizophrenia patients. Many groups of diseases are accompanied by tables summarizing results of multiple studies in each particular area.