

The final section of this book, "Discussion," summarizes the most important findings of this review, discusses the limitations of the review, and attempts to provide explanations for the increased physical comorbidity in patients with schizophrenia (disease-related factors, factors related to drug treatment, system-related factors and stigmas on mental illness, physician-related factors) and suggestions of what could be done to change this unsatisfactory situation. The discussion of disease-related factors mentions patients' preoccupation with symptoms of mental illness, cognitive disturbance, lack of energy and passive lifestyle—all these factors could reduce help-seeking behavior. The review of system-related factors points out that schizophrenia patients suffer more frequently from cardiovascular problems, yet they are prescribed cardiac catheterization much less frequently than the general population (p 172). The paragraph on physician-related factors notes that psychiatrists frequently neglect their skills of recognizing and treating physical illness (p 173). The authors note that updating and upgrading psychiatrists' skills of diagnosing and treating physical illness is urgent (e.g., in Germany the curriculum of physicians specializing in psychiatry does not include practical training in internal medicine—some difference from the U.S. training!).

The summary reminds the reader that people with schizophrenia die on average 15 years younger than the general population

The book also includes a brief summary and list of references.

This volume is basically an extensive "review article" that provides a fairly comprehensive review of the association between schizophrenia and various physical diseases. While the efforts and work are laudable and enormous, I am not sure who will read this book besides a few people interested and specializing in this issue/area. Even those will use it as a source of evidence and references rather than a book to read. Unfortunately, I doubt that many of those for whom the book is intended (policymakers, service managers, general practitioners, or even mental health professionals) will read it or even spend 58 dollars for it. Sad state of affairs, but the reality.

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Treating Depression Effectively. Applying Clinical Guidelines. Second edition. By Sidney H. Kennedy, Raymond W. Lam, David J. Nutt, and Michael E. Thase; Informa Healthcare (Martin Dunitz), London, United Kingdom (distributed in North and South America by Taylor & Francis, Boca Raton, Florida); 2007; ISBN: 13: 9780415439107; \$59.95 (paperback), 184 pp.

Treating depression is probably the bulk of the practice of most clinical psychiatrists. We all would certainly like to treat depression effectively. However, we all realize that is not

always the case. Thus, any advice from experts and/or comprehensive and comprehensible summary of literature would be welcome. This slender volume is actually both of these—a comprehensible and comprehensive summary of the literature, and solid, clinically oriented advice from expert authors. The first edition was published in 2004. As the authors note in their preface to the second edition, there have been significant advances in the triad of pharmacotherapies, psychotherapies, and somatic therapies since 2004, and thus they put together this edition, in the same reader-friendly format. It is important to note that this volume covers all depression with the exception of the bipolar one.

The book consists of a brief preface and 13 succinct chapters. Chapter one briefly discusses the prevalence, course, burden of illness, and diagnosis. Interestingly, the total burden of depression in the Americas (the highest one) is more than six times the total burden in Africa (the lowest). Chapter two, "Principles of Management," reviews nine principles of management of major depressive episode: setting clear goals of treatment, assessing and treating comorbid medical conditions, assessing suicidal risk, establishing a therapeutic alliance, considering psychotherapy, choosing an appropriate antidepressant, enhancing adherence to treatment regimen, monitoring treatment outcome, and maintaining response to treatment. Like the rest of the book, this chapter is accompanied by numerous very useful tables summarizing the text, and also tables which present various clinically useful scales, such as suicidality assessment from the MINI, seven-item Hamilton Rating Scale for Depression, Montgomery Asberg Depression Rating Scale, Hospital Anxiety and Depression Scale, and others. A table summarizing helpful Web resources for depression, including resources in the UK, Australia, and Canada, is also quite useful.

Chapter three, "Psychotherapies, Alone and in Combination," is an excellent summary of psychotherapies used and researched in depression (namely cognitive, behavioral, cognitive behavioral analysis system of psychotherapy, and interpersonal), indications for their use alone (= without medication), their general principles, and their effectiveness. The authors also discuss other psychosocial treatments for depression (e.g., bibliotherapy and internet-based cognitive therapy), the preventive effect of depression-focused psychotherapies, continuation phase of psychotherapy, and combination of psychotherapy and medication(s). The discussion of effectiveness touches on a very interesting issue in psychotherapy research—the impact of allegiance of the studies' principal investigator on research results. Chapter four, "Evolution of Antidepressant Agents," reviews the three main pharmacological classes of antidepressants—enzyme inhibitors (MAOI and RIMA), uptake blockers (tricyclics, SSRIs, SNRIs, NRIs, bupropion), and receptor acting drugs (trazodone, mirtazapine, and agomelatine—the last one not available in the U.S., acts on both serotonin and melatonergic receptors and is still being tested). The next chapter, "Evidence-Based Antidepressant Selection Across Depressive Disorders," discusses the antidepressant choice for various types and subtypes of depression,

such as major depression, major depression with atypical features, major depression with melancholic features, psychotic depression, anxious depression, seasonal depression, chronic depression, and others. The final chapter, focusing on antidepressants, "Practical Issues in Using Antidepressants," discusses factors influencing antidepressant choice, such as side effects, possible drug–drug interactions, and safety in overdose. While the text is a standard overview, the summary tables are again very useful. Unfortunately, the focus on side effects occurring in more than 10% or 30% of patients was probably the reason for not discussing the increase in blood pressure in some patients taking venlafaxine (it is mentioned later in the chapter on later-life depression, though).

Chapter seven, "Sequential Pharmacotherapies and Treatment-Resistant Depression," reviews the STAR*D study (Sequenced Treatment Alternatives to Relieve Depression) and then delves into the management strategies for treatment-resistant depression (optimization, switching, augmentation, combination—the difference between the last two is rather semantic at times, as adding a second antidepressant in a full dose is called combination and adding it in a subtherapeutic dose is called augmentation). The authors make an important point emphasizing that treatment resistance is a relative concept and that various definitions of treatment resistance exist. Chapter eight, "Neuromodulation and Other Physical Treatments" is a standard overview of ECT, high-frequency repetitive transcranial magnetic stimulation, vagus nerve stimulation, and deep brain stimulation. At this time, the results of all these therapeutic approaches beyond ECT are preliminary. Chapter nine, "Complementary, Light, Sleep Deprivation, and Exercise Therapies," focuses on St. John's Wort, omega-3 fatty acids, S-adenosyl methionine, tryptophan, light therapy, sleep deprivation, and exercise. As the authors suggest, intuitively, exercise makes sense as an adjunct to virtually all forms of antidepressant treatment (p 125), though few studies on its efficacy are available. Nevertheless, as also suggested elsewhere in this book, one should "use the power of prescription pad to 'prescribe' one brief walk per day and one pleasurable activity per day" (p 15).

The following three chapters focus on depression in special populations: chapter ten, "Depression in Women"; chapter eleven, "Depression in Children and Adolescents"; and chapter twelve, "Depression in Late Life"; and provide standard overviews of particular topics. The last chapter briefly discusses Axis I, II, and III comorbidity of depression.

This volume is a very clinically useful summary of the evidence of various treatment approaches to depression and recommendations for their use. It is well written, brief, and to the point. The tables are very useful, especially those that list different recommendation levels. The book could be especially useful to residents and younger clinicians, though it could provide useful and thought/action-provoking reading for experienced clinicians as well. I missed a few things though, e.g., a more detailed discussion of the monitoring of suicidality in children and adolescents in view of the detailed FDA recommendations,

and no information as to whether mood stabilizers should or should not be used for augmentation (lamotrigine is mentioned in one table, though). I also did not understand the quite frequent discussion of agomelatine in view of one or two cited references, one of which is a pooled analysis of three double-blind placebo-controlled studies. Nevertheless, these are small and correctable points. I would recommend this volume to all clinicians treating depressed patients, as I think this volume will help them sharpen their focus, view various treatments from a new angle, and thus perhaps reconsider various treatment approaches for their patients.

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Me, Myself and Them: A Firsthand Account of One Young Person's Experience with Schizophrenia. By Kurt Snyder with Raquel E. Gur, MD, PhD, and Linda Wasmer Andrews; Oxford University Press, New York, New York; 2008; ISBN: 978-0-19-531122-8; \$9.95 (paperback), 180 pp.

This book is part of an Adolescent Mental Health Initiative series, with overall editing duties handled by Patrick E. Jamieson, PhD, sponsored by the Annenberg Foundation Trust. Other books in the series deal with bipolar disorder, depression, and various anxiety disorders, and additional volumes on such topics as substance abuse and suicide are planned for this year. Each book in the series, including this one, is written as a first-person account for the late teen or young adult who is in the early phase of his or her illness. However, the description of symptoms and treatment could be useful to all persons, no matter the length of their illness.

There are six chapters to the book. Each is divided into two sections: Kurt's story of six years of schizophrenia and "The Big Picture," which discusses relevant issues about diagnosis and treatment, including medication, psychotherapies, rehabilitation, self-help groups, and other positive steps that the person with the disorder can take. Kurt's story takes the reader from his earliest symptoms and his full denial of their true meaning, through several hospitalizations, medications changes, and ultimately to the sixth, epilogue chapter, in which Kurt recounts his current successes, such as a job and an active volunteer position with his local fire department. Along the way, he describes the support of family and friends and other positive experiences, as well as the fears and occasional despair engendered by his hallucinations and paranoid delusions. He is obviously thankful for his current functionality and gives lots of credit to all of those around him, including his doctors and counselors.

The "Big Picture" sections are very inclusive and, given the book's copyright date of 2007, pretty much up to date. They tackle various matters that people with a schizophrenic illness may find interesting or perplexing. All are highly practical and discuss everyday issues rather than complex theories.