

"Fostering creativity and growth," discusses issues such as creativity, diversity, growth, continuing education, videotaping oneself, involvement in professional organizations and interdisciplinary inquiry. Each chapter is accompanied by a very useful self-care checklist that, in a table format, summarizes the major points of the chapter in proactive language (strive . . . , create . . . , embrace, identify . . . , insist). Each chapter also includes a list of recommended reading for each particular topic.

This is a very interesting and useful volume. It was a bit wordy, yet enjoyable reading. It forces the reader to think about her/his work and the way he/she practices and how work is impacting her/him. Some may find this text confirming and reassuring that they "practice and work the right way." Most of the readers will find at least some useful information on how to improve their practice, self-care, and their psychological health. Though the book is intended for psychotherapists, most of the writing and suggestions are easily applicable to the practice of clinical psychiatry, too. I am not aware of a similar book written for psychiatrists and thus I would wholeheartedly recommend this volume to every practicing psychiatrist. It is thoughtful, though provoking and delivers a positive message of self-renewal and growth.

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***Ethno-Psychopharmacology. Advances in Current Practice***, edited by Chee H. Ng, Keh-Min Lin, Bruce S. Singh and Edmond Chiu, Cambridge University Press, Cambridge, United Kingdom; 2008; ISBN 978-0-521-87363-5; \$110 (hardcover), 183 pp.

During the last several decades we have seen a substantial increase in interest and research in the area of culture, race, and ethnicity among psychiatrists. Considering culture and ethnicity in discussing the etiology and management of mental illness is regarded *sine qua non* of good practice. However, the words "culture" and "ethnicity" and any derivatives of them have also become present era psychiatry buzzwords. Ethno-psychopharmacology is one of them, though we are not totally clear on what it means and what it entails. Nevertheless, a book on "advances in current practice of ethno-psychopharmacology" by some well-known authors in this area seemed possibly attractive and interesting reading. The first correction of this misperception came while reading the Foreword to this book by Mario Maj, in which he pointed out one of the important issues about this book—this volume being, according to him, "the first-ever textbook of psychopharmacology focusing on the Asia-Pacific region" (p. xiii). Thus I realized that this may not be truly a complete textbook of ethno-psychopharmacology, but possibly still interesting and educational reading. . . . and I started to read.

The book contains 15 internationally authored chapters. I will list their titles to help me illustrate some points about this book later. Here are the titles: "Introduction," "Culture and psychopathology," "Culture and ethnicity in psychopharmacotherapy," "Ethnic differences in psychotropic drug response and pharmacokinetics," "Pharmacogenetics of ethnic populations," "Variations in psychotropic responses in the Chinese population," "Variation in psychotropic responses in the Hispanic population," "Identifying inter-ethnic variations in psychotropic response in African Americans and other ethnic minorities," "Complementary medicines in mental disorders," "Cultural factors and the use of psychotropic medications," "Outpatient prescribing practices in Asian countries," "Psychiatric inpatient psychotropic prescribing in East Asia," "Pharmaco-economic implications for Asia and other economically disadvantaged countries," "Integrating theory, practice and economics in psychopharmacology," and "Research directions in ethno-psychopharmacology."

The most interesting fact I learned from the Introduction (and perhaps from the entire book) was that the person to be considered the father of ethno-psychopharmacology (my term) was probably John Cade, the man who reintroduced the modern era psychopharmacology to lithium. Apparently, Cade, an astute observer, noticed that Asian (= East Asian) patients were more vulnerable to experiencing side effects of lithium and tricyclic antidepressants and would often respond well to lower doses than the average Caucasian (p. 1). He related this to one of his trainees, Dr. Edmond Chiu (one of the editors of this volume), who started to use this information in treating patients upon his return to Hong Kong. The need for lower doses of lithium and tricyclics in East Asians was later expanded by the recognition of the need for lower doses of haloperidol and other antipsychotics in this population, when compared to Caucasians (plus greater prolactin response to haloperidol). Well, this part contains a succinct summary of probably all the most important information in the field of ethno-psychopharmacology.

The rest of the book is filled with little concrete information and a lot of repetitive yet not very informative statements. Examples are sentences taken from conclusions of three different chapters: "As is apparent from the literature reviewed above, culture and ethnicity are powerful determinants of an individual's response to psychopharmacotherapy." (p. 34). . . . "Ethnic differences have been shown to influence response to psychotropic medications" (p. 53). . . . "Patients from different ethnic or environmental backgrounds may respond differently to psychotropic drugs, for which the underlying factors are complex" (p. 77). An example of another not very informative statement at the conclusion of the chapter on prescribing practices in Asian countries (which here means East Asian countries) is on page 142: "The psychotropic prescribing pattern in outpatient services across different countries varies considerably." Well, I bet that this is true for other parts of the world, too.

Anybody would agree with the statement that, "... the success of any therapy, including pharmacotherapy, depends on the relationship between patient and therapist. The nature and quality of the interaction between the clinician and the patient, flavored by both of their cultural backgrounds, values, attitudes, and expectations, serve as the backdrop against which drugs work, or fail to work. Attention to and successful management of transference and counter-transference are key to the success of not only psychotherapy, but also pharmacotherapy. The importance of culture in this respect cannot be disregarded" (p. 28). However, does this apply just to ethno-psychopharmacology or the entire psychopharmacology and psychiatry?

As I noted earlier, Mario Maj in the introduction felt that this book is focused on Asia-Pacific region. Even that is not so. There are two token chapters, one on Hispanics and one on African Americans, both of them with very little relevant clinical information—in all fairness not due to omission but due to the lack of research and data in these populations.

My last criticism of this book has to do with what I call the "ethno-centrism" with which the term ethno-psychopharmacology is used. Years ago I noted that the otherwise interesting and useful book on culture and ethnicity (1) omitted a "culture(s)" of over a billion people—the culture(s) of the Indian subcontinent. I was told that it was a reflection of not having more space in that volume. The current volume on ethno-psychopharmacology is a very slender one, yet it also omits the same subcontinent, and the entire Middle East (Jews and Arabs equally), and Africa, and so on. I am fully aware that there are probably no data on most of the countries' populations other than East Asia. But I think that the field of ethno-psychopharmacology has stalled a bit, focusing on East Asian countries or cultures only (with occasional token chapters mentioning other cultures). We already know that East Asians need less haloperidol. We need to know more about pharmacotherapy in other cultures and ethnic groups. The field of ethno-psychopharmacology and, as a matter of fact, ethno- and cultural psychiatry needs to become more inclusive and inquisitive about all ethnic and cultural groups. Only then could books like this be called "ethno-psychopharmacology."

My final remark—as the reader hopefully senses, I would not recommend to a busy clinician to spend \$110 for this slender volume.

## REFERENCE

1. Gaw AC (Ed.). *Culture, Ethnicity and Mental Illness*. Washington DC: American Psychiatric Press, Inc., 1993.

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*The Psychiatry of Stroke, 2nd Edition*, by D. Peter Birkett, The Haworth Press, New York, New York; 2008; ISBN 978-0-7890-3180-8, \$59.95 (paperback), 408 pp.

Although the neuropsychiatric consequences of stroke are varied and abundant, few psychiatrists regularly treat the consequences of this common neurological illness. Most psychiatrists are therefore unpracticed in evaluating or treating these patients when the occasion arises. For those with interest in reading about the evaluation and treatment of the panoply of suffering and psychiatric consequences that follow stroke, this revision of a text first published over a decade ago is a welcome addition. Although the topic may be relatively unfamiliar or at least remotely familiar for many clinicians, the author's long clinical practice and household style make it less daunting than the topic suggests. The book is also unusual because it is written by a single clinician for practicing clinicians, and while it is heavily referenced, the focus of the book is clearly clinically relevant and not a listing of clinical trials that might not be applicable to patients treated in the hospital or clinic.

The book reads as if one were listening to a long established clinical professor at a round table, seated by clinicians of various disciplines. There are relaxed sections of didactic writing that left me smiling: "In some cases, brain damage will cause disinhibition, and the individual previously regarded as heterosexual will precipitously come out of the closet" (p. 123). In another section he describes dementia with novel phrasing: "Perhaps, the best definition is that dementia is a long-lasting impairment of the set of mental abilities that humans share with computers" (p. 198). One could argue with the breadth of this definition of dementia, though from a teaching perspective it gives a concrete example that students can understand. The book reminded me of an unfussy section of Lishman's *Organic Psychiatry*.

The author writes the book with a wide audience in mind, even if the book is best suited for psychiatrists who practice in part or completely in geriatric psychiatry. Other potential readers include physiatrists, neurologists, or internists as well as nurses or social workers engaged in treating these patients. Hence, during some sections of the book, a psychiatrist familiar with the topic will find the book too breezy for clinicians familiar with clinical research. For example, he describes the Hamilton Rating Scale for Depression as "The Hamilton" without using quotations or italics, and notes "It is based on observations of the patient by a trained observer, and comprises *about* twenty questions." Similarly, neurologists may yawn through a few of the sections on anatomy and pathology.

The book is divided into three large sections: Background and Causation, Psychiatric Syndromes and Outcomes and Effects. There are also three appendices and a glossary. Each chapter also ends with a small character font summary for quick review or skimming to see if the chapter