

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.

Richard Balon, M.D.
Wayne State University
Detroit, Michigan

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

meets one's interests. The bulk of the book is appropriately dedicated to psychiatric syndromes following stroke, and herein lays the strength of the book. In this section the clinical descriptions are very well written and most useful for the clinician understanding the psychiatric consequences of stroke. The phenomenology sections are the strongest. He covers regional stroke syndromes, stroke effects on the senses, along with common psychiatric phenomena, such as mood, anxiety, and psychotic symptoms following stroke. Less time is spent on treatment likely because few pharmacologic trials have been aimed toward the neuropsychiatric consequences of stroke. He reviews the limited findings well, whether through summarizing clinical trials or case reports. He is neither dogmatic, nor conclusive regarding any of the treatments, realizing most treatment is palliative and still inadequate. In addition to pharmacologic treatments, other behavioral or social treatments also are acknowledged and given their due status. He is much more thorough in his covering of non-medical items than most medical textbooks, with attention paid to topics such as the family, money, legal issues, and ethics of treatment and treatment refusal.

The last third of the book could have been omitted without detracting from the book's strength. These sections seem more aimed at family members or non-physicians rather than for psychiatrists or neurologists. The glossary and Basic Anatomy of Stroke appendix are written for lay persons. The references are by chapter, and the index is excellent for finding areas of interest in the text. At the end of the book comes Appendix C, a four-page discussion of noted politicians with stroke, titled Wilson, Roosevelt Churchill, Stalin and Hitler. The inclusion of the last person mystifies me because the author does not have strong evidence for the patient having had strokes. For the other national leaders there was clear evidence of stroke affecting these men at the end of their lives, and the inclusion of these historical features adds a folksy touch to the clinical teaching lesson. Overall, this book is fine reading for those practicing or learning geriatric psychiatry or consultation psychiatry.

Lawrence A. Labbate, MD
University of Arkansas for Medical Sciences and
Central Arkansas Veterans Healthcare System
Little Rock, AR

Clinical Handbook of Schizophrenia, by Kim T. Mueser and Dilip V. Jeste, editors, The Guilford Press, New York, March 2008; ISBN 1-59385-652-0, \$75 (clothbound), 672 pp.

The *Clinical Handbook of Schizophrenia* was written with the goal of being both authoritative and accessible. To this end, each chapter was authored by one or more recognized experts in that particular aspect of the disorder but written in terms understandable to professionals and

non-professionals alike. Key points are reemphasized at the end of each chapter, followed by a listing of references and recommended readings as additional resources. Besides the two editors, one a clinical psychologist and the other a psychiatrist, this book has over 100 (107 to be exact) additional contributors. The handbook is composed of eight sections, each having several chapters detailing specific information related to that section's general theme. The first section deals with core science, and includes a chapter on the history of the conceptual framing of schizophrenia. This is followed by a section dealing with assessment and diagnosis, including chapters on commonly co-occurring disorders and treatment planning. Section 3 covers somatic treatments and, instead of covering medications only, also has a chapter on the use of electroconvulsive therapy in schizophrenia. The fourth theme is a review of psychosocial approaches to schizophrenia and includes chapters on supported housing and self-help activities. There are then five chapters in the fifth section, which covers systems of care that have been found useful for the person with schizophrenia, such as case management; strengths-based care; assertive community treatment; emergency, inpatient and residential settings; and even treatment in jails and prisons. A sixth section deals with special populations and problems, including first-episode psychosis, the prodromal appearance of schizophrenia, schizophrenia in older patients, aggressive and violent patients, homelessness, medical comorbidity, trauma, co-occurring substance use disorders, children with schizophrenia, and suicide. The seventh sectional theme focuses on policy, legal, and social issues, such as involuntary treatment, economic consequences, stigma, and the experience of schizophrenia in developing countries. A final segment covers a potpourri of matters such as remission, "recovery," gender differences, quality of life, spirituality and religion, sexuality, the African American experience of schizophrenia, and ethical issues in dealing with the illness. The book concludes with an extensive subject index.

The *Clinical Handbook of Schizophrenia* is an excellent review of the state-of-the-art as it relates to nearly all aspects of schizophrenia. Any one of the chapters can stand alone as a discussion of that set of issues. Some, such as the chapter on schizophrenia and sexuality, are fairly unique in such handbooks. Despite the relative universality of its coverage of the disorder, the book encourages the reader to look at further resources as well. This book is written with the Recovery Model in mind, which is quite helpful to those of us trained prior to the emergence of this concept. It is intended for all of the mental health disciplines, but also for patients and their families, many of whom are looking for additional information beyond what they can get from such sources as *Surviving Schizophrenia*, *The Complete Family Guide to Schizophrenia*, and similar books written for families and/or patients only. At over 600 pages, the size of the book itself may be somewhat imposing to the non-professional, but the writing is sufficiently