diagnosis of substance abuse. And the Johns Hopkins Press' resident grammarian seems to have nodded as the odd solecism ("a couple of years younger than him") sneaked into print. Overall, however, a noble effort, one that fills a hole previously unoccupied in the psychiatric literature. For the optimism and the life stories, request a copy for your department—and watch the Amazon ranking soar.

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Standardized Evaluation in Clinical Practice. Edited by Michael B. First; American Psychiatric Publishing, Inc., Washington, DC; 2003; ISBN 1585621145; $34.95 (softcover).

Not long ago I inflicted upon a few colleagues what may be the least scientific survey of my carrer. What I wanted to know was, other than when doing a drug study, how often do practicing clinicians use a standardized interview to evaluate a new patient? The answer was both shocking and unsurprising: hardly ever. Most of my clinician friends gather their diagnostic information the good old-fashioned way, probably the same way that you (and I) use: they wing it.

That's the basis for much of what you'll read in this important book. Unfortunately, it may go largely unread, judging by the Amazon.com ranking of over 1.4 million (no, that isn't the number of copies sold). The five chapters are readily summarized; in fact, Michael First's introduction has précised them neatly enough that you could almost skip the rest of the book altogether.

Monica Basco reviews the studies that demonstrate how much you will improve diagnosis when you use a structured interview. No surprises here. For primary care doctors, the psychiatric diagnosis agreement with "gold-standard" research evaluations was low, and if patients are diagnosed by mental health clinicians, it doesn't improve much. In a 2000 study, clinical psychiatrists had missed all but 41 of 223 comorbid diagnoses in a sample of 200 psychiatric outpatients.

In Chapter 2, Mark Zimmerman first retreads some of the same ground, then moves on to an excellent review of the development of the Psychiatric Diagnostic Screening Questionnaire (PDSQ), a self-administered interview that can help pinpoint areas that should be covered more thoroughly by a clinician during the initial interview. For years, when I was in private practice, I filled out a standard questionnaire for each new patient I saw. It didn't include many diagnostic criteria, but it did remind me to interview more thoroughly in a variety of areas that I might otherwise have neglected. In so doing, I was never aware of any problems with rapport that such a process might have introduced. Rather, I believe it actually improved rapport by gaining me greater knowledge of my patients right from the beginning than I would have had otherwise. This is the real meat of the book, and I only wish that the questions for the PDSQ had been reprinted here. Alas, it is a proprietary document, so you'll either have to come up with your own set of questions or plunk down over a hundred dollars at Western Psychological Services.

Christopher Lucas' Chapter 3 does for child and adolescent psychiatry what previous chapters have done for the adult interview, though his solution focuses on the computerized version of the Diagnostic Interview Schedule for Children.

The two final chapters cover rather more specialized material, and they have a somewhat added-on flavor, as if to bulk out the book. Maria Oquendo and others report the less-than-astonishing finding that we don't do very well when it comes to evaluating risk of suicide. After decades of trying, we still haven't advanced much beyond guesswork in determining imminent risk of suicide, the patient on the 12th story ledge notwithstanding (so to speak). The assessment of lifetime risk may be somewhat more accurate, but even that is pretty hazy at best. The bottom line is still: the best predictor of risk for a suicide attempt is a previous attempt. In the final chapter, Van Stone et [many] al. describe how the VA implemented use of the GAF in the waning years of the previous millennium.

Just about everyone who has studied the issue of interviewing patients agrees that structured and semi-structured interviews can greatly enhance diagnostic accuracy. Whether clinical improvement necessarily follows has not been adequately studied, though if diagnosis has any meaning at all, the answer must be yes. In the end, the issue isn't whether we can improve diagnosis, but whether we have the will.

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Anxiety Disorders in Adults: A Clinical Guide. By Vladan Starcevic Oxford University Press, New York, New York; 2005; ISBN 0195156064; $59.50 (hardcover), 423 pp.

I read this book about anxiety disorders over a series of lunch hours on a covered dock on the bank of the Arkansas River. The flowing water, tall bluffs, and darting swallows provided a calm oasis from office life. The contrast between the pastoral setting and the titled book title struck me. The serene setting was sufficient that an uninformative book would be put down or a dull dense book might induce sleep. To my surprise, this unassuming single authored small book kept me focused and impressed. After reading the first chapter, I looked forward to subsequent readings along the river.

The book is written by an academic psychiatrist who has been on the faculty at the University of Belgrade in Yugoslavia and now on faculty at the University of Sydney, in Australia. He is from a wide global experience and writes with an obvious wide clinical and research experience in anxiety disorders. The author writes clearly and simply and shows his breadth of knowledge from both published literature and personal experience from evaluating patients.