

brief discourse on antipsychotics relying solely on English literature. It overlaps a bit with chapter 9, "Novel treatments in bipolar depression," which reviews atypical antipsychotics, electroconvulsive therapy, transcranial magnetic stimulation, vagus nerve stimulation, ketogenic diet, omega-3 fatty acids, myo-inositol and dopamine agonists. Why some of these interventions are reviewed without any evidence of their usefulness in this indication (e.g., vagus nerve stimulation) is not clear to me. On the other hand, some suggestions, such as using pramipexole, are interesting. Last but not least, the introductory statement to this chapter, "Treatment for bipolar disorder is currently characterized by polypharmacy, even in the best treatment centers" (p. 191) is a bit incomprehensible. So what? Would any comprehensive cancer treatment center doubt that polypharmacy is a big no-no as suggested here?

Chapter 10, "Psychological interventions in bipolar depression," finally provides a bit of refreshing air. It reviews the use of cognitive-behavioral therapy and interpersonal social rhythm therapy. The discussion of cognitive-behavioral therapy is especially good and emphasizes that cognitive patterns are not causing emotions in bipolar depression.

The last chapter, "Future directions for practice and research" provides some suggestions as to where to move in bipolar depression research in various areas such as neurobiology, diagnosis, depression, integration of treatments and others. Pretty standard ending of a "comprehensive guide."

This is a review of an important clinical topic. The clear advantage is the small format and relative brevity. Any book/guide could focus on a good or important topic, or on a not so important topic; and could be put together either well or not so well. That results in four basic combinations (good/good, good/bad, bad/good, bad/bad). I let the reader guess where this comprehensive guide falls.

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Model Psychopharmacology Curriculum for Psychiatric Residency Programs, Training Directors and Teachers of Psychopharmacology. Fourth Edition, by Committee of the American Society of Clinical Psychopharmacology (Ira D. Glick, Richard Balon, James Ellison, David S. Janowsky, R. Bruce Lydiard, Jessica Oesterheld, David Osser, James Thompson, Kim Walton and Sidney Zisook), The American Society of Clinical Psychopharmacology, Inc., Glen Oaks, New York: 2006; \$600 (+ \$40 for domestic shipping or \$85 for international shipping); \$400+\$40 for shipping for institutions that have purchased the previous edition; \$100 off each price for a member of ASCP using it for their own personal use, 4 volumes+CD ROMs.

Unlike most medical residencies, a psychiatric residency is still deeply reflective of the historical development of the field itself. The artificial divide between analytic and biological approaches to

psychiatry is the result of a very recent and ongoing dialectic between the two forces that reminds one of Faulkner's famous line, "The past is never dead. It's not even past."

Teaching at various psychiatric residencies reflects the history of the specific department in question with biases toward psychotherapy and biological psychiatry often reflective of the quality of teaching in the respective discipline. In recent years, the educational balance between the two sides became so polarized at various institutions that the ACGME had to set standards for education in psychotherapy to ensure that the latter was not completely eclipsed by the often times overwhelming dominance of biological therapy. That being said, the practice of biological psychiatry has increasingly become more sophisticated and challenging with greater numbers of medications to choose among, greater concern about long term side effect profiles, increasing knowledge about drug interactions, as well as a new awareness regarding the injection of cost considerations into the risk benefit calculus.

This scenario is the context in which to view the publication of the 4th edition of *Model Psychopharmacology Curriculum: For Psychiatric Residency Programs, Training Directors and Teachers of Psychopharmacology*, produced by a committee of the American Society of Clinical Psychopharmacology chaired by Ira Glick. The publication is a four-volume multimedia text designed to create the template for a complete four-year residency psychopharmacology education. It is a tour de force encompassing not just model lectures ranging from a crash course in pharmacology to the use of medications in geropsychiatry, but also including models for evaluating students and educators, suggestions on how to utilize the information, as well as helpful references such as commonly used psychiatric scales and appropriate internet websites.

The work is divided into 4 Volumes. Volume II represents the bulk of the text; it is the body of the lectures themselves which comes in both a print and a Powerpoint format. The Powerpoint lectures are written by a who's who in psychopharmacology with various specialists contributing their respective expertise. Updates from the 3rd edition include pre and post lecture competency questions and up-to-date information added to the field since the last publication. For those sensitive to industry's role in pharmacology education, the work was compiled without any input or support from Pharma.

Volume I is a pithy text on how to utilize this work as a teaching tool. The advice reflects the wisdom of the editorial committee and contextualizes Volume II (the body of the lectures themselves) in a way that prevents this teaching tool from becoming a teaching trap. There is a reminder not to use the work as an actual psychopharmacology textbook, rather it is a template on which to graft a four year integrated psychopharmacology course. The authors encourage teachers to personalize the slides to their own lectures and to appropriate them to their respective teaching format. The frightening risk one runs by handing out preformatted pharmacology Powerpoint lectures is that, rather than invigorate and expand a facility's teaching capabilities, the teaching is instead reduced to the

level of boring didactic recitation. Unfortunately, such an outcome has now become an increasingly common medical school experience accelerated by the ubiquity of Powerpoint which too often is an excuse to drone on in a preformatted way rather than to interact in a meaningful and multisensory manner with the material and the students. It is clear that the editors of this work understand the dangers of utilizing their resource in this way: Volume I includes warnings about such pitfalls as well as practical suggestions on ways to bring the material alive, such as case conferences. Volume IV includes suggested teacher evaluation forms in order to ensure that material has been received positively and to reinforce the use of feedback as an integral part of the learning process.

Volume III includes lectures on child and adolescent psychiatry as well as geropsychiatry for 3rd and 4th year residents. These lectures have been revised and expanded from the 3rd Edition. Other new topics include lectures on vagal nerve stimulation, repetitive transcranial magnetic stimulation, electroconvulsive therapy, and reading the literature.

Volume IV is a collection of appendices including rating scales, references, journals, books for families, evaluation forms, guidelines for standard of care, treatment algorithms, and using the internet.

In short, the material included in this work can fill teaching gaps in even large residency programs and create a world class pharmacology course for a small program. It sets a standard for both the material to be covered as well as the approaches to learning that can serve as a guide for all residency and medical school teaching.

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The Bipolar Workbook: Tools for Controlling Your Mood Swings, by Monica Ramirez Basco, PhD, The Guilford Press, New York, NY, 2006; ISBN 1-59385-162-6; \$18.95 (soft cover); 253 pp.

We often want to recommend a resource for our patients or their families to help them understand bipolar disorder (BD). I have not seen any workbooks addressed to patients that explain the illness in a step-by-step fashion.

This book by Monica Basco, PhD, helps to fill this gap by explaining the symptoms and signs, mood episodes, course, and basic treatments of BD in straightforward language. The main strength of the book is that it helps patients and families understand the early symptoms and signs of an impending mood episode so that they, with the help of their physician and/or the treatment team, can intervene early enough to try to prevent it. Medications are clearly the main treatment in BD. In addition, the author teaches the patients some tools, as an adjunct to medications, to decrease their chances of getting depressed or manic. These include getting enough sleep, exercising, managing

stress, avoiding alcohol and illicit substances, detecting errors in thinking, and complying with medications etc.

The book also has short case scenarios. They give the patients a deeper understanding and let them identify with the specific symptoms and challenges of BD. Case scenarios also break some of the denial and make patients feel that they are not alone in their struggle against the disruptive mood undulations of BD.

The author begins with a chapter named "Take control of your illness." The book is divided after that into four sections: Step 1: See it coming, Step 2: Take precautions, Step 3: Reduce your symptoms, and Step 4: Check your progress. Each step includes several chapters.

In Step 1, the author first describes the symptoms and signs of BD. In the next chapter, she discusses the charting of a personal history and argues that life charting can help patients and physicians to identify precipitants of mood episodes. In the next chapter, the author discusses how the patients and their significant others can detect early symptoms and signs of mood episodes and intervene before things gets worse. In worksheet 4.5 (p. 73), she presents a mood graph grading mania and depression on a scale from 0 to 5 to assist patients in deciding how severe the episode is and what to do in each stage.

In Step 2, Dr. Basco discusses how to avoid precipitating factors for mood episodes. Then she talks, in the next chapter, about compliance with medications. I have some reservations, though, for describing pharmacological treatment as just a "trial-and-error approach" (p. 123). There are, after all, medically rational algorithms for applying medical management. In chapter 5, she discusses how patients can make themselves less vulnerable to mood episodes by learning and avoiding the precipitants. In chapter 7, the author talks about ways to help patients adjust to and accept the diagnosis. On the other hand, she discusses the common diagnostic dilemma that sometimes patients presenting with depressive episodes get misdiagnosed with major depressive disorder rather than BD. She discusses factors hindering "accuracy" in diagnosis including geographical and cultural factors, for example "what looks like hypomania in west Texas may look normal in southern California" (p. 146).

The first seven chapters (first 2 steps) may be a little redundant and might be burdensome to read by a number of patients with a common complaint of concentration problems or racing thoughts. I have recommended the book to some of my patients, in the initial visits, and found it to be a challenge to some.

Step 3, in my opinion, is the best-written part of the book. It discusses the cognitive techniques, such as recognizing and catching errors in thinking, controlling thought and the effect of thoughts on emotions and vice versa. It seems as if this was the core of the book, and other chapters were built around it.

A footnote at page 23 defines the "clinicians or practitioners who make psychiatric diagnoses, prescribe medication, and provide psychotherapy may be psychologists, psychiatrists, social workers, nurses, licensed professional counselors, marriage and family therapists, chemical dependency counselors, family practice/primary care doctors, interns in psychology, interns in social work, interns in counseling, medical residents,