

how to communicate their thoughts with patients, how to improve their thinking via this communication. Unfortunately but understandably, as mentioned before, the way psychiatrists think is not explored here. Hopefully Dr. Groopman can either attempt to handle this area in one of his future books, or maybe psychiatry can find its own Jerome Groopman.

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REFERENCES

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2. Groopman J. Second opinions: stories of intuition and choice in the changing world of medicine. New York, NY: Viking Penguin Group; 2001.

Patient Compliance with Medications. Issues and Opportunities.

By Jack E. Fincham (with five contributors); Pharmaceutical Products Press, An Imprint of The Haworth Press, Inc., Binghamton, New York; 2007; ISBN 978-0-7890-2610-1; \$ 32.95 (paperback), 232 pp.

Compliance with a medication regimen, or more politically correct adherence to a medication regimen, is quite an important part or ingredient of the process of medication use by patients. Compliance or adherence to the medication(s) we prescribe is much more complex and complicated than we all think. The author/editor of this book, Jack Fincham, reminds the reader that, “the prescribed drug that patients can take can be a small part of total drug use by patients. Other drugs taken may include over-the-counter (OTC) drugs, herbal supplements, vitamins, nutritional supplements, and perhaps drugs borrowed from other friends, family members, or perfect strangers” (p. 5). Ideally, we would like patients to perfectly adhere to our prescription regimen all the time. Yet we know that it almost never happens. Thus, we always attempt to check the compliance and attempt to improve it. Jack Fincham states that his book “. . . relates to compliance and patients, and how to improve the former for the benefit of the latter” (p. 5).

The book consists of 12 chapters. The first chapter is a very brief introduction. Chapter two, “Scope of noncompliance and other issues,” outlines issues such as drugs, pharmacists, and insurance; self care; self-medication; noncompliance as an alternative; the consequences of noncompliance; factors affecting compliance (e.g., satisfaction with care, age, cost, knowledge of disease, work disruption, income, continuity of the physician-patient relationship, medication errors); dosing; devices to aid patients with compliance; communication; and manufacturers. While the chapter is superficially informative,

it also delineates one of the main problems of this volume—its bias. The author states that, “The pharmacist is the focal professional with regard to patient medication consumption. All points lead to pharmacist, so to speak” (p. 11). I hope that this is not the true reflection of the state of the affairs. When I go to the local pharmacy, the pharmacy technician usually asks me whether I would like to talk to the pharmacist. After I (like everybody else) decline, I am asked to sign a nonsensical disclaimer (which I occasionally sign with three crosses), pay my co-pay, and I get the medication and leave. Without talking to the pharmacist. Some may say that this is not the point and that I had my chance to talk to the pharmacist. True, but he/she had his/her chance and wasted it. I do not waste my chance to talk to my patients about their compliance, though. I hope and believe that most physicians do not miss it either.

Chapter three, “Drug therapies leading to noncompliant activity” was written by Jayashri Sankaranarayanan. The author emphasizes that, “measurement of adherence provides useful information that outcome-monitoring alone cannot provide, but it remains only an estimate of a patient’s actual behavior” (p. 29), and later adds that, “interpreting adherence rates can be difficult” (p. 37). The chapter reviews medical-condition-related factors; medication-therapy-related factors; patient-related factors; health professional attributes and health system factors. Chapter four, “The cost of noncompliance,” starts with the statement that “compliance is often thought (as it should be) in terms of therapeutic success or failure” (p. 63). The author informs us that admissions to emergency departments have been tied to patient noncompliance and that in one study 58% of drug-related illnesses were tied to patient noncompliance across many disease states (sic) (p. 64). The chapter focuses on noncompliance in various illnesses (asthma, cardiovascular, seizures, infectious diseases), populations (elderly) and medications (antipsychotics, transplantation pharmacotherapy) and its possible price.

Chapter five, “Definitions and measurements of compliance,” provides the definitions of initial compliance, partial compliance (??), compliance and hypercompliance (“ . . . patients takes a prescribed and dispensed medication at a level over and above the recommended and intended dosing interval.”), and methods to detect compliance (I’d rather say monitor . . .). Here the author gets back to his biases with statements such as, “It may be wise to exercise caution in considering physicians and their ability to make judgments of their patients’ compliance behavior,” or asking “Can physicians be noncompliant?” They certainly can, but this question is not asked about any other health care professional. Chapter six, “Models to evaluate patient compliance,” written by Christopher Cook provides “an overview of some of the most important behavioral models that have been used in medication compliance research and presented in the literature” (p. 109). Chapter seven, “Methods to impact patient compliance,” focuses on the types of impact on compliance first. Interestingly, the author informs us that, “. . . the integrity and ethical issues surrounding pharmacists reached a wider audience than the pharmacy profession would

like" (p. 116). The author then delves into specific ways to improve compliance, such as calendars, diaries, packaging, nonchild-resistant closures, divided containers (specialized pill boxes), electronic monitors, timing of medication (e.g., tying it to brushing teeth), grouping medications, counting medication, buddy systems (someone reminding the patient), blister packaging and specialized caps. The author also discusses electronic prescribing (decreasing medication errors) and criticizes pill splitting as a method to improve compliance.

The following chapter, "Bridging the gap between provider and patient variables: concordance," is not very informative. Chapter 9, "Ethics of compliance," on the other hand deals with several interesting issues such as capital punishment and assisted suicide, noncompliance as a patient prerogative, Health Insurance Portability and Accountability Act (HIPAA) and impact upon compliance, information technology, and some questionable, if not unethical practices such as drug-company-supplied leaflets, confusing drug names and others.

Chapter 10, "The role of health professionals in influencing patient compliance," written by Richard Schultz, focuses on recognizing our limitations and biases and making sense of the vast and contradictory literature on noncompliance. The following chapter, "Disease state management in older persons with hyperlipidemia," by Louis Roller and Jenny Gowan deals with, as the title outlines, one very specific issue. Finally, chapter 12, "Current and future considerations," attempts to provide some concluding remarks and suggestions. The author outlines and discusses some useful questions to ask when adding or continuing drug therapies: 1. Is the drug needed?; 2. Can the patient afford the drug?; 3. What are the incentives and trade-offs for the patient benefit-to-cost ratio?; 4. Are there predictable side effects with the new therapy?; 5. Can the new drug take the place of a currently taken medication?; 6. Will the new therapy lead to the need to take more drugs?; 7. Has the patient "bought into" the need for the new drug, for example, use of concordance?; 8. Is the new drug being prescribed to pacify the patient?; 9. Have nondrug alternatives been tried first before prescribing drug? And; 10. Will food-drug, drug-diet, or drug-drug interactions be likely with the new drug and currently consumed medications?

My biggest issue with this book is the fact that I am not sure whom this book is written for, who the audience should be. This volume is a mixture of semi-informative and theoretical chapters, occasionally providing some recommendations, though it is not clear for whom. Patients? Pharmacists? Physicians? The second issue is the occasional anti-physician bias I mentioned. My third issue is the relative lack of useful and structured information. Thus, I can hardly recommend this book to any busy clinician, unless he/she is, maybe, interested in thoroughly researching the issue of compliance/adherence.

The reader may ask why review a book like this one. Recently, a friend of mine said to me, "I hate some journal book reviews, they all say how great the books are, so what is the point?" I responded that I thought that akin to publishing results of negative studies, we ought to publish reviews critical

of the reviewed books, too. They provide our readers with very useful information. I believe this book review is a case in point.

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Women and Depression. A Handbook for the Social, Behavioral and Biomedical Sciences. Edited by Corey L.M. Keyes and Sherryl H. Goodman; Cambridge University Press, New York, New York; 2006; ISBN 0-521-83157-1; \$34.99 (paperback), \$75.00 (hardcover), 582 pp.

The fact that depression is two to three times more likely to occur in women than men is a well-known statistic. The multitude of reasons for this significant discrepancy has been researched by many disciplines, including psychiatry, psychology, sociology and public health. This comprehensive textbook synthesizes information from the aforementioned specialties to examine social policy, epidemiology, etiology, treatment and prevention of depressive illness in women.

The editors of this textbook put together an international team of experts. The book consists of a Preface, five parts and nineteen chapters. The first section addresses classification and epidemiology of depression.

The second section of this text is titled "Biological, developmental, and aging models of risk." Chapter Three focuses on biological mechanisms involved in depression, particularly gender differences in the regulation of the Hypothalamic-Pituitary-Adrenal axis. Chapter Four is an excellent biopsychosocial summary of depression in women during different periods of their lives. This chapter specifically addresses puberty, menstruation, pregnancy, post-partum depression and menopause. As puberty heralds the significant gender shift in depression prevalence rates, Chapter Five thoroughly defines associated physiological and physical changes, and describes various models to explain the vulnerabilities of this developmental period. The final chapter in this section discusses prevalence, risk factors and consequences of depression in aging women.

Part Three of this text addresses "Cognitive, emotional, and interpersonal models of Risk." Chapter Seven focuses on cognition and depression, including body image, self-esteem, self-efficacy, sociotropy (a need for the acceptance and approval of others), unmitigated communion (a focus on others to the exclusion of self), optimism and pessimism, cognitive and attributional styles, avoidance coping strategies, rumination and suppression. Chapter Eight examines personality traits in women with depression, particularly dependency, and stresses the inclusion of accurate assessment and treatment of maladaptive personality styles. Chapter Nine, titled "The social costs of stress," reviews the biology of the stress response and defines sex differences. An interesting concept of "tend-and-befriend" in women versus "fight-or-flight" in men is described. Differences in vulnerability to social stress are addressed, as is the