

discussed in previous chapters. The chapter further discusses how to prevent relapse and how to substitute healthy behavior for rituals and avoidance.

Chapter ten, "Should I take medication?," reviews the pros and cons of medication for body dysmorphic disorder ("medication can be very helpful..."), and what could be done if medication does not work. The last chapter, "Helping a family member or friend with body image concerns," contains a lot of useful advice for family members, such as, "don't enable," "don't get angry," "don't feel guilty," "learn about the problem," "seek emergency care if necessary," and others.

The Appendix reviews the relationship of body-dysmorphic disorder to other disorders such as eating disorders, obsessive-compulsive disorder, depression, social phobia, and trichotillomania. Finally, the resources provide a list of specialty clinics around the country, a list of organizations and websites, and a list of some useful books.

This is an interesting book for all those struggling with their body image. It provides detailed guidance for basically self-administered cognitive-behavioral therapy for those suffering from various dissatisfactions or preoccupations with their body image or looks. The book could be recommended to many of those suffering from body image problems, especially to those who cannot afford therapy, as one \$14.95 book provides an inexpensive, though time-consuming, alternative.

While I enjoyed reading this book and agree with the author that even therapists not quite experienced with treating body image problems may find this book useful, two questions crept into my mind:

1. How do we know that this approach is effective? Has anybody really tested it?
2. Is it possible that we are replacing one ritualistic behavior with another one?

Hopefully time and further research will help us answer these questions.

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***The Physician's Guide to Depression & Bipolar Disorders.***  
Edited by Dwight L. Evans, Dennis S. Charney, and Lydia Lewis; The McGraw-Hill Companies, Inc., New York, New York; 2006; ISBN 0-07-144175-1; \$59 (softcover); 528 pp.

This comprehensive book stresses the importance and relationship between mood disorders and chronic medical illnesses. The authors nicely summarize the recent pertinent literature on mood disorder, with references at the end of each chapter. However, there is more emphasis on Major Depressive Disorder (MDD) versus Bipolar Disorder (BPD). The authors, perhaps, are trying to target the primary care clinicians in addition to the mental health clinicians. Also, they acknowledge that MDD is "a growing international public health problem."

Several chapters address the comorbidity between depression and general medical illnesses in a holistic view. These chapters discuss the impact of depression and that it "may even figure as a causal factor in the onset and course of certain medical conditions."

The book is divided into six sections with several chapters in each section. The first section addresses mainly the diagnosis and treatment of mood disorders and is dedicated primarily to clinicians "not specifically trained in the care of patients with mental illnesses." The first chapter discusses the diagnosis in the primary care setting and is concise and informative. It is written by Drs. DeGruy and Schwenk, family physicians and chairpersons of University of Colorado and University of Michigan, respectively.

In the second chapter, Drs. Rush and Trivedi summarize the literature on the treatment of depression with a section on 'Guidelines and Algorithms,' followed by a section on the 'Effectiveness of Guidelines.' In the latter section, they present some discussion on key studies, such as the famous Sequenced Treatment Alternatives to Relieve Depression (STAR\*D) trial, the Texas Medication Algorithm Project (TMAP) study, and Improving Mood-Promoting Access to Collaborative Treatment (IMPACT) study done in the primary care setting.

Aaron Beck, MD, the founder of cognitive behavioral therapy, and Brad Alford, PhD, coauthor the third chapter, and do a good job summarizing the literature on the cognitive approach in the treatment of MDD. They emphasize that a higher percentage of patients stay depression-free after treatment with cognitive behavioral therapy versus pharmacotherapy. Several of these studies are summarized in Table 3-2 of the book.

The fourth chapter overviews the hot topic of the diagnosis and treatment of MDD and BPD in children and adolescents. In the pathophysiology part, the authors bravely state that "as understandings of mental disorders have evolved, investigators increasingly recognize the degree to which current nosology must remain tentative. As pathophysiologic understandings increase, the current nosologic boundaries of MDD and other syndromes may change." (p. 106, paragraph 2). It is an interesting comment on the constant evolution of the description of psychiatric disorders that was first established by the seminal work of Feighner et al. (1) in 1972. In Table 4-8, the authors present a useful summary of the SSRI trials in youth with MDD. In the differential diagnosis part of this chapter, they present practical ways for teasing out the common dilemma of separating BPD from ADHD in children. The fifth chapter on 'Empowering Patients and Families to Achieve Lasting Wellness,' though an important practical issue, I found it a bit redundant.

The remaining part of the book focuses on the relationship between mood disorders, mainly depression, and specific medical illnesses. These chapters address common chronic illnesses that face the practitioner on a daily basis, such as diabetes (ch. 6), obesity (ch. 7), cardiovascular disease (ch. 10), stroke (ch. 11), cancer (ch. 15), and HIV (ch. 16). The authors also do not neglect to dedicate chapters to Alzheimer's disease, Parkinson's disease, and epilepsy. Each of the above-mentioned

chapters can stand on its own as a review of the current understanding of the topic in its specific area. Several of these chapters have practical sections on differential diagnoses, treatment, and the interaction of the comorbidities, yet some chapters have extensive pathophysiology sections discussing how each comorbidity affects the other. These pathophysiology sections, generally speaking, are extensive (sometimes running over 13 pages as in chapter 10), theoretical, and purely academic. They may be of little interest for today's busy clinician. On the other hand, these sections can be used as a nice quick reference for the current academic medical literature in the areas covered.

Two extensive chapters on osteoporosis and reproductive endocrinology discuss the literature on the still-evolving links between these areas and mood disorders. Section VI starts with a chapter on "Chronic Pain Syndromes and Comorbid Mood Disorders." The authors efficiently address this common issue in our practice, which is often felt to be obscure to many of us. They cover conditions that not only pertain to the common pain (chronic back pain), but also to other pains such as those due to abuse, headache, fibromyalgia, irritable bowel syndrome, and even chronic pelvic pain. I was also intrigued by the summary of different hypotheses for the correlation between pain and depression.

In summary, this book is a useful update for primary care physicians, psychiatrists, residents, and fellows, especially fellows in psychosomatic medicine and consultation services. There are many tables that summarize different studies; the references at the end of each chapter are particularly valuable. The first section is more geared toward primary care medicine and talks about the basics. The latter sections, though, are more in-depth discussions that broaden our understanding of the dual relationship of the mind-body link of various chronic illnesses. They help us to differentiate between mood and physical symptoms, which is not always an easy job.

## REFERENCE

1. Feighner JP, Robins E, Guze SB, Woodruff RA Jr., Winokur G, Munoz R: Diagnostic criteria for use in psychiatric research. *Arch Gen Psychiatry* 1972 Jan; 26(1):57-63

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***Law and Mental Health: A Case-Based Approach.*** By Robert G. Meyer and Christopher M. Weaver; The Guilford Press, New York, New York; 2005; ISBN 1-59385-221-5; \$45 (hardcover); 394 pp.

This book is divided into 22 chapters with seven major headings: Basic Court Proceedings, Legal Precedence, Forensic Evaluations, Civil Law, Specific Mental Diagnosis in the Law, Violent Crime and Criminals, and Juveniles in the Legal System.

The chapters address major themes that any study of the interface of law and mental health has to include, namely confidentiality, duty to warn, competency, and informed consent. Each chapter presents landmark cases that set precedence for applying the law. Civil and criminal court proceedings are explained along with jury selection, sex offender laws, and the application of laws in cases involving juveniles.

It introduces the reader to some of the lingo relevant to understanding the practice of law, such as "Frye Standards" and "Batson Objection" and the origins of it. Widely known laws such as Megan's Law are included as illustration to some of the difficulties of applying the law in some cases without creating situations that could be challenged by appeals to a Supreme Court review. All this is achieved while keeping an objective view in presenting both sides of any argument.

The reader will benefit from special chapters on criminal psychological profiling, the death penalty, and whether addiction should be addressed as a mental health issue vs. a legal issue, or both.

The book is well written and readers will find it easy to read with a natural flow of information and an abundance of examples that solidify and clarify the points and arguments made. I particularly appreciate the authors' style of presenting information in an interesting format that grabs the reader's attention rather than just list one fact after another, and I found myself reading every chapter without skimming, skipping, or taking breaks.

I would recommend "Law and Mental Health" to anyone interested in mental health in general and forensics in particular, as well as those who intend to embark on a practice of the law. With the criminalization of the mentally ill and the medicalization of criminals and their offenses, this book enriches the ongoing exchange of information between the fields of law and mental health.

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***Diagnosis Made Easier: Principles and Techniques for Mental Health Clinicians.*** By James Morrison; The Guilford Press, New York; 2006; ISBN 10: 1-59385-331-9; \$36 (hardcover); 316 pp.

Dr. Morrison has written other books on similar topics—*DSM-IV Made Easy*, *The First Interview*, etc. This gives him a lot of familiarity with the concepts involved, and it shows in the relaxed, almost conversational style of his writing. The book is divided into three parts: the basics, building blocks, and applications. The first section begins with a case description, to which the author refers from time to time as the book progresses. In fact there are multiple brief case vignettes throughout the book. Dr. Morrison offers a "roadmap" for mental health diagnosis—an algorithm for managing diagnostic data in blocks. He talks about decision trees, managing conflicting information, dealing with the uncertainty of too little