he refuses), it finally becomes clear that Nic is using crystal meth, "his drug of choice" (p 106). (Interestingly, the father tried meth years ago himself, but did not become addicted.)

David Sheff has done a lot of research about crystal meth. He also has lived through the sixties, the era that glorified substance abuse. He educates the reader about the discovery and spread of crystal meth. He points us how dangerous this drug is. He cites David Smith, MD, the founder of the Haight Ashbury Free Clinic on how meth devastated the neighborhood, sent kids to the emergency room, some to the morgue, and "Meth ended the summer of love" (p 110). Sheff describes how relatively easy it is to manufacture crystal meth and how widespread the manufacturing and use are. He also addresses the dangerous and fallacious attraction of suicide among famous and not so famous people who abused drugs, such as Kurt Cobain. As a young man, Sheff interviewed John Lennon who took an exception to this saying, "It's better to fade away like an old soldier than to burn out. I worship the people who survive. I'll take the living and the healthy" (p 118). Sheff also tones down the hope of those entering rehab—the true number of successes for meth addicts seems to be in the single digits. In addition, many rehab programs are ran by people who have no qualification other than their former addiction, a fact that does not make them experts.

As his son spirals deeper and deeper into substance abuse, David Sheff continues to look for answers and solutions. He talks to researchers around the country and finds out about the damage meth causes to the neurons. He finds out that the re-growth of damaged nerve endings may take as long as two years (p 138), and thus it could take meth addicts a very long time to recover. He also reminds us that addiction is an equal opportunity affliction, affecting people without regard to their economic circumstances, education, race, geography, or any other factors (p 178). He realizes that movie or book descriptions of drugging and drinking are no longer funny to him, but rather pathetic. He presents the readers with a controversial debate whether designating addiction a brain disease gives addicts an excuse to relapse.

Nic's addiction gets worse and worse; he almost dies several times. He lies and steals, even from his family. His addiction poses a heavy toll on both his father's and his mother's families. David Sheff develops a cerebral hemorrhage, which may or may not have been related to the continuous stress of coping with his son's addiction. As he lies in the hospital, unable to remember his name, the only thing he thinks about is his son and the fact that he cannot remember his phone number. He fully recovers. His son still does not. His lies and his actions continue to afflict his family. David Sheff quotes his son about drug addict's lies, "An alcoholic will steal your wallet and lie about it. A drug addict will steal your wallet and then help you look for it" (p 265). The family (author, his second wife, and their two younger children) enter family therapy, which Sheff found fairly helpful. Life goes on, with hope that Nic, who, toward the end of the book seems to be in long-term recovery, will stay sober.

David Sheff continues to contemplate what went wrong and what he could have done differently. He wishes he had forced his son into a long-term rehabilitation program when Nic was young and it was legally feasible. He tells us that to send a child into rehab against his or her will is the hardest decision parents ever make (p 313), but it is the right one. "Rehab isn't perfect, but it's the best we have" (p 314); he also reminds us that no outcome is guaranteed and statistics are almost meaningless.

David Sheff ends the book with the hope that his son will stay clean, and that their relationship will continue to heal.

This memoir sucks you in. It is an extraordinary story of a family's dealing with the son's addiction. It is deeply moving. The author is very open about his feelings, his guilt, and his anger. The book is very well written. It is one of the great memoirs of addiction. I would recommend it to anyone interested in addiction and in coping with the addiction of a family member. Family members and addicts themselves will deeply appreciate this beautiful memoir. Mental health professionals would also appreciate it and learn a lot about the terrible epidemic of crystal meth and its impact on families of those addicted to this drug.

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Binge-Eating Disorder. Clinical Foundations and Treatment. By James E. Mitchell, Michael J. Devlin, Martina de Zwaan, Scott J. Crow, and Carol B. Peterson; The Guilford Press, New York, New York; 2008; ISBN: 978-1-59385-594-9; $30.00 (paperback), 214 pp.

With the continuously rising rates of obesity, eating disorders other than anorexia nervosa or bulimia are also becoming center of our attention and interest. One of such disorders is the binge-eating disorder (BED). This disorder has not yet been recognized as an "independent" diagnostic entity. It has been included in the Appendix of the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-1) (1) as a disorder for further study and as an example of the eating disorder not otherwise specified. The main features of this entity are recurrent episodes of distressing overeating, on average two days a week for six months. These episodes are not associated with purging, fasting, or exercise, or other compensatory behavior. According to the authors of this volume on BED, Robert Spitzer originally used to call it "compulsive overeating" (p viii). The concept of BED has strong face validity, yet its content and construct validity are less well established (p 6). It seems to be more prevalent than anorexia nervosa and bulimia nervosa, with approximately 2% prevalence in the general population (p 9). Thus, it seems that this entity should get more of the physicians' and psychiatrists' attention. A group of authors-experts in eating disorders, Drs. Mitchell, Devlin,

de Zwaan, Crow, and Peterson decided to put together a volume that would (a) provide useful clinical information for practicing physicians about the diagnosis and treatment of this condition, along with a manual for an evidence-based treatment, and (b) review the literature that has developed on this condition over the last dozen or so years, suggesting possible future avenues for research (p vii).

The book is thus divided into two parts: I. 'What we know about binge-eating disorder and its treatment,' and II. 'Cognitive-behavioral treatment program for binge-eating disorder.' The first part consists of seven chapters, which review the diagnosis and epidemiology of BED; clinical features, longitudinal course, and psychopathology of BED; the association between BED and obesity; eating behavior, psychobiology, medical risks, and pharmacotherapy of BED; BED and bariatric surgery; psychotherapy for BED; and future developments in the area of BED. These chapters provide a solid review of the literature of each mentioned area and have the character of detailed, well-referenced review articles.

It seems that BED is a stable and persistent disorder (p 17). The rates of general psychopathology are higher in obese individuals with BED than those without binge eating (p 18). In addition, patients with BED have higher levels of Axis I comorbidity than obese individuals without BED, and low risk of anorexia nervosa. The chapter addressing the relationship between BED and obesity is posing questions such as whether obesity is an eating disorder itself (not clear, maybe); how frequently do BED and obesity coexist (estimates of coexistence vary from 5% of obese patients to 20–30% of obese patients); what is the central clinical feature of obese binge eaters; whether binge eating causes or results from obesity (seems likely that binge eating promotes weight gain), and whether the distinction between obese BED and non-BED matters for treatment. The chapter on psychobiology, medical risks, and treatment emphasizes the various medical risks. It also reviews studies with pharmacological agents effective in BED, such as tricyclic antidepressants, selective serotonin reuptake inhibitors, and weight loss agents (e.g., orlistat, sibutramine, and topiramate). I found the following chapter on BED and bariatric surgery very useful. It reviews various bariatric surgery procedures, including their success rates and complications, and also provides sketches of what is done in each particular procedure. The most common bariatric procedure is the Roux-en-Y bypass—loss of 60–80% of excess weight, which some regain after 18–24 months. The chapter also discusses the binge-eating disorder before and after bariatric surgery. The various psychotherapy approaches for BED include cognitive-behavioral therapy (CBT), interpersonal therapy, dialectical behavior therapy, behavioral weight control treatment. The epilogue of Part I is the "usual" not much to say about the future of this condition and its treatment.

Part II is truly a very practical manual of CBT treatment program for BED. It starts with the introduction to this treatment program, outlining treatment goals, therapist qualifications, patients appropriate for this treatment, program and session structure (Phase I, sessions 1–6, teaches behavioral and cognitive strategies that target binge eating; Part II, sessions 7–13, addresses associated problems that often accompany binge-eating behaviors; and Part III, sessions 14 and 15, focuses on maintaining improvement and preventing relapse); and conceptual framework for this treatment. This section also includes additional literature resources. The next section provides the session-by-session therapist guidelines for all 15 sessions, including homework and worksheets. These guidelines are very detailed and well organized. The last section includes patient materials, session-by-session lecture handouts and worksheets, again for all 15 sessions. All forms could be photocopied for personal use.

This book clearly fulfills its above-mentioned goals. The reviews of each BED-related topics are exhaustive and informative. The CBT program outline and materials are very detailed and clinically useful. Anyone with rudimental CBT skills interested in treatment of this disorder could probably learn the CBT approach to BED by following this program with several patients. I believe that anybody interested in BED in particular and eating disorders in general will find this volume interesting, informative, and quite clinically useful. Clearly, combining the review of available literature with a detailed outline of a treatment program is a good idea and is worthwhile pursuing in books about other disorders.

REFERENCE

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorder*, 4th ed. Washington, DC: American Psychiatric Association; 1994.

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Outpatient Psychiatry. A Beginner's Guide. By Thomas Steele; WW Norton & Company; New York, New York; 2007; ISBN: 978-0-393-70543-0; $24.95 (paperback), 176 pp.

The title of this book, *Outpatient Psychiatry. A Beginner's Guide* sounded quite attractive to me for several reasons. First, like most of us, I practice in an outpatient setting. Second, I teach and supervise residents during their outpatient psychiatry rotation. Third, the outpatient psychiatry texts by Lazare (1) and Thase, Edelstein, and Hersen (2) have been out of print for almost two decades, and any new textbook would be of great help. Last, but not least, a good, solid, well-written beginner's text for residents is always welcome.

The first correction of my expectations came immediately after I opened this small volume and read its Preface. This