

very heavy (I have to admit that I have a conflict of interest here—I co-authored one of these five volumes (5)). Finally, if I really needed a single volume skillfully reviewing psychotherapies (not necessarily for the beginners), I would definitely reach for the splendid *Oxford Textbook of Psychotherapy* (6). Thus, *Outpatient Psychotherapy. A Beginner's Guide*, does not address what the title promises, does not totally fulfill its outlined goals, and is not very useful. However, some practitioners who are not very skilful in psychotherapy (-ies) may find it a useful refresher. Many will not. As far as the psychotherapy beginners—as I suggested, there are more useful texts available.

REFERENCES

1. Lazare A. *Outpatient Psychiatry: Diagnosis and Treatment*. Baltimore, MD: Williams & Wilkins; 1989.
2. Thase ME, Edelman BA, Hersen M (Eds.). *Handbook of Outpatient Treatment of Adults: Nonpsychotic Mental Disorders*. New York, NY: Plenum Press; 1990.
3. Gabbard GO, Lazar S, Hornberger J, Spiegel D. The economic impact of psychotherapy: A review. *Am J Psychiatry*. 1997; 154:147–155.
4. Bender S, Messner E. *Becoming a Therapist. What to Say, and Why?* New York, NY: The Guilford Press; 2003.
5. Riba MB, Balon R. *Competency in Combining Pharmacotherapy and Psychotherapy. Integrated and Split Treatment*. Arlington, VA: American Psychiatric Publishing, Inc.; 2005.
6. Gabbard GO, Beck JS, Holmes J (Eds.). *Oxford Textbook of Psychotherapy*. Oxford, UK: Oxford University Press; 2005.

Richard Balon, MD
Wayne State University
Detroit, Michigan

Physical Illness and Schizophrenia. A Review of the Evidence.

By Stefan Leucht, Tonja Burkard, John H. Henderson, Mario Maj, and Norman Sartorius; Cambridge University Press; New York, New York; 2007; ISBN: 978-0-521-88264-4; \$58.00 (paperback), 208 pp.

Serious mental disorders are frequently associated with numerous and serious physical health problems. The preface to this small volume states that this book is the first of a series of volumes addressing an emerging issue—the timely and proper recognition of physical health problems in people with severe mental illness (p ix). The international group of authors, who put this book together, emphasizes that patients with severe mental disorders not only have a higher prevalence of physical illness than the general population, but their mortality due to natural causes is also higher (p ix), their access to health care is reduced, and the quality of healthcare they receive is worse than in the general population (p ix). Finally, the authors state that “psychiatrists are reluctant to treat physical illness, perhaps as frequently as doctors in other medical specialties fail to

recognize that their patients also suffer from a mental disorder or refuse to provide treatment for it” (p ix). In addition, “in many countries psychiatrists have taken off their white coats . . . forgetting that they are medical doctors . . . the creation of the specialty of liaison psychiatry is a sad testimony to the fact that only a small proportion of psychiatrists have an interest in dealing in a comprehensive manner with people struck by illness. There are no liaison internists, liaison dermatologists, nor liaison surgeons . . . The existence of liaison psychiatrists is an unwise message to the rest of medicine . . .” (p x). This is a strong but truthful opening salvo!

The authors of this volume, Drs. Leucht, Burkard, Henderson, Maj, and Sartorius, feel that the first step in dealing with this situation is to raise the awareness of the problem among healthcare professionals, primary care providers, patients, and their families. Thus, they present us with the first volume of a new series of books on serious mental illnesses’ association with poor physical health, the volume on schizophrenia and physical illness. The brief Introduction discusses excess mortality in people with schizophrenia (the overall mortality being twice as high as that in the general population), and mentions some of the more common physical illnesses people with schizophrenia suffer from more frequently. The following brief Method “chapter” explains that this volume is mostly the result of a huge Medline search on the association between schizophrenia and physical illness (44,567 hits/results!).

The main section of this volume presents the results of this search organized by groups of physical diseases/illnesses/disorders. The list of reviewed groups of diseases is endlessly exhaustive and includes bacterial infections and mycoses, viral diseases, parasitic diseases, neoplasms, musculoskeletal disorders, digestive system diseases, stomatognathic diseases, respiratory diseases, otorhinolaryngologic (ENT) diseases, diseases of the nervous system, eye diseases, urological and male genital diseases, female genital diseases and pregnancy complications, cardiovascular diseases, hematologic and lymphatic diseases, congenital, hereditary and neonatal diseases and abnormalities, skin and connective tissue diseases, nutritional and metabolic diseases, endocrine diseases, immune system diseases, disorders of environmental origin, animal diseases and pathological conditions, signs and symptoms. Some of the interesting or noteworthy information includes higher incidence of tuberculosis in schizophrenia, increased risk of HIV infection in schizophrenia, reduced risk of cancer yet increased cancer mortality in schizophrenia (poor care!), poor dental status in people with schizophrenia, increased frequency of cardiovascular problems in schizophrenia (probably related to higher rates of smoking, weight gain, diabetes, dyslipidemia, lack of exercise, and even well-known cardiac effects of antipsychotic medications), and increased prevalence of diabetes mellitus even in drug naïve schizophrenia patients. Many groups of diseases are accompanied by tables summarizing results of multiple studies in each particular area.

The final section of this book, "Discussion," summarizes the most important findings of this review, discusses the limitations of the review, and attempts to provide explanations for the increased physical comorbidity in patients with schizophrenia (disease-related factors, factors related to drug treatment, system-related factors and stigmas on mental illness, physician-related factors) and suggestions of what could be done to change this unsatisfactory situation. The discussion of disease-related factors mentions patients' preoccupation with symptoms of mental illness, cognitive disturbance, lack of energy and passive lifestyle—all these factors could reduce help-seeking behavior. The review of system-related factors points out that schizophrenia patients suffer more frequently from cardiovascular problems, yet they are prescribed cardiac catheterization much less frequently than the general population (p 172). The paragraph on physician-related factors notes that psychiatrists frequently neglect their skills of recognizing and treating physical illness (p 173). The authors note that updating and upgrading psychiatrists' skills of diagnosing and treating physical illness is urgent (e.g., in Germany the curriculum of physicians specializing in psychiatry does not include practical training in internal medicine—some difference from the U.S. training!).

The summary reminds the reader that people with schizophrenia die on average 15 years younger than the general population

The book also includes a brief summary and list of references.

This volume is basically an extensive "review article" that provides a fairly comprehensive review of the association between schizophrenia and various physical diseases. While the efforts and work are laudable and enormous, I am not sure who will read this book besides a few people interested and specializing in this issue/area. Even those will use it as a source of evidence and references rather than a book to read. Unfortunately, I doubt that many of those for whom the book is intended (policymakers, service managers, general practitioners, or even mental health professionals) will read it or even spend 58 dollars for it. Sad state of affairs, but the reality.

Richard Balon, MD
Wayne State University
Detroit, Michigan

Treating Depression Effectively. Applying Clinical Guidelines. Second edition. By Sidney H. Kennedy, Raymond W. Lam, David J. Nutt, and Michael E. Thase; Informa Healthcare (Martin Dunitz), London, United Kingdom (distributed in North and South America by Taylor & Francis, Boca Raton, Florida); 2007; ISBN: 13: 9780415439107; \$59.95 (paperback), 184 pp.

Treating depression is probably the bulk of the practice of most clinical psychiatrists. We all would certainly like to treat depression effectively. However, we all realize that is not

always the case. Thus, any advice from experts and/or comprehensive and comprehensible summary of literature would be welcome. This slender volume is actually both of these—a comprehensible and comprehensive summary of the literature, and solid, clinically oriented advice from expert authors. The first edition was published in 2004. As the authors note in their preface to the second edition, there have been significant advances in the triad of pharmacotherapies, psychotherapies, and somatic therapies since 2004, and thus they put together this edition, in the same reader-friendly format. It is important to note that this volume covers all depression with the exception of the bipolar one.

The book consists of a brief preface and 13 succinct chapters. Chapter one briefly discusses the prevalence, course, burden of illness, and diagnosis. Interestingly, the total burden of depression in the Americas (the highest one) is more than six times the total burden in Africa (the lowest). Chapter two, "Principles of Management," reviews nine principles of management of major depressive episode: setting clear goals of treatment, assessing and treating comorbid medical conditions, assessing suicidal risk, establishing a therapeutic alliance, considering psychotherapy, choosing an appropriate antidepressant, enhancing adherence to treatment regimen, monitoring treatment outcome, and maintaining response to treatment. Like the rest of the book, this chapter is accompanied by numerous very useful tables summarizing the text, and also tables which present various clinically useful scales, such as suicidality assessment from the MINI, seven-item Hamilton Rating Scale for Depression, Montgomery Asberg Depression Rating Scale, Hospital Anxiety and Depression Scale, and others. A table summarizing helpful Web resources for depression, including resources in the UK, Australia, and Canada, is also quite useful.

Chapter three, "Psychotherapies, Alone and in Combination," is an excellent summary of psychotherapies used and researched in depression (namely cognitive, behavioral, cognitive behavioral analysis system of psychotherapy, and interpersonal), indications for their use alone (= without medication), their general principles, and their effectiveness. The authors also discuss other psychosocial treatments for depression (e.g., bibliotherapy and internet-based cognitive therapy), the preventive effect of depression-focused psychotherapies, continuation phase of psychotherapy, and combination of psychotherapy and medication(s). The discussion of effectiveness touches on a very interesting issue in psychotherapy research—the impact of allegiance of the studies' principal investigator on research results. Chapter four, "Evolution of Antidepressant Agents," reviews the three main pharmacological classes of antidepressants—enzyme inhibitors (MAOI and RIMA), uptake blockers (tricyclics, SSRIs, SNRIs, NRIs, bupropion), and receptor acting drugs (trazodone, mirtazapine, and agomelatine—the last one not available in the U.S., acts on both serotonin and melatonergic receptors and is still being tested). The next chapter, "Evidence-Based Antidepressant Selection Across Depressive Disorders," discusses the antidepressant choice for various types and subtypes of depression,