meets ones interests. The bulk of the book is appropriately dedicated to psychiatric syndromes following stroke, and herein lays the strength of the book. In this section the clinical descriptions are very well written and most useful for the clinician understanding the psychiatric consequences of stroke. The phenomenology sections are the strongest. He covers regional stroke syndromes, stroke effects on the senses, along with common psychiatric phenomena, such as mood, anxiety, and psychotic symptoms following stroke. Less time is spent on treatment likely because few pharmacologic trials have been aimed toward the neuropsychiatric consequences of stroke. He reviews the limited findings well, whether through summarizing clinical trials or case reports. He is neither dogmatic, nor conclusive regarding any of the treatments, realizing most treatment is palliative and still inadequate. In addition to pharmacologic treatments, other behavioral or social treatments also are acknowledged and given their due status. He is much more thorough in his covering of non-medical items than most medical textbooks, with attention paid to topics such as the family, money, legal issues, and ethics of treatment and treatment refusal.

The last third of the book could have been omitted without detracting from the book’s strength. These sections seem more aimed at family members or non-physicians rather than for psychiatrists or neurologists. The glossary and Basic Anatomy of Stroke appendix are written for lay persons. The references are by chapter, and the index is excellent for finding areas of interest in the text. At the end of the book comes Appendix C, a four-page discussion of noted politicians with stroke, titled Wilson, Roosevelt Churchill, Stalin and Hitler. The inclusion of the last person mystifies me because the author does not have strong evidence for the patient having had strokes. For the other national leaders there was clear evidence of stroke affecting these men at the end of their lives, and the inclusion of these historical features adds a folksy touch to the clinical teaching lesson. Overall, this book is fine reading for those practicing or learning geriatric psychiatry or consultation psychiatry.

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The Clinical Handbook of Schizophrenia was written with the goal of being both authoritative and accessible. To this end, each chapter was authored by one or more recognized experts in that particular aspect of the disorder but written in terms understandable to professionals and non-professionals alike. Key points are reemphasized at the end of each chapter, followed by a listing of references and recommended readings as additional resources. Besides the two editors, one a clinical psychologist and the other a psychiatrist, this book has over 100 (107 to be exact) additional contributors. The handbook is composed of eight sections, each having several chapters detailing specific information related to that section’s general theme. The first section deals with core science, and includes a chapter on the history of the conceptual framing of schizophrenia. This is followed by a section dealing with assessment and diagnosis, including chapters on commonly co-occurring disorders and treatment planning. Section 3 covers somatic treatments and, instead of covering medications only, also has a chapter on the use of electroconvulsive therapy in schizophrenia. The fourth theme is a review of psychosocial approaches to schizophrenia and includes chapters on supported housing and self-help activities. There are then five chapters in the fifth section, which covers systems of care that have been found useful for the person with schizophrenia, such as case management; strengths-based care; assertive community treatment; emergency, inpatient and residential settings; and even treatment in jails and prisons. A sixth section deals with special populations and problems, including first-episode psychosis, the prodromal appearance of schizophrenia, schizophrenia in older patients, aggressive and violent patients, homelessness, medical comorbidity, trauma, co-occurring substance use disorders, children with schizophrenia, and suicide. The seventh sectional theme focuses on policy, legal, and social issues, such as involuntary treatment, economic consequences, stigma, and the experience of schizophrenia in developing countries. A final segment covers a potpourri of matters such as remission, “recovery,” gender differences, quality of life, spirituality and religion, sexuality, the African American experience of schizophrenia, and ethical issues in dealing with the illness. The book concludes with an extensive subject index.

The Clinical Handbook of Schizophrenia is an excellent review of the state-of-the-art as it relates to nearly all aspects of schizophrenia. Any one of the chapters can stand alone as a discussion of that set of issues. Some, such as the chapter on schizophrenia and sexuality, are fairly unique in such handbooks. Despite the relative universality of its coverage of the disorder, the book encourages the reader to look at further resources as well. This book is written with the Recovery Model in mind, which is quite helpful to those of us trained prior to the emergence of this concept. It is intended for all of the mental health disciplines, but also for patients and their families, many of whom are looking for additional information beyond what they can get from such sources as Surviving Schizophrenia, The Complete Family Guide to Schizophrenia, and similar books written for families and/or patients only. At over 600 pages, the size of the book itself may be somewhat imposing to the non-professional, but the writing is sufficiently...
clear so that once the reader gets past the cover and into the text, it is mainly a matter of choosing what to read from this vast storehouse of knowledge represented in a single volume.

This book would be useful to anyone interested in a comprehensive review of the illness of schizophrenia and those it affects. Psychiatric residents and clinical psychology interns might find it particularly helpful in their study of schizophrenia because of the comprehensive nature of the authors’ approach to the topic. Social workers and case managers could find many of the sections very helpful, perhaps especially the ones on systems of care and special populations and problems. Practicing psychiatrists and psychologists may find some information that is relatively rare in the literature, such as the chapters on “Parenting,” “Jail Diversion,” and “Evidence-Based Practices,” especially given the up-to-date nature of the book (published in March of 2008). Indeed, it is hard to imagine a contributing or consequent factor regarding schizophrenia that is not dealt with in some detail somewhere within this volume, with the possible exception of racial issues for minority populations other than African Americans, such as those of Asian, Native American, or Hispanic descent—however, the book correctly points out that there is less compelling literature about schizophrenia related to these racial groups than for those of African American heritage—and the text does mention that some of the advice given for the African American population may apply as well to other minorities.

In summary, this is a book that is comprehensive, timely, engagingly written, and evidence-based though not “evidence-burdened.” It seeks to make information on schizophrenia available to all readers, while avoiding the inconsistent feel (“this study says such-and-such but that study says otherwise”) that some very scientifically written works can give while at the same time not really giving in to a “watered down” feeling either. It is well worth the time one might spend in a cover-to-cover reading, but at the same time can be helpful to those persons who wish to focus on a specific sub-topic contained in just a chapter or a section. The somewhat unique chapters mentioned above on such matters as sexual-...