

“harrowing.” I can only guess that the “harrowing story” to which the subtitle refers is *not* the doctor’s but the *patient’s*. Her childhood, if truly accurately described (and I came to believe it too during my reading of this book), was massively traumatizing. How helpless and hopeless one would feel if all of the detailed torture were part and parcel of daily life and committed by people who were supposed to love and protect you. And add to that being regularly threatened with death if you said anything about it to another person. Some of the written advertising sent along with the book uses the term “riveting” to describe this account, and I personally would have preferred that turn of phrase in the subtitle.

However, having worked closely with a couple of such patients myself over many years of practice, I have to say that Dr. Baer articulates what I simply felt at those times. His perplexity and worry about just what to do next with such a patient, especially in the face of common unpredictability and near-constant suicidal and self-injurious behaviors and other “inconvenient crises,” is very understandable in this context. Weighty matters such as dealing with the patient’s sense of abandonment during even short vacations and with his own annoyance over any number of larger or smaller things the patient herself does (or doesn’t do, such as paying her bill on time) are discussed with clarity and humility. This is a book that can be profitably read by just about anyone. It stands up reasonably well as a piece of writing—almost a mystery, just like each of our patients presents when first coming in and beginning to reveal a life-long story to us bit by bit. Lay readers would, I think, find the humanizing description of both the patient and her psychiatrist enlightening and de-stigmatizing. Medical students and residents could benefit from this fascinating tale of what it is like to be a practicing psychiatrist treating someone with a rare and problematic disorder. Psychiatrists and other mental health professionals can find a number of practical pointers, or at least some commiseration, on working with those patients in whom they find or suspect “multiple personality disorder,” or any of the spectrum of related conditions.

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***Evidence-Based Psychopharmacology.*** Edited by Dan Stein, Bernard Lerer, and Stephen Stahl. Cambridge University Press, New York; 2005; ISBN: 0-521-53188-8; \$130.00 (hardcover); \$65.00 (paperback), 362 pp.

There is an initial introduction that is not a numbered chapter, explaining the aims of the book and defining evidence-based medicine and its history. This is followed by 11 chapters, written by 1 or more of 29 additional authors. These are organized by psychiatric disorder. There is a final, twelfth chapter that deals specifically with medication interactions.

Not all psychiatric diagnoses are covered, but those with the highest likelihood of response to pharmacologic interventions have a full chapter devoted to them: major depression, bipolar disorder, schizophrenia, generalized anxiety, panic, posttraumatic stress, social anxiety disorder, eating disorders, attention-deficit disorder, and Alzheimer’s disease. Following a brief introduction to each disorder, including such things as epidemiology, subtypes, co-morbidities, and other such information, the authors tackle the following basic treatment issues:

- What is the first-line psychopharmacologic approach?
- How long a trial at what dose should the practitioner give a specific medication?
- What is the next best alternative if first-line treatment fails?

Different chapters do this in somewhat varying styles, depending on how well the disorder lends itself to such dissection and the authors’ approach, but each chapter addresses these basic issues in one form or another and ends with a lengthy list of the references that pertain to the evidence cited.

Obviously, the subject matter of the final chapter on drug interactions is approached differently from the other eleven. This chapter gives a very cogent and up-to-date description of the underlying science of medication interactions as it applies to psychiatry, including some comments on interactions with foods. References for the different interaction discussions are still listed in full at the chapter’s conclusion, however.

This is a book that looks at how decisions about psychopharmacology are being made by the best-informed clinicians now and how such choices will be handled more and more within the foreseeable future. The studies cited are summarized clearly and the implications for clinical practice are presented in concise terms. This book is very readable, and this may be a major advantage over some other discussions of evidence in psychiatry. The recommendations, in the main, are clear-cut and well supported by the literature. Where doubt still reigns within a given condition, this is spelled out clearly as well and the best evidence available is discussed as such. Current practitioners, as well as psychiatric residents, can benefit from careful study of this book. Medical students may find the subject matter too restricted, unless they have already developed an interest in psychiatry. Non-physician mental health practitioners may also find portions of the text useful in understanding why a patient whom they share with a psychiatrist is being treated with a particular pharmacologic regimen and what the pros and cons of this and other treatments may be. Psychotherapeutic management of any particular diagnosis is mentioned only cursorily, if at all—but of course, that aspect of treatment is beyond the scope of this book.

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