

of some psychotherapy schools . . . and the old proverb that, "People living in glass houses should not throw stones."

In addition to all the argumentative weaknesses, the writing in this book is repetitive at times (the issue of the scapegoat called the DSM is addressed several times, and the fact that the author evaluated 3000 patients in the ER—so what?—is also repeated). Nevertheless, it is a provocative and intellectually stimulating piece of work which some may appreciate as bedtime reading.

Richard Balon, MD  
Wayne State University  
Detroit, Michigan

***Improving Medication Adherence. How to Talk with Patients About their Medications.*** By Shawn Christopher Shea; Lippincott Williams & Wilkins, Philadelphia, Pennsylvania; 2006; ISBN: 0-7817-9622-9; \$34.95 (paperback), 158 pp.

As the author of this little book suggests in its preface, "this is a small book about a big topic" (p. xiii). Medication adherence, compliance or whatever we call it is a very important, if not, according to some, the most important part of pharmacotherapy. Patients may not get better without taking the medication and without taking it as prescribed. Yet, as the author, Dr. Shea, writes, patients with chronic diseases take their medications as prescribed only about 50% to 60% of the time (p 3). He also cites findings that "about one third of patients comply reasonably well with recommended treatment, about one third have moderate problems with adherence, and about one third take their medicines poorly or not at all (p 3–4). We, as a profession (and I mean all medicine, not just psychiatry), clearly have a huge problem on our hands. A lot has been written about this issue, yet most of the literature on adherence/compliance issues describes and analyzes the issue rather than telling us what to do about it.

Dr. Shea took a different approach. Combining his own vast clinical experience with the ideas and advice given to him by the audiences of his numerous workshops on medication adherence, he wrote a small book focused on how to *talk* to patients to improve their medication adherence. The book consists of Preface, Foreword (written by the former Surgeon General C. Everett Koop), nine brief chapters and one Appendix.

In the first chapter, "Nonadherence: the extent of the problem," Dr. Shea outlines the scope of nonadherence and also points out that there is a clear evidence that patients who do not adhere to their medication regimen fare worse than those who stick to it. The second chapter, "The crux of the problem: the nature of medication nonadherence," discusses the many roots of nonadherence, such as cognitive problems, confusing directions, not enough money, lack of trust and other reasons. The following chapter, "How do patients choose to take a medication?" brings up the "choice triad" which people use when deciding to take medication:

1. They feel that there is something wrong with them;
2. They feel motivated to try to get help with what is wrong through the use of medication; and
3. They believe that the pros of taking the medication will, in the long run, outweigh the cons (p 23).

This chapter also points out how difficult it is for patients to adhere to medication during the initial phases of some chronic illnesses (e.g., diabetes mellitus) when their symptoms are minimal or the disease is just defined with "abnormal" numbers (e.g., hypertension). The fourth chapter, "Is it really noncompliance," the author discusses the difficulties with the terms adherence and compliance, and then introduces what he calls "medication interest" (p 38). This term suggests, according to the author, that we are primarily teachers and motivators in the process of administering medication. This chapter also explores the issue of "medication sensitivity" (p 40) and the inaccurate view of many patients that they are unusually sensitive to medication.

The following four chapters explore why patients choose to stop medication. The fifth chapter, "Outside the office: the weighing of the pros and cons," emphasizes that there are three different belief sets that determine whether a patient will stay on medication:

1. efficacy of medication,
2. cost of medication, and
3. psychological meaning of medication.

Each of these belief sets forms its own continuum (p 52–53). The next three chapters, chapters 6–8, explore these three issues. The chapter on efficacy brings up the issue of "proactively recommending discontinuation" (p 69). The chapter on cost discusses another interesting issue—the hidden costs, e.g., inconvenience to get the medication (e.g., elderly patient driving to the pharmacy). The chapter also provides some useful tips on how to remind patients to take medications as prescribed by association with some routine (e.g., medication next to toothbrush or alarm clock). The chapter on the medication meaning focuses on some very important issues, such as dismantling the myth of addiction (e.g., in the case of antidepressants), dismantling the myth of crutch, how to approach tapering the medication if the patient is determined to do it anyway, probing the resistance from the patient's spouse/partner and anticipating friends' opinions on medications.

The last chapter, "Medication interest redux—caring for the patient," discusses how to help patients in making the right choice. It summarizes the core principles of the "medication interest" philosophy. It also, among others, suggests how to deal with alternative methods of treatment and people who practice it—the author suggests to show the patient that one is open to these methods and willing to discuss them.

I have, so far, summarized the main content of the chapters, however I left out the most important component of this book: interviewing tips. The text of the chapters is interspersed (in appropriate places) with 43 interviewing tips on addressing

nonadherence. These tips are very useful and based on the author's vast clinical experience. The author starts with motivating tips such as the inquiry into the patient's lost dreams, and covering numerous issues such as tapping into family motivators, providing a visual reminder for family motivators, family inquiry on dosage, probing impending discontinuation and many others (exactly 39 more!). These tips are properly discussed in the text, but they are also summarized in the Appendix (Tip Archive: "Quick reference").

There have been many texts written on the issue of nonadherence or poor compliance. Many of them summarize the issue from a scientific point of view and overwhelm the reader with numerous, not always very useful, facts. This book is different. It is rooted in the author's clinical practice and his profound understanding of this issue. It also summarizes the experience of many members of the author's workshop audiences. It is, as pointed out on its cover, really the first book on "how to talk with patients about their medications" and about taking them, and taking them as prescribed. It is a pleasant, simple reading, the tips are easy to understand and use. I believe that every practicing clinician, even the most experienced, will find it useful and handy. I also believe that residents in every clinical discipline should read and use the tips daily.

Richard Balon, MD  
Wayne State University  
Detroit, Michigan

***Switching Time: A Doctor's Harrowing Story of Treating a Woman with 17 Personalities.*** By Richard Baer; Crown Publishers, New York; 2007; ISBN: 978-0-307-38266-5; \$24.95 (hardcover), 368 pp.

When I was first asked to review this book, I wondered if another popular press description about Dissociative Identity Disorder was really necessary. After all, *Sybil* and *The Three Faces of Eve* have been around so long that they have become part of our larger culture. But after reading *Switching Time*, it is clear that Dr. Baer has something to add—a highly interesting and very realistic commentary on how we as psychiatrists work with such patients. And "Karen's" story, like all histories gleaned carefully from patients, is certainly unique.

The book takes the reader through a summarized version of 18 years of psychotherapy with "Karen Overhill" (not her real name, we are told) who comes to Dr. Baer's general psychiatry office (he has another, fancier psychoanalytic office downtown) with a chief complaint of depression. Over a number of months, he begins to see that there is more to her condition than a straightforward mood disorder requiring simply an antidepressant and supportive psychotherapy. The form of the illness slowly comes into focus as Dr. Baer listens carefully and comments sparingly. He tells the reader that he is careful never to suggest symptoms or characteristics to "Karen," but rather

tries to let her tell her story in her own time. Hers is a description of horrible, childhood-long physical and sexual abuse at the hands of her father, grandfather, and a local priest. The grandfather is ringleader of a rather pathetic but terrifying little "satanic cult" of perhaps a dozen people. Over the course of about a year and a half, Dr. Baer discovers that there are several alternate personalities ("alters") within his patient and then begins the slow and difficult job of first trying to sort them all out and then helping "Karen" to reintegrate these bits of people into a "whole" person. He doesn't always know just how to go about this, despite reading as much as he can find on the subject. But he lets the reader see his struggles with his own feelings of inadequacy, as well as how he handles such tricky issues as the patient's unpaid bill (eventually reaching \$5,000 before he simply cancels it) and where to see her when he changes over to a full-time medical administrative position and can no longer keep his psychotherapy office open (he chooses the new home he is moving into subsequent to his divorce). We might not all agree with Dr. Baer's choices regarding such issues, but he is honest enough to put them out there for all to read. Interestingly, in terms of the reintegration process itself, Dr. Baer gets some of his best advice from one of his patient's own alters—and he lets the reader know this as well. He assures us that, although he didn't initially believe all of the childhood abuse that "Karen" reported—like many of us might, he started out understanding the facts as her "perceptions" and perhaps even "distortions" of reality—he came to see her simple, consistent statements, extracted from her ever so slowly, as reasonably accurate. The book has a number of reproductions of the different hand writing and drawings produced by the various "alters," of whom Dr. Baer ultimately discovers 17.

Not only do we read about "Karen's" progress, but Dr. Baer writes, though mostly as short background descriptions, of various changes in his own circumstances as well, not the least of which is the dissolution of his marriage, due in part, he decides, to all of the after-hours emergency phone calls and lengthy letters and e-mails from "Karen" that require a lot of his supposedly free time and energy outside of the office.

There is an epilogue in which Dr. Baer lets the reader know more about "Karen's" life after therapy. He also discusses at some length the manner in which he approached informed consent from her for this book. He tells the reader that the patient has an agreement to share in any profit the book generates, and that she participated actively in getting her story into print, unlike the tales of unfairness and one-sidedness that have gradually been made public by the subjects of some of the earlier accounts of this fascinating disorder. There is also an index, or perhaps I should call it a mini-concordance, at the end of the book in which one can identify specific passages dealing with various therapeutic themes, other people in the patient's life, and the different personalities.

The only issue I have with this book is the use of the phrase "a doctor's harrowing story" in the subtitle. While Dr. Baer has problems in his life, some possibly caused by his work with this nearly all-consuming patient, *his* "story" is nowhere near