

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

“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.

Alan D. Schmetzer, MD  
Indiana University School of Medicine,  
Indianapolis, Indiana

***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.

Alan D. Schmetzer, MD  
Indiana University School of Medicine  
Indianapolis, Indiana