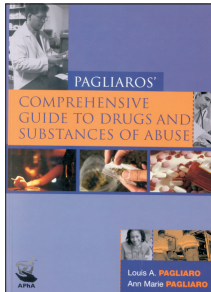


## Book Reviews

### Addiction



#### Pagliaros' Comprehensive Guide to Drugs and Substances of Abuse.

Louis A Pagliaro, Ann Marie Pagliaro.  
Washington (DC): American Pharmacists Association; 2004. 462 p.  
US\$89.00.

#### Reviewer rating: Good

**Review by** Florence Chanut, MD,  
FRCPC, *Montreal, Quebec*

The need for an authoritative, referenced, and up-to-date compilation of consumption trends and individual pharmacology for drugs and substances of abuse in North America cannot be overstated. It is this book's main objective, according to the authors' statement in the preface, and the text achieves it well. Pagliaros' guide is designed, first, to assist general health care professionals and, second, to serve as a review and quick reference for clinicians who specialize in the treatment of patients with substance use disorders. Given the text's emphasis on pharmacologic mechanisms, I suggest that physicians and pharmacists are the targeted readers. The 2 Canadian authors are well-known faculty at the University of Alberta, Edmonton, Alberta. They have published numerous articles and textbooks on the pharmacology of substance abuse, and they have taken great care to provide us with as much information from Canadian sources as possible, which is without any doubt a clear advantage of this book.

First, let me offer some clarifications about the exact content of Pagliaros' guide, which

follows an unusual format for a publication in the substance abuse field. Those who may want a guide to treating substance abuse or dual diagnosis will find that these subjects are beyond the book's scope (although they are the focus of a planned companion text). In fact, it would have been possibly more appropriate to use the term "dictionary" instead of "guide" in the title to avoid confusing potential readers. Notwithstanding this detail, the book is worth reading and is well organized in 2 major parts.

Part I provides an overview of the history and pharmacology of almost all substances of abuse, along 3 broad categories: psychodepressants (that is, opiates, sedative-hypnotics, alcohol, and inhalants), psychostimulants (that is, amphetamines, cocaine, nicotine, and others), and psychedelics (including cannabis, amphetamine-like psychedelics, and indoles). Drugs that may be abused for reasons other than their specific effects on the brain, including vasodilators (such as amyl nitrate) and anabolic steroids, are not discussed anywhere in this text. This first part is scholarly documented, yet pleasant to read, thanks to the clear and concise writing style. I personally enjoyed the few literary quotations that punctuate the text, but they are easy to skip for those who want to stick to the essentials. In each category, a substantial portion of the discussion is devoted to historical landmarks in the discovery and synthesis of the major substances, to wars and laws ruling their availability, and to the cultural attitudes surrounding their use in North America—definitely an aid to better understanding the present trends in drug consumption.

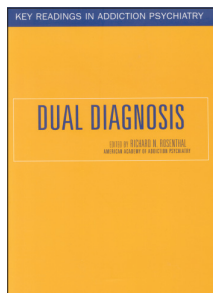
Part II contains individual monographs on 101 drugs and substances of abuse relevant to North Americans, including a few exotic substances more likely to be used by recent immigrants. This part is intended as a quick practitioners' reference on specific substances. To fulfill this goal, the text presents all drugs in alphabetical order. The content of each monograph is organized along standardized subheadings that cover a summary of the essential information in 2 to 5 pages. The authors in this section have undertaken a huge effort to synthesize the most recent literature. The side effect of this efficient format

is that some important information is relegated to small notes at the end of each monograph or in the related chapter in Part I. Inevitably, there is an extensive overlap between the content of Parts I and II, as well as between monographs on related substances, because the 2 major parts have complementary purposes.

The authors complete this volume with an extensive index section that has both a subject index and a drug name index including street names—a useful feature in clinical practice (and unique, to my knowledge). Unfortunately, a long introduction tarnishes the otherwise excellent layout. With the exception of 2 tables, the introduction's content is either redundant or digressive in regard to the book's purpose. I had the impression that this section was more a means to advertise the authors' work or affirm their expertise, which in this case is unnecessary. I also deplore the price, which is relatively high, even for a hardcover book, and may unfortunately limit its dissemination.

My global appraisal is that Pagliaros' guide reflects competently and concisely on the current knowledge about the pharmacology of substances of abuse: not more, not less. I would have appreciated a title that indicated its content more accurately—content that does not include anything on treatment, either psychological or pharmacologic. The monograph section of the book, with its attractive and to-the-point layout, summary information, and complementary indexes, will probably be the most appreciated part of the volume. To have information both on prescription drugs with abuse potential and on illegal drugs contained in a single, condensed book is a too rare feature that makes it more practical to use, compared with our usual textbooks or pocket manuals. I hope this book will be available for health care professionals on the shelves of many hospital libraries, if not in their own private collections. However, unless a softcover version is published in the future, the price may deter medical students or psychiatry residents from buying it.

**Dual Diagnosis.** Richard N Rosenthal, editor. New York: Brunner-Routledge; 2003, 193 p. US\$34.95.



**Reviewer rating:** Fair

**Review by** Maurice Dongier, MD  
FRCPC, Verdun, Quebec

This little, somewhat overpriced book is a collection of 12 chapters. Each is a reprint of an article previously published in psychiatric or addiction journals between 1999 and 2001. It is the second volume of a series, *Key Readings in Addiction Psychiatry*, published by the American Academy of Addiction Psychiatry.

The book addresses the important issue of cooccurring mental disorders and substance abuse in the broader sense; that is, it includes the entire spectrum from severe mental illness to lesser disorders such as anxiety and personality disorders. There is accumulating evidence of increasingly frequent substance abuse among psychiatric patients and of psychiatric comorbidity in those who abuse substances. Progress in pharmacologic management is best carried out in a context of engaging and retaining patients, of facilitating their motivation, of offering them options among specific psychological treatments, and of relapse prevention. Chapter 1, a study of illicit substance use in a large cohort of adult twins (from the Virginia Twin Registry), actually does not belong to the topic of this book, as no data on psychopathology are included.

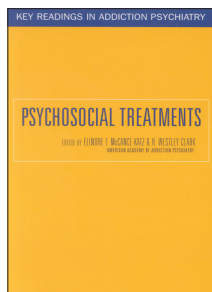
Several of the contributions written by acknowledged experts are impressive and of high clinical and (or) theoretical significance. These include Chapter 3, "Are Psychiatric Disorders Primary or Secondary to Substance Abuse?"; Chapter 5, "Organisation of Dual Diagnosis Services"; Chapter 6, "Motivational Interviewing With Dual Diagnosis Patients"; Chapter 10, "Substance Use Disorders in Posttraumatic Stress Disorders"; and Chapter 12, "Predictive Value of

Personality Assessment With Cloninger's and Eysenck's Questionnaires." Some other chapters will appear of remote interest to clinician and scholars.

Not covered are issues of prognosis, epidemiology, and the role of primary care management, as well as important developments of the past decade, such as the documentation of the efficiency of various psychosocial, pharmacologic, and psychotherapeutic approaches. For instance, the effect of clozapine on craving for alcohol and nicotine in schizophrenia (nicotine dependence being one of the prevalent addictions in schizophrenia) may be related to the greater affinity of clozapine for D<sub>1</sub> rather than D<sub>2</sub> receptors, which thus modulates craving.

To deserve the designation of "key readings," both the period covered (3 years) and the spectrum of contributing periodicals would have to be broadened (one-half of the selected articles come from the *American Journal on Addictions*, the Academy's official journal). The selection of the most important publications in the field would have to encompass at least 10 years, and include articles from leading addiction journals that are absent from this collection.

**Psychosocial Treatments.** Elinore F McCance-Katz, H Westley Clark, editors. New York: Brunner-Routledge; 2004. 173 p. US\$34.95.



**Reviewer rating:** Good

**Review by** Nady el-Guebaly, MD  
Calgary, Alberta

The American Academy of Addiction Psychiatry, a professional membership organization of some 1000 members, has over the last 3 years provided an annual quick guide to selected treatment approaches and research studies in the addiction field. The *Key Readings in Addiction Psychiatry* series seeks to

advance the knowledge of those committed to the field as well as to introduce newcomers to recent advances.

The series began with a summary of the pharmacotherapy of addictions, followed by a volume on the treatment of dual disorders; it now addresses psychosocial treatments supported by selected clinical trials. No information is provided about the editors, but they are both well-respected scholars in addiction psychiatry. One would like to know more about the scope of their review and the selection criteria for inclusion in the *Series*.

This book essentially compiles selected reprints from various sources. There are 6 recent articles from the *American Journal on Addictions* (the Society's journal, also published by Brunner-Routledge), an article from the *Journal of Substance Misuse* (same publisher), an article from the *Archives of General Psychiatry*, one from *Addiction Behaviors*, and 2 from *Alcohol, Research and Health*.

The first article, by ME Larimer and colleagues, presents an overview of Marlatt's relapse prevention approach. Specific interventions, such as identifying high-risk situations, as well as global strategies, such as balancing one's lifestyle, are described. An outline of recent research and potential modifications to the original model conclude the article.

The second review article, by WC Noonan and TB Moyers, summarizes the tenets of motivational interviewing aimed at assisting individuals to explore and resolve their ambivalence and thereby increase motivation for change. The evidence supporting the efficacy of this approach is detailed through 9 studies; in addition, 2 studies that did not lend support to the intervention's efficacy are included. Again, future research directions conclude the review. An additional effectiveness study by KM Carroll and colleagues supplements the review.

The fourth selection, by M Galanter and colleagues discusses an application of his network therapy to the treatment of cocaine dependence. Network therapy is an interesting approach for solo practitioners, employing a cognitive-behavioural orientation in sessions with individuals as well as with family and peers.

The fifth chapter, by WR Miller and colleagues, describes the community reinforcement approach aimed at eliminating

positive reinforcement for drinking and enhancing positive reinforcement for sobriety. This approach's flexibility has allowed its integration with a range of diverse strategies, such as family therapy, motivational interviewing, and the treatment of special populations, such as Native Americans.

The sixth chapter, by ST Higgins and colleagues, describes the voucher-based incentives approach originally developed to improve the retention of cocaine-dependent patients and now extended to the treatment of a wide range of populations and substance abuse problems, including smoking among pregnant women.

In the next selection, RA Rawson and colleagues offer a clinical comparison of contingency management (CM) and cognitive-behavioural therapy (CBT) approaches during methadone maintenance treatment for cocaine dependence; the effect of CM is found to be significantly greater during treatment, whereas CBT produces comparable long-term outcomes.

A study of self-help strategies by J Westermeyer and colleagues forms the eighth chapter. Most patients tried one or more types of self-help, either by employing methods related to the substance (such as decreasing amounts or frequency) or by joining a self-help group. Methods involving changing friends, residence, or occupation were used less frequently.

The ninth selection, by WJ Kasrow and colleagues, compares reports from residential treatment facilities for homeless veterans with dual diagnoses. Although differences were modest, integrating substance abuse and psychiatric treatment may promote a faster return to community living for this population. The benefits of integration were not furthered by the presence of a psychotic disorder.

The tenth chapter, by Y Kaminer and JA Bursleson, describes a 15-month follow-up study of adolescents randomized into outpatient CBT and interactional treatment (IT). At 3 months, the CBT group demonstrated significantly reduced substance abuse, compared with the IT group, but the difference disappeared at 15 months, with significant gains for both groups.

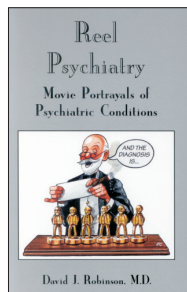
The last selection, by SE Martin, outlines the links between alcohol, crime, and the criminal justice system. Environmental intervention strategies, as well as individual treatment

strategies for offenders, are noted. This last selection seems to blend less well with the other topics.

In summary, editors from the American Academy of Addiction Psychiatry have highlighted several recent articles reviewing the evidence underpinning various psychosocial approaches. In the absence of clear selection criteria, some bias may be construed toward articles published in the Academy's journal. Any selection is open for debate, and I am left to wonder why, in this series on psychosocial treatment, there were no publications selected about the evidence underpinning group therapy or therapeutic communities.

I would recommend the series to members of the Academy and other professional associations specializing in addictions who wish to benefit from the editors' selection effort. This should not replace the use of a broader text for those who want to acquaint themselves with the field. For those specializing in the treatment of addictions who do not subscribe to the *American Journal on Addictions*, the cost is particularly appropriate.

## General Psychiatry



**Reel Psychiatry: Movie Portrayals of Psychiatric Conditions.** David J Robinson. London (ON): Rapid Psychler Press; 2003. 340 p. CAN\$21.95.

**Reviewer rating:** Excellent

**Review by** Edward Kingstone MD, DPsy, FRCPC, Toronto, Ontario

With the word "reel," this book's title indicates its relation to movies. The use of this appropriate pun also indicates the skill and effectiveness with which this book is put together. The subtitle indicates that it deals

with psychiatric conditions as portrayed in movies. In the past, films were made specially: actual or simulated patients were often interviewed to teach students about psychiatric conditions. Such films were never very effective: they seemed contrived, and they were not durable because changes in clothing style and knowledge dated them.

Recent years have seen a spate of movies wherein some of the protagonists have psychiatric conditions, often labelled as such, for which they may be receiving treatment. This reflects the increasingly general acceptability of and knowledge about psychiatric conditions and also, perhaps, the increased incidence of individuals who have experienced a mental health problem and psychiatric treatment. Obviously, some of these people are creative and incorporate their experience into the movies they make.

Other books have been written on the subject of psychiatry and the movies; however, this book has a particularly interesting and useful aspect because it was designed to help teachers and students look at and learn about specific conditions. It is structured according to the DSM-IV-TR (1). Various conditions are described, the criteria for diagnosis are set out, and an appropriate movie or movies that describe the condition are suggested.

The level of discussion is adequate for most purposes. After discussing making the diagnosis according to the DSM-IV-TR criteria, the book suggests movies. Most conditions have several movies associated with them, so the condition can be discussed and understood in terms of various presentations.

Generalized anxiety disorder is one example, for which there is a useful discussion under the heading "Understanding the Condition." In the case of anxiety disorder, the author selects the films *Analyze This*, *Annie Hall*, and *Manhattan*. Each film is briefly summarized, and its relation to the disorder is described.

While the author attempts to be comprehensive, he indicates that he has not been able to find a suitable movie for several conditions or that the subject matter does not lend itself to portrayal in a movie.

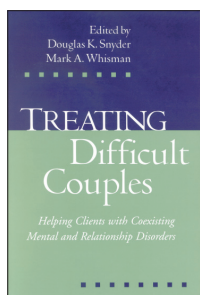
The book is nonetheless quite comprehensive, and the chosen movies are appropriate and popular. As a result, individuals interested in a particular movie can easily obtain it.

The author clearly has a good sense and a good feel, not only for psychiatry but also for the cinema. Psychiatry does not have tests for, or specific illustrations of, conditions, so we are forced to rely on elaborate descriptions and lists of behaviours and symptoms. Movies can help us to understand and also, most importantly, can provide a context for the manifestation of a condition. The importance of collateral information and the effect of a psychiatric condition on those interacting with individuals with such a condition—be they friends, colleagues, or family—are well illustrated. All in all, this book is well produced and well priced. It offers in addition a reasonable review and guide to the DSM IV-TR. A well-done effort.

### Reference

1. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 4th ed. Text revision. Washington (DC): American Psychiatric Association; 2000.

## Psychotherapy



**Treating Difficult Couples.** Douglas K Snyder, Mark A Whisman, editors. New York: The Guilford Press; 2003. 448 p. US\$45.00.

**Reviewer rating:** Good

**Review by** Leopoldo Chagoya, MD, FRCPC, *Toronto, Ontario*

This book provides an ample overview of the field of couple therapy. In a novel, disorder-specific approach, it focuses on important dilemmas couples face and proposes a partner-assisted form of treatment for specific disorders.

The book fulfills its purpose quite well; however, the quality of the chapters is uneven. Some of the 37 authors are concise and

illuminating; others are somewhat nebulous and impractical. That said, the writers are experts in their field, and their clinical expertise shows. When they include a clinical illustration (at the end of most chapters) the reader can see they practise what they preach.

The style is clear, to the point, and easily readable. I could detect only 2 errors: a reference quoted in the text but not listed in the Bibliography (Chapter 3, p 65) and a typographical mistake where the text says “intimate” rather than “intimidate” (Chapter 14, p 340)—an important error in the context of the disorder depicted.

The layout is not innovative, but within its traditional format, the book is pleasant to read. The chapters are uniformly structured. They start with an overview of the disorder at hand, and then they elaborate on how such a disorder affects couple interaction and how couple distress affects the disorder. Next, they describe methods of couple assessment and diagnosis and include a treatment section (covering theory and technique). They end with a case illustration, a brief conclusions coda, and a rich list of references.

The chapters focus on how couples are affected by anxiety disorders, depression, bipolar disorder, schizophrenia spectrum disorders, alcohol and other substance abuse, sexual dysfunction, physical aggression, borderline personality disorders (BPDs), paranoia, narcissistic disorder, posttraumatic stress (PTSD), childhood sexual trauma, physical illness, aging and cognitive impairment, and bereavement and complicated grief. As noted above, each chapter also elaborates on how couple dysfunction and dissatisfaction can affect the evolution of the disorders listed. The authors summarize the methods they find useful to treat these conditions, and the bibliographies invite readers to deepen their knowledge of the problem discussed.

Three chapters stand out as good theoretical and clinical reviews: the chapter on sexual dysfunction, by Lisa G Regev, William O’Donohue, and Claudia Avina; the chapter on paranoia, by Kenneth G Terkelsen; and the chapter on bereavement and complicated grief, by Robert E Willis. All give an excellent description of the gamut of disturbances these disorders cause in couples and provide direct advice on how the therapist can help. The theory behind the interventions is spelled out neatly, and the clinical illustrations make it all come alive.

Another high-quality chapter is the one on PTSD, by Susan M Johnson and Judy Makinem. In the theoretical part, the authors define, albeit somewhat unclearly, their emotion-based approach (sometimes experts assume that the uninitiated know what they mean simply by implying it). Nevertheless, their verbatim excerpts of a session with a couple plainly illustrate what they mean to say and how effectively they work with couples where one or both parties suffer from PTSD.

The most disappointing chapter is the one on BPD, by Alan Fruzzetti and Armida R Fruzzetti. The technique and the theory behind dialectical behaviour therapy (DBT) applied to couples are not spelled out. There are tautological phrases (for example “Problem Management means resolve problems in a dialectical manner either by solving a problem...” [p 241]), and when the authors describe the phases of a treatment, they depict results (for example “The couple lets go of judgments and acquires specific emotion re-regulation skills...” [p 253]); they do not describe the process or the technique by which they achieved such results. The uninitiated will not begin to learn here how to apply DBT to couples.

The main theories and techniques presented in most chapters combine psychoeducation, communication skills training, problem-solving skills training, and cognitive-behavioural therapies. The psychodynamic approach is represented only in one chapter, the chapter on narcissistic disorder, by Jill Savege Scharff and Carl Bagnini. They unambiguously use principles of object relations theory and self-psychology tenets.

The last chapter, entitled “Understanding Psychopathology and Couple Dysfunction. Implications for Clinical Practice, Training and Research,” by the editors, is an outstanding review of couple therapy questions that research, teaching, and empirical clinical observation could answer. These authors advocate for an integrative form of couple therapy.

I recommend this text as a good review book—ideal for clinicians who want to get a vision of the world of couple therapy, good for experienced therapists who want to reexamine and question the theories and clinical rules we work by, and excellent for researchers seeking themes to investigate in the ample field of couple therapy.