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American Psychiatric Association Practice Guidelines

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That the statement of intent for this long-awaited volume starts out by saying what the guidelines are *not intended* to be is a misleading ambiguity which, nonetheless, does not weaken its basic purposes. As the same statement implies, these parameters of practice, while not ensuring successful outcomes, intend to secure "acceptable methods of care." The introduction is both a historical chronology as well as a philosophical justification of the potential benefits of the project and of the need to introduce systematic scientific and clinical input into treatment and reimbursement decisions, thus improving the current process of documentation and providing data about practice patterns and patient outcomes. There are risks to be sure, but the general feeling is that the effort was worthwhile.

The volume includes the first five practice guidelines developed by the APA. The Psychiatric Evaluation of Adults offers a well-balanced blueprint for the crucial starting phase of the clinical encounter. It outlines the purpose of the evaluation, the sites in which it can take place, and, most importantly, the domains of the assessment process. It makes useful warnings, i.e., "patients who will be discharged to the community after emergency evaluation may require more extensive evaluation in the emergency setting than those who will be hospitalized," a truism that is not always appropriately followed. The nature and tone of the recommendations made after the evaluation may vary on the basis of the setting. Some may question that the family history should include only information about "close relatives." The usual difficulties in delineating the boundaries between social and family history are evident. The functional assessment is a novel item. Renewed emphasis is placed upon the clinician's judgment vis-à-vis the use of structured interviews, questionnaires, rating scales, and psychological tests. Although the text on issues of "development, culture, ethnicity, gender, sexual orientation" and the like is duplicated (in pages 21 and 25), to consider sociocultural diversity as an independent section in the assessment process is heartening indeed.

The chapter on Eating Disorders suffers only from the use of DSM-III-R criteria for both anorexia and bulimia nervosa. Nonetheless, the literature review, the description of the epidemiologic characteristics of these disorders, and the section on areas for future research are excellent. Among the treatment goals, an interesting distinction is made between psychological factors and social deficits on the one hand and culturally mediated distortions on the other, denying the pathogenic dimension of culture advocated by many. The treatment of anorexia and bulimia is as comprehensive as the prognosis paragraphs are crisp and cautious. The working group saw it necessary to discuss psychosocial treatment twice, one alone and the other in connection with medication strategies. Treatment recommendations are specific and straight to the point, their value assessed by a reference coding system, a standing feature for all guidelines.

The practice guidelines for Major Depressive Disorder in Adults has a lot of useful material and a few minor flaws represented by the abundant use of conditionals ("if," "inconclusive," "more studies needed," "not proven"). After moving quickly through diagnostic criteria, specific diagnostic features, natural history and course, and epidemiology, the chapter focuses on treatment principles and alternatives. An intriguing distinction is made between psychotherapeutic management and psychodynamic psychotherapy and psychoanalysis, the former being considered synonymous with supportive psychotherapy. While the section on interpersonal therapy is brief but excellent, one wonders why psychodynamic psychotherapy and psychoanalysis occupy several paragraphs if there have been no controlled studies to validate their effectiveness. This ambiguity is further reflected in statements such as "psychotherapy or psychoanalysis can assist the patient in reversing the negative self estimations and feelings about the future." In the selection of specific therapies, a debatable point is the "large role" assigned to patient's preference. Some would expect that practice guidelines would come up with more specific criteria for the choice of one therapeutic modality over the others. On the other hand, there is a definite and well-justified preference for detailed presentation of psychopharmacologic management. The best sections in this chapter are those of maintenance treatment and the management of medication-resistant depression. Equally important is the section on clinical features influencing treatment and the treatment implications of concurrent general medical disorders. Interestingly, this is the only chapter in which a book is named by its title as part of the text (Cultural Factors, page 119), even though such book does not claim to have all the information about the topic. Only one third of the recommendations possess "substantial clinical confidence," and only 46 of 169 references include randomized controlled clinical trials, the remainder being purely clinically based opinions, case reports, expert consensus, or literature reviews.

The treatment of patients with Bipolar Disorder succeeds in delineating its territory vis-à-vis the previous chapter. It is interesting that the work group makes distinctions between psychiatric management and pharmacologic treatment when one would imagine that the former encompasses the latter. What is described under "psychiatric management" is, in fact, an overall, comprehensive clinical management. The section on lithium is exceptionally good, and the recommendations regarding the use of anticonvulsants are sobering. Here the term *psychotherapy* is used more broadly than in the chapter on Major Depressive Disorder, as psychosocial and environmental approaches in manic episodes are generically labeled psychotherapeutic.

The guidelines on Management of Patients with Substance Use Disorders (alcohol, cocaine, and opioids) are the longest of the five. Unlike the other sections, this starts with a summary of recommendations including first, general treatment principles and alternatives, followed by their application to the specific disorders. The structure of the recommendations is uniform for all of them, considering treatment settings, pharmacologic and psychosocial treatments, management of intoxication, withdrawal, and other clinical features. The management itself is extremely comprehensive, almost taking the clinician by the hand in dealing with issues such as building a therapeutic alliance, clinical monitoring, facilitating compliance, educational efforts, and pharmacologic and psychosocial treatments. In general, the literature support exists even if the outcomes may not be as palatable. There are no references here to cultural factors of substance abuse, even though the evidence about patterns of use, behavioral complications, comorbidity, and social and community responses differs greatly among various ethnic groups. Research in this area, however, is highly recommended.

Only time will tell what the impact of these and other forthcoming practice guidelines will be. There are clearly a number

of good features coming out of this exercise. It has provided, probably for the first time in history, general norms about evaluation, treatment, and outcomes of major psychiatric conditions. It has established parameters that delineate the range and boundaries of the conditions together with a practical and, in most cases, comprehensive presentation of existing knowledge. It marks an evolution in the diagnosis-management continuum dictated by economic factors but still based on clinical experience which does not have to be minimized. On the negative side, there is ambiguity in many sections, research is scarce or weak in others, quantification of clinical data may be misleading, warnings and exceptions are made more than one would like to see, "no clear guidelines" is a phrase seen more often than not. The appearance of rigidity and the tendency to homogenize individually unique cases may be necessary evils or calculated risks. All in all, the ever present potential for misuse or misinterpretation of the material will require continuous monitoring by our profession. Practice guidelines should be welcomed not as a compendium of tentative recommendations but as a historically necessary systematization of common sense in clinical work.

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