

Clinical Manual of Addiction Psychopharmacology, 2nd ed

edited by Henry R. Kranzler, MD; Domenic A. Ciraulo, MD; and Leah R. Zindel, RPh, MALS. American Psychiatric Publishing, Washington, DC, 2014, 447 pages, \$75.00 (paper).

I work with addiction every day, prescribing buprenorphine, naltrexone, and disulfiram, in my general practice in a community mental health center. The *Clinical Manual of Addiction Psychopharmacology* filled many gaps in my knowledge, which is an integral component of lifelong learning. This second edition updates the 2005 original publication with advances in neurobiology and genetics of addiction.

Drs Kranzler and Ciraulo are experienced and well respected in their field of addiction. Dr Kranzler was appointed the Director of the Center for Studies of Addiction at the University of Pennsylvania last year. Dr Ciraulo has served as Chairman of the Division of Psychiatry at Boston Medical Center for over 15 years and has extensive clinical and research experience in alcoholism and addiction. Ms Zindel has added an invaluable contribution as a pharmacist and medical writer. These 3 editors gathered some of the leading experts in each drug of abuse for each chapter, including club drugs and synthetic cannabinoids. The book addresses the combination of psychopharmacology and psychotherapy, but the focus is on neurobiology, clinical syndromes, and psychopharmacology in detox and maintenance treatment.

There are some common benefits among the chapters. Each chapter covers epidemiology and pharmacology before diving into practical treatment guidelines. Each chapter contains tables of useful information, such as benzodiazepine equivalents or the buprenorphine induction schedule. Each chapter incorporates

the evidence base with extensive references. Chapter 1, "Alcohol," is especially good at incorporating treatment implications into discussion of neurobiology. The opioid chapter provides detailed treatment strategies including doses. Chapter 6, "Sedatives, Hypnotics, and Anxiolytics," has case examples, useful for teaching.

My favorite part of this book is the little clinical pearls hidden among the tables and literature reviews. For example, after a detailed description of opioid receptors, Renner et al, in chapter 3, "Opioids," mention, "The paraphernalia and setting associated with drug use can become cues, indicating that a high or relief of distress is possible. Craving or desire to use the drug is increased in the presence of such stimuli. Withdrawal symptoms also may become conditioned to such stimuli" (p 107). I have been perplexed by my patients' repeated reports of withdrawal symptoms weeks or months after a stable dose of buprenorphine and had never considered "conditioned withdrawal" (p 107). Most of the chapters have 1 or 2 of these clinical pearls.

Overall, the *Clinical Manual of Addiction Psychopharmacology* is outstanding for both beginning and advanced learners. I would recommend that clinical students in an addiction rotation read a chapter a week based on a clinical case. Addiction and general practice psychiatrists will find this book an excellent reference both for daily clinical practice and as the evidence base for that practice.

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Potential conflicts of interest: None reported.

J Clin Psychiatry 2015;76(4):e542 (doi:10.4088/JCP.14bk09653).

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