

Book Review

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Depressive Disorders.

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In a time of explosive expansion of clinical research, busy clinicians are increasingly turning to collections of abstracted information to help them keep abreast of clinically relevant concepts in the medical literature. *Clinical Evidence* has gained notoriety as such a resource, perhaps as much for its user-friendly analog and digital formats as for its association with one of the most reputable medical journals (*British Medical Journal*) from the predigital age. In my approach to reading the chapter titled "Depressive Disorders," I chose to envision an elderly patient suffering from a unipolar depressive episode and used the aforementioned chapter from *Clinical Evidence*, Issue 4, to attempt to answer clinical questions that might arise during his/her care.

The layout for each chapter of *Clinical Evidence* is excellent and provides easy access for the primary care clinician. A key messages section summarizes general points about a subject and is followed by a brief overview of the related epidemiology and prognosis and a description of several methods used to gather data for inclusion in *Clinical Evidence*. The subsequent clinical question section addresses effects of various treatments, maintenance therapy, and long-term outcomes. The evidence summaries are at once terse and informal, providing easy reading that is informative and relevant. The chapter ends with a summary of findings (updated since the last issue) and a list of references.

The book's approach to presenting the information provided me with confidence in the recommendations offered. In addition, the honest and straightforward manner in which unexamined and unanswered topics are not skirted is refreshing. Specific recommendations such as one regarding the Hamilton Rating Scale for Depression when used in the evaluation of the elderly were helpful.

I was impressed with the numerous references made to the particular nature of mood disorders in elderly patients. This was a substantive change begun in the previous issue and maintained in this one. Specifically, issues of incidence, prevalence, prognosis, treatment options, and outcomes in the care of the elderly are addressed and compared with treatment in nonelderly individuals. The authors recommend that dementia be included in the differential diagnosis and state that major depressive episodes tend to be rare in the elderly.

From the recommendations contained in *Clinical Evidence*, reasonable management choices for my fictional patient include (1) a low-dose selective serotonin reuptake inhibitor, (2) a brief nondirective counseling series or cognitive therapy series, (3) bibliotherapy, and (4) a recommendation to attend senior aerobics at a community center. Because of the succinct summaries of the best evidence from the literature contained in this accessible reference, I can be assured within minutes that my clinical reasoning has firm scientific support and that I am up to date on the latest therapeutic options. What more could a clinician ask?

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Editor's note: *Clinical Evidence* is published in print and on CD-ROM twice a year, in June and December, and is based on a directory of summaries about various clinical conditions (not solely psychiatric). It is updated each month and made available to the public online at <http://www.clinicalevidence.org>. The UnitedHealth Foundation provides bound copies of *Clinical Evidence* free of charge to a number of physicians in 8 medical specialties. For them, free access to the full online content is available. Most other users must be paid subscribers to access full text online. The current issue of *Clinical Evidence* is Issue 5.