Geriatric Medicine for Old Age Psychiatrists

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The interface between psychogeriatrics and geriatric medicine is complex, particularly owing to overlapping presentations of physical and mental illness. Thus, rather than an exception, it had increasingly become a rule that primary care physicians—especially those with interest in managing the physical and mental illnesses of the elderly—have to be able to systematically analyze the symptoms of mental illness and arrange a comprehensive treatment plan. Hence, the obvious question, "Where to start this acquaintance?" The answer to this question asked by generations of physicians is *Geriatric Medicine for Old Age Psychiatrists*.

The authors, in their introduction, paraphrase Einstein: "Everything will be made as simple as possible, but not one bit simpler." The authors attempt to achieve this goal in their own witty and humorous style of writing over the 6 chapters that follow the introduction.

I remember once attending a workshop on neuropsychiatry at which one of the eminent neurologists who spoke about neurologic examination said that he would teach us to do a neurologic examination in a minute's time—by finding out whether the patient could see, talk, and walk! This, he assured us, was not meant to be a satire on nonspecialists, but assessment of anything beyond such modalities of functioning would necessitate referral to a neurologist.

An extension of this observation could be found in this book's chapter titled "History and Physical Examination," in which the authors note that "many aspects of physical examination are not very reproducible and have low interrater reliability" (p. 9). The authors also offer 2 different ways of collecting basic medical history—the pragmatic-functional and the comprehensive-traditional approaches. My only issue with this chapter is that it has condensed the legal aspects of treating medical conditions in the mentally ill. Despite their best efforts, such summarizing does not do justice to very important issues such as consent and the Mental Capacity Act.

Physician investigations often reveal 1 or 2 unexpected abnormal results. Then the charade begins with telephone conversations with specialists, which would make the physician believe that he or she has found out an extremely rare case—Eureka! The authors put a roadblock to such extravagances with their erudite chapter, "Interpretation of Abnormal Results." Where they strike gold is in their ability to simplify the physiologic process and utilize this fundamental base to drive through the meaning of subtle to overt abnormalities. As a cynic, I would differ from the authors' style of listing the variabilities alphabetically, thus wedging a whole host of hematological indices between interpretations of calcium and other electrolyte abnormalities.

The sheet anchor of this book is the chapter titled "Clinical Management." The authors are very thorough in listing various symptoms and going through their differential diagnoses. They then address specific points from history, examination, and investigation to weed through the differential diagnoses. The management plan differentiates the possibilities from the impossibilities in a geriatric psychiatric ward, thus serving as a compass specifying when to seek out and make that crucial phone call to our medical colleagues.

Where the authors falter in this chapter is again in their listing of symptoms in an alphabetical order. To someone trained in medicine and taught to think systematically, the lack of continuity of all respiratory or cardiovascular symptoms can be quite cumbersome. On the neurologic symptoms that almost always prove to be red herrings, however, the authors have provided extensive information in a structured and schematic manner. This will serve as a goldmine for primary care physicians, as they often have to make a clinical judgment on deciding between liaising with either a geriatric physician or a psychogeriatrician.

This chapter is followed by "Case Vignettes" that demonstrate the logical and rational methods of assessing and managing clusters of symptoms very effectively. The chapter titled "Commonly Prescribed drugs" would be very useful in preventing untoward effects of polypharmacy.

On a general note, the authors could have included diagrams, flowcharts, tabular columns, and imaging pictures, which would have broken the monotony of paragraphs of succinct explanation and rich information. On balance, though, this clever and concise effort by academics and clinicians in geriatric medicine and old age psychiatry would be invaluable to a primary care physician. In the authors' words, "confidence in what they are doing . . . cuts out unnecessary referrals or makes the information which backs up those referrals a little better." In my opinion, this book, a very laudable effort on par with *Lecture Notes on Geriatric Medicine*[1] or the *Oxford Handbook of Geriatric Medicine*,[2] should be readily available to a primary care physician as it offers a rare insight into holistic approach in treating the elderly.

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Faces of Depression

by Elizabeth McGhee Nelson, Ph.D. Ivy House Publishing Group, Raleigh, N.C., 2005, 171 pages, $15.95 (paperback).

Faces of Depression contains 8 chapters in which brief stories (1 to 4 pages) of individuals with depression are narrated. These are true-life experiences of "regular" individuals and are not the experiences of famous personalities. Stories include those of adolescents, adults, and spouses of individuals experiencing depression. The book is easy to read and can be understood by those without formal training in mental health or medicine.

Each chapter typically begins with an introduction describing a symptom or symptoms of depression per the *Diagnostic and Statistical Manual of Mental Disorders*,

Fourth Edition, Text Revision (DSM-IV-TR) and/or other aspects of depression. Sometimes a nontechnical overview of biological aspects of depression is included too. The chapter then follows with brief stories related to that theme. For example, in Chapter 3, "Perceptions," the first paragraph lists 3 of the 9 formal symptom categories qualifying one for a diagnosis of major depressive disorder (i.e., depression) and also mentions that these symptoms must lead to impairment in one's typical functioning to qualify the individual for the diagnosis of depression. Eight stories from different individuals relating to this depression theme are included in this chapter.

Throughout the book, the stories of 16 individuals are woven into each particular depression-related theme as introduced by the beginning (or middle) of the chapter. Besides reviews of the typical experiences and symptoms of depression, there are 2 chapters on related topics: Chapter 5, "Cognition and Culture," includes content on culture-specific experiences as they relate to depression, and Chapter 7, "Relatives," includes content on diseases that simultaneously occur among those with depression (e.g., brief stories of individuals with fibromyalgia and some of the anxiety disorders).

Faces of Depression would be of interest to medical students, medical residents, clinical psychology graduate students, social work students, and other students training to help those experiencing depression. This book would help them understand the challenges of those who experience depression. Also, primary care physicians, psychiatrists, psychologists, social workers, and other mental health professionals may find this book useful to recommend as reading to the caregivers and/or spouses of those whom they are treating for depression; by reading this volume, these individuals may better understand the challenging experience that their loved one is experiencing.

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Ethics in Psychotherapy and Counseling: A Practical Guide, 3rd ed.

by Kenneth S. Pope and Melba J. T. Vasquez. Jossey-Bass, San Francisco, Calif., 2007, 480 pages, $50.00 (paperback).

Ethics is a critical issue in every helping profession, in which the clients—patients—are in trouble and seeking help. This is especially the case in psychotherapy, for which the focus of intervention is targeting the most internal, sometimes hidden and intimate world of an individual. Since its first edition (1991),[1] *Ethics in Psychotherapy and Counseling: A Practical Guide* has served as one of the most comprehensive texts providing practical guidance regarding ethical behavior for therapists and counselors.

The book insightfully highlights the ethical values of respect, responsibility, integrity, confidentiality, competence, and concern in detail. It helps clinicians to be thoughtful about ethical principles, potential challenges, and dilemmas as well as about getting appropriate training and supervision that can help them better navigate these challenging waters. The strength of the current edition is that it deeply discusses the competence of a human therapist as well as the critical thinking on how to create strategies for self-care and—in general—how to help without hurting. It puts the codes and complaints into historical and empirical context and guides clinicians in how to respond to ethics, licensing, and malpractice complaints. The issues of beginnings and endings in therapy, absences and accessibility, and the use of informed consent are also explored in detail.

One of the most important parts is the guidance on how to respond to suicidal risk and how to recognize the early warning signs when a supervisory consultation is required. Boundary issues and sexual relationships with clients are also very important aspects of ethical behavior discussed in the text. Although it is striking that the majority of disciplinary actions taken against practitioners by licensing boards are due to sexual misconduct, and civil suits against a therapist for incompetence account for only a minority of all claims, I have the impression that the issue of sexual misconduct is overwhelmingly discussed here and that the disproportionately large amount of discussion of the topic rather reflects the authors' research interest. Sexual abuse of clients is just the tip of the iceberg, but the vast majority of the ethical issues related to incompetence and other hurts usually and probably do not reach the threshold of legal claims.

Although ethical principles and guidelines are common in all forms of psychotherapy, some fine tuning, distinction, and focus on special features would have been useful; e.g., detailed discussion of individual versus group therapy and of behavioral versus dynamic approaches could have highlighted the important aspects of ethical behavior related to the applied psychotherapy approach per se. Case vignettes or case reports also could have been helpful to illustrate the practical issues of some complex situations, especially since this is a "practical guide." For those who would like to read extensive case studies that provide illustrative guidance on a wide variety of topics in ethics, I would recommend Gerald Koocher and Patricia Keith-Spiegel's *Ethics in Psychology: Professional Standards and Cases*.[2]

The appendices of *Ethics of Psychotherapy and Counseling* contain useful codes of conduct and ethical principles for psychologists as well as guidelines for ethical counseling in a managed care environment, all prepared by the American Psychological Association and Canadian Psychological Association. Although this book was probably intended to be used globally, and the ethical principles are general in every culture, comparisons of the different cultural environments and the codes and guidelines of ethics created by many respective associations in the field are slightly lacking.

The text is easily readable, engaging the attention even for outsiders. I definitely recommended it for every practicing clinician, psychotherapy training program, primary care physician, residency program, and psychology course, and it is even worth reading by patients to increase their awareness of what they can expect if they meet a professional, ethical therapist.

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