Melancholia: The Diagnosis, Pathophysiology, and Treatment of Depressive Illness

by Michael Alan Taylor, M.D., and Max Fink, M.D. Cambridge University Press, Cambridge, U.K., 2006, 544 pages, $150.00.

Drs. Taylor and Fink produce here a volume destined again for high acclaim, as was their recent work entitled *Catatonia*. Melancholia afflicts a larger subset of depressive patients than catatonia, and the illnesses are both model indications for electroconvulsive therapy (ECT). The authors are highly influential students of this treatment, but rather than shape a document around the treatment's controversies, they wisely approach the reader with vigorous arguments supporting recognition of these severe illnesses. Their stated and achieved goal is to teach the advanced clinical, diagnostic, and theoretical underpinnings of melancholia; wherein if they successfully restore melancholia to the diagnostic mainstream, clinicians will most likely prescribe more ECT. Arguing urgently on the behalf of countless misdiagnosed patients and their loved ones, the authors essentially assert that psychiatric nosology took a century-long misstep when the emphasis shifted away from recognizing biological viewpoints, including the viewpoint that melancholia has a biological cause, which is one of the oldest notions in diagnosing mental illness. In so doing, psychiatry lost key concepts that guide appropriate treatment, diminished the application of ECT, and overused psychodynamic therapy for this neurobiological illness. Their arguments are entirely logically presented: major depressive disorder is an inadequate diagnosis for the entire range of symptom clusters, even though it is sufficiently specific from a DSM-IV standpoint. Clinicians commonly stop there—the specifier of melancholic subtype is infrequently documented, and hence rarely presented to the patient. The authors assert that specifying melancholia and recognizing its inherent refractoriness and lethality would enhance detection and minimize risks of treatment failures and death.

Under this banner, the history of melancholia from antiquity to the present and several generations of use of ECT are insightfully reviewed. The authors disclose controversy briefly but for the most part fairly and unhesitatingly demand high-quality research, while eschewing faulty research designs. They lament the lack of data on severe depression and melancholia due to their risks of inclusion in research. Their teachings are rich and eloquently stated, giving the naive reader an impression that all is clear and perfectly explained, but the authors loudly clamor for research and anticipate that someday ECT will be replaced as gold standard treatment for melancholic depression. So far, though, they document the many failed efforts that have let too many patients suffer prolonged illness and left them to resort to suicide. A few excursions outside of the authors' primary areas of expertise, in which minor accompanying details might be points for debate, are acceptable in their urgent effort to reset melancholia to its proper place as a syndromal entity.

The quality of the writing, organization, and exhaustive referencing reaches the highest standards. The reader will find a rich understanding of melancholia, its history, and differential diagnosis. Additional decades of biological discoveries in melancholia will add to the knowledge accumulated and documented here; the refocusing on pathophysiology encouraged by the authors will bring a renaissance of melancholia diagnostic teaching. Since there has been a relative dearth of melancholia-focused research in the past 2 decades, it is timely that, as a basis for future research, this volume reviews the previous generation's work—both its strengths and its catastrophes. As mentioned already, the analysts are taken to task for diverting attention from the biology. With an equally harsh tone, the pharmaceutical influence on diagnostics is also admonished. Again, major depressive disorder is viewed as insufficiently specific, and its acceptance came only because "academic psychiatry went to the highest bidder" (preface, p. xiii). These charges, first against the flourishing of psychodynamic psychiatry that followed Freud and then assailing the inversion of diagnostic science for the convenience of the pharmaceutical industry, are solidly documented and are not isolated from growing trends. The authors resolutely command their arguments without compromising their thesis, while acknowledging and soundly countermanding conflicting evidence. Flawed studies are filleted sharply, leaving the reader begging to hear the rebuttals from those not present to defend themselves. If one reads from cover-to-cover, there is inevitably some repetition, but there is no inconsistency. The work of the 2 authors rings as from 1.

Fifteen chapters are copiously annotated at the close of each with repeated citations of roughly 3000 unique references, which are fully listed once in the appendix. Three chapters define melancholia, first conceptually, then as a diagnostic entity, and finally in concrete diagnostic signs and symptoms. The ins and outs of the laboratory findings characteristic of melancholia are followed by a very valuable fifth chapter on interviewing pearls, which, to this reviewer and teacher, made the book priceless. Differential diagnosis, in the sixth chapter, presents the state of the art in available research for adults and the elderly but pleads for better studies in children and adolescents. Chapter 7 is on suicide and is lengthy, beginning with a section on "Errors in suicide prevention." No mincing of words here! A missed diagnosis of depression, especially melancholia, is the cardinal cited fault, followed by the failure to administer adequate treatment. The subsequent chapters present the solution: the research literature on ECT efficacy is elegantly summarized. The authors briefly discuss criticisms and limitations of ECT, acknowledge and look past these issues given the gravity and extreme risks of the illness, and encourage the use of maintenance ECT when appropriate. Then the authors eschew serotonin reuptake inhibitors, approving only of tricyclics and a few others, albeit weak approval compared with their endorsement of ECT. Complicated comorbid presentations are discussed, from pregnancy and breast-feeding to neurologic diseases. Treatment-resistant depression is viewed as a result of failure to treat adequately (i.e., administer ECT) early in the course of melancholia. Novel, investigational treatments are discussed accurately but without great enthusiasm. The authors charge the reader with a task in the final chapter: the onus on the next generation will be to clarify classification, diagnostic instrumentation, and treatment algorithms for this monstrous and devastating illness.

This volume is highly recommended for the student, advanced clinician, or researcher alike, not only because it offers a definitive view of an illness, but because it does so in detail, concisely and economically, with the tone of an invaluable super-supervisor. Although opposing views are sometimes castigated, even proponents of that opposition need to read this account and ponder its message. It is a remarkable and highly readable compendium of the past century's work, and presents the challenge for the next.

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Clinical Guide to the Treatment of the Mentally Ill Homeless Person

edited by Paulette Marie Gillig, M.D., Ph.D., and Hunter L. McQuistion, M.D. American Psychiatric Publishing, Inc., Washington, D.C., 2006, 175 pages, $37.95 (paperback).

This book is a practical, concise, informative, sophisticated but easy-to-read clinical guide written for clinicians who work with mentally ill homeless persons. It is well edited, and its chapters follow an overall structure based on 3 essential phases of rehabilitation: engagement, intensive care, and ongoing rehabilitation.

Following an introductory chapter written by the editors, there are chapters on outreach and engagement, single adults, families, and assertive community treatment. They all address the diagnostic and treatment interventions that facilitate the movement of homeless persons from domicile on the streets to shelters and finally to permanent community housing. Chapters follow describing the treatment challenges faced by mobile crisis teams, psychiatric emergency services, psychiatric inpatient settings, and primary care settings. The final 4 chapters deal with special homeless populations: children, those emerging from jails and prisons, homeless veterans, and homeless persons living in rural settings.

Each chapter contains a case description that enhances the reader's awareness of and sensitivity to those human beings who are struggling with mental illness and homelessness in unique treatment and housing settings. These descriptions illuminate and give life to the text. The chapters also contain flow charts that illustrate the various treatments and decision points discussed in the text.

There are many clinical "pearls" described by the experienced, intelligent, and street-smart clinicians who contributed to this useful text. One emphasizes the importance of avoiding coercion as much as possible when working in emergency psychiatric teams. This clinical pearl correctly reminds us that "avoiding coercion can have a halo effect for years to come" and "can profoundly increase the likelihood of subsequent adherence with outpatient treatment and medication" (p. 88). Several pearls relate to inpatient settings. They emphasize the importance of using psychiatric admission to allow for the additional evaluation of common medical conditions that afflict the homeless; in particular, hepatitis C, tuberculosis, anemia, vitamin deficiency, syphilis, HIV, and lice. The authors also emphasize the high prevalence of cognitive deficits in homeless persons and make the point that "45% of patients having significant cognitive defects on routine mental status examination had abnormal CT scans and 26% had abnormal EEGs" (pp. 94–95). They also stress the importance of always carrying out "nonadherence assessment[s]" (pp. 94–95).

This guide should be of interest to practitioners, residents, interns, and students of mental health disciplines who wish to better understand those patients who are challenged to find a safe place to live while simultaneously struggling with cognitive, affective, and/or chemical dependency symptoms. It also provides a practical knowledge base and useful framework to those who have administrative responsibility for managing or developing homeless programs.

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