

Book Review

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Primary Care Psychiatry and Behavioral Medicine: Brief Office Treatment and Management Pathways

by Robert E. Feinstein, M.D., and Anne A. Brewer, M.D. New York, N.Y., Springer Publishing Co., 1998, 408 pages, \$59.95.

When confronted with a psychosocial problem in the office, nothing is more frustrating to me than an unintelligible reference text. The DSM-IV and DSM-IV-PC are excellent resources, but I frequently find myself wondering if the people that wrote them were previously employed to write the ICD-9 and CPT code books. When I encourage our resident physicians to use the DSM-IV, they frequently give me a look as if to ask "What language is this thing written in?" In a world where legalese, medicalesse, and behavioralese books are common, *Primary Care Psychiatry and Behavioral Medicine* is a refreshing exception. This excellent resource for clinicians working in a primary care setting is very readable, easily referenced, and full of clinically useful advice.

This textbook is formatted into 3 distinct parts: "Psychiatric Disorders in Primary Care," "Behavioral Medicine in Primary Care," and "Psychosocial Treatments in Primary Care." The first part addresses the most common psychiatric disorders that the clinician in private practice will encounter. These chapters are practical in their approach to accurate diagnosis and treatment. Common clinical presentations, symptoms, and treatment options are clearly outlined. The text is supplemented with multiple charts, figures, and algorithms that will more than meet the needs of the visual learner.

The text provides a valuable service in outlining successful treatments for common psychiatric disorders. Medical management and psychotherapy treatment options are referenced for each diagnosis. The clinical guides make this textbook a "must" for the practicing clinician. The information on physician-patient interactions makes this work exceptional, even though, occasionally, the discussion becomes convoluted. It is sometimes difficult to determine "who" is reacting to "what" behavior in "what" way. The positive aspect of this dialogue is that the physician is identified as an important player in the therapeutic relationship. Common foibles in that relationship are discussed,

and practical insights are given on when and how to evaluate the patient's need for referral.

The second part discusses "Behavioral Medicine in Primary Care." This part of the text opens with a valuable discussion of cardiovascular risk behavior. Recent publications have identified depression as a significant marker of post-myocardial infarction mortality. This chapter outlines timely recommendations to cardiologists and primary care clinicians managing patients with atherosclerotic heart disease. Women's health care issues that impact mental health are also discussed. Appropriate diagnosis and management of endocrine-related mood and behavior disorders are reviewed. Medication, diet, and education are discussed. This section ends with a valuable overview of death and dying. Guidance is given for developing the clinical skills necessary in sharing bad news compassionately.

The final section, "Psychosocial Treatments in Primary Care," opens with a discussion of consultation, counseling, and crisis intervention. Most of the advice is practical and insightful. Clear information on the success of various types of counseling is also provided. Different counseling techniques and coping styles are reviewed and discussed, and there is an overview of family counseling.

The relatively small size of this book belies the depth of wisdom inside. The best strength is its readability. I am highly recommending it to our family practice residents. From a clinical standpoint, I appreciated the discussion of psychosocial treatments most. Our resident physicians do not get enough exposure to the different clinical psychology treatments available. Even though they make referrals to psychologists, they frequently do not ask patients about their treatments. By reading these chapters, residents will make better referrals and monitor their patients' progress more closely.

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