

**Seminars in Liaison Psychiatry, 2nd ed**

edited by Elspeth Guthrie, Sanjay Rao, and Melanie Temple. In book series: College Seminars Series. RC Psych Publications (Royal College of Psychiatrists), London, England, 2012, 528 pages, \$70.00 (paper).

*Seminars in Liaison Psychiatry*, Second Edition, published by the Royal College of Psychiatrists, is significantly expanded from the first edition that was published in 1996. It has 29 chapters and 2 appendices written by 47 contributors, all of whom were trained in the United Kingdom. It is intended for trainees or beginning psychiatrists and has questions at the end designed to help prepare for certification examinations.

In the United States, consultation-liaison psychiatry is so called because it combines 2 clinical activities that, while closely related, have distinctly different meanings. *Consultation* refers to the evaluation and recommendations for treatment of patients referred by medical colleagues of other disciplines. *Liaison* refers to clinical service beyond requested consultations. This includes providing referring physicians with education and informal advice about clinical issues whether specific to a given patient or not. Additional liaison activities include rounding with a medical team, discussing clinical issues with nurses and those in other disciplines, and participating in other regular activities as part of a team, such as evaluating and counseling transplant candidates. Within the US definition of liaison activities, the direct recipients of consultation are members of the medical team, with patients being indirect recipients. The goal is to foster a treatment environment that reflects quality biopsychosocial care.

On the basis of the title and contents of this book, *liaison* has a broader meaning in the United Kingdom, encompassing anything having to do with psychiatric care that takes place in a nonpsychiatric medical setting or upon referral from medical colleagues. Most of the chapters seem to focus on consultation as we understand it,

and the few that discuss liaison activities as we know them do so only briefly.

Some of the material reflects the structure of medical care in the United Kingdom and does not seem immediately relevant to a consultation-liaison trainee or practitioner in the United States. The chapter on alcohol and substance use does not mention prescription drug abuse and dependence, and there is no separate chapter on chronic pain to put the problem in context. Prescription drug abuse is a problem that has reached crisis proportions in the United States and Canada, but apparently is not a significant problem in the United Kingdom (as it is not in most countries) and does not lead to many consultation requests in that country.

Much of the book is quite relevant to consultation psychiatry in the United States, however. The chapter on oncology liaison, for example, succinctly and clearly reviews the psychiatric issues specific to that specialty. The chapter on sexual disorders is excellent, clearly covering an important area not often dealt with in the consultation-liaison literature. Chapters on perinatal psychiatry, HIV, pediatrics, palliative care, weight- and eating-related issues, and medically unexplained symptoms should all be quite useful for the trainee who wants a practical, readable overview of the area. It is refreshing to see the emphasis given to somatoform disorders throughout the book, an area of surprisingly little attention in much consultation-liaison literature.

Because of its readability and practicality, I recommend this book for resident trainees and psychiatrists unfamiliar with the different areas of knowledge and the skills required in consultation psychiatry.

**Jon Streltzer, MD**  
streltzerj@dop.hawaii.edu

**Author affiliation:** University of Hawaii School of Medicine, Honolulu.

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