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The New Pharmacotherapy of Schizophrenia

edited by Alan Breier, M.D. Washington, D.C., American Psychiatric Press, Inc., 1996, 240 pages, $32.50.

"Did St. Francis preach to the birds? Whatever for? If he really liked birds he would have done better to preach to the cats." —Rebecca West

This book consists of 10 chapters authored by 19 leading researcher/clinicians (18 M.D.s and 1 Ph.D.). All contributors are in the United States and from four states—Maryland, California, Connecticut, and New York. Dr. Breier, the Editor for this volume, is Chief of The Unit on Pathophysiology and Treatment, Experimental Therapeutics Branch, NIMH, in Bethesda, Maryland.

The book is targeted for researchers in schizophrenia, as well as clinicians and faculty interested in such things as which drugs are selective D_4- or D_3-receptor blockers or have 5-HT_2 and D_2-receptor affinity, as well as incidence of EPS for the respective drugs and medications both available as well as possibly in the pipeline for future release in the United States. The chapters fall into two categories:

(1) there are seven chapters focused on particular drugs or classes of drugs (clozapine, risperidone, future antipsychotic agents, conventional neuroleptics, noradrenergic agents, and benzodiazepines), and

(2) three chapters dealing with the treatment of specific clinical issues (treatment augmentation, negative symptoms, and depression).

The chapters usually, but not always, end with a conclusion or summary section or with directions for future research. Each chapter includes the references cited in its text, in alphabetical order.

The book concludes with a 2-page conclusion by Dr. Breier and a subject index of 16 pages. We found only one typographical error (p. 197). The book is printed in a professional manner, with excellent graphs, diagrams, tables, and flow charts. Overall, it is a monument to science *pharmacologically.* Herein lies its strength and weakness.

A significant overlap in the chapters is evident in the two chapters "Future Antipsychotic Agents" and "New Neuroleptics and Experimental Antipsychotics." Similarly, antidepressant treatment is addressed in three separate chapters (treatment augmentation, treatment of negative symptoms, and treatment of depression). While each chapter stands alone quite nicely (Litman and Pickar's contribution on noradrenergic systems is a tiny gem), a sterner use of the editorial cudgels might have reduced the amount of repetition and smoothed the continuity of the volume as a whole.

There were hints of author bias whereby certain agents were described as having "small but significant" clinical benefits, while agents the authors were less familiar with were described as possibly having "some efficacy," when the level of improvement reported for the two agents appears about the same. A useful antidote, adopted by Ames and coauthors (pp. 22–25) in their excellent overview of the work on risperidone, would have been the addition of summary tables that included study design, sample size and characteristics, and findings of all the studies cited. This would allow the reader to exercise more individual judgment.

The standard party line was adhered to in almost all cases, and papers not in the mainstream[1–6] were ignored, possibly because they do not fit into the prevailing conceptual models. Unfortunately, clinical experience has confirmed much of that cited in the "maverick" reports and is often incompatible with the prevailing theories. When Brent and Kalman[2] reported a patient who responded to trifluoperazine, but not to fluphenazine (and we have also seen trifluoperazine nonresponders respond to fluphenazine!), intraclass non-interchangeability was established. Old, long-cherished truisms of having to switch to a *different* class (p. 96) were no longer adequate after March 1981 and have no place in purportedly futuristic 1996 publications.

We feel a balanced view of treating depression in schizophrenia would include the 1976 classic by Donlon et al.,[7] which reported that a majority (60%) of acutely decompensated schizophrenics were found to manifest moderate to severe depression, with a statistically significant reduction in the depression paralleling the correction of the cognitive disorder on treatment with depot fluphenazine *alone*! No antidepressants were required. This suggests that one of the significant etiologies of depression in schizophrenia is as one of the constellation of symptoms manifested in a decompensation, along with the confusion, hallucinations, and delusions. Schizophrenic decompensation symptom constellations often include depression, and as a major contributor, deserves proportionate emphasis.

Tardive dyskinesia is addressed in a number of the chapters—and rightly so—but none addressed the current interest in the use of vitamin E (alphatocopherol).[8]

Would we recommend the book? Well, if one wants information on the new and planned antipsychotics, yes, absolutely. If one is seeking well-crafted reviews by respected authors, also yes. If the interest is in an update on the "cutting edge" of the approach to and treatment of schizophrenia, with both old and new antipsychotics, and coping with their side effects, well, this does *not* "preach to all the cats.''

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