

### Age and Gender Considerations in Psychiatric Diagnosis: A Research Agenda for DSM-V

edited by William E. Narrow, M.D., M.P.H.;  
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Psychiatric Association, Arlington, Va., 2007, 362 pages,  
\$60.00 (paper).

*Age and Gender Considerations in Psychiatric Diagnosis* has 44 contributors from among our most prolific and respected researchers, and it has relatively few sentences without a reference. The goals of this ambitious undertaking include discussing the seeds and directions for future research, increasing clinical understanding with current evidence base—useful in developing more effective treatment—and developing a prevention component to diminish disabilities.

The inclusion in the diagnostic and treatment processes of the many aspects of aging in very early and later life and the ever broadening aspects of gender/sex (with the term *gender* now more frequently preferred), e.g., chromosomal, genetic, gonadal, genital, assigned sociocultural gender, all of which can affect the brain, are among the special foci in this volume. Combinations of integration of neurosciences; genetics; epidemiology; development; personality/relationships; immunology; cultural sociology; infant, child, and adolescent development and trauma and their effects in later life; aging and its many vicissitudes; women's and men's reproductive and sexual health variations in symptom expression; support systems; stressors; and comorbid medical conditions are now more feasible to achieve. Modern technology and statistics applied to the gathering, presentation, and dissemination of relevant and abundant data have provided and will provide us with unprecedented translational research opportunities and results.

Many chapters contain summary tables of available data to ponder. This book is a work in progress, a pebble in the water, with ever-expanding breadth, depth, and accuracy in our search for bases of diagnosis and treatments that will involve more variables than ever before.

Many readers will be especially interested in the history, growth, and development of DSM-I (1952), DSM-II (1968), DSM-III (1980) (the “revolutionary” diversity of clinical presentations for the same diagnosis), DSM-III-R (1987), DSM-IV (1995), and DSM-IV-TR (2000) to DSM-V (2011), with intervals of 16, 12, 7, 8, 5, and 11 years respectively—over a total of 69 years. This is the first time in DSM history that not only is a research planning initiative included in the preparation of a DSM, but the agenda also includes all ages (preschool to the elderly) and both genders/sexes (more inclusive of women than in the past).

Over the past 2 decades, starting with the “decade of the brain” in 1990, the research population has become more diverse and inclusive by mandate of the National Institute of Mental Health (NIMH) and other governmental funding agencies. New statistical methodologies, new software, new concepts that have evolved, and large national and international interdisciplinary teams all contribute to these enormous advances. In addition, a more critical eye can be cast on how information is obtained and evaluated.

In Part 2 of this research agenda for DSM-V, the authors focus on early childhood disorders. They highlight several unique difficulties—namely, to determine the difference between health and illness and the boundaries between extremes of normality and pathologic states. In the early stages of life, there can be great overlap between extremes of normality and pathologic

states. Additionally, impairment must be defined within the context of the caregiver-child-family system. Morbidity from specific disorders (e.g., sleep disorder) may be quite significant for parents and siblings, with little distress found in the child in question. This will be an important perspective change for many clinicians and researchers.

Within this framework, the authors discuss posttraumatic stress disorder, reactive attachment disorder, mood and anxiety disorders, sleep and feeding disorders, and disruptive behavior disorders. These authors place particular emphasis on autistic spectrum disorders and their presentation in infants and very young children, which is a particularly timely addition. The content of this section has the potential to advance the field of infant and early childhood behavioral health.

The section on the elderly summarizes primarily the research of approximately the past 25 years, with emphasis on the many causes of diagnostic and treatment confusion that this population endures, for future research to address.

The variations of symptomatic expression in elderly patients diagnosed with major depression have been studied extensively in terms of variations in frontostriatal, amygdalar, and hippocampal dysfunction and the etiologies of these dysfunctions. Etiologies can be degenerative and vascular processes as well as immune and inflammatory processes and related to levels of a variety of proinflammatory cytokines. The current status of research on how variations of symptom presentations and course of mental illness are related to responses to treatments in the light of anatomic and physiologic changes along with past and present experiences is elegantly presented as a model for assessment and a variety of treatment decisions in the depressed elderly.

Depression and other mood and anxiety disorders, psychoses, dementias, and delirium are all to be considered within their context of medical illness, home environment, and support systems (or lack thereof); hospital, nursing home, hospice, and other residential environments are included in this research agenda. The advances made in biomarkers in Alzheimer's disease are described in some detail as are gaps in knowledge of biomarkers in geriatric psychiatry in other conditions because of the heterogeneity of clinical and biologic profiles. The suggested research agenda for psychosocial risk factors of late life mental illness includes biologic variables of vulnerability that in turn can inform treatment choices and preventive efforts.

The following are examples of conditions that have so far not received attention and apparently have so far been omitted from DSM-V development: First, elder abuse, neglect, and exploitation are conditions that will eventually require a coding system in order for researchers and clinicians to give appropriate attention and care with appropriate remuneration for time and effort. Considerably more women than men are subject to these conditions. Second, the increasing number of multiple births during the last 20 years, with increased frequency of early delivery and lower birth weight, increased cerebral palsy and mental health problems, and considerably more complex family interactions, has much to do with aging and gender and early childhood and beyond but is not mentioned in this book. Somewhere in DSM-V, research in this arena, though sparse, needs to be included as this population with their special experiences and needs comes to psychiatric attention.

Although this book is generally well indexed, a listing of screening instruments that are available and yet to be developed would enhance its utility. Also, a version with larger print would enhance readability considerably.

*Age and Gender Considerations in Psychiatric Diagnosis* is a challenge to read and an excellent reference, especially for researchers, funding agencies, and those practitioners who like to stay ahead of new ways to conceptualize the ever-expanding elements that need to be given consideration in diagnosis and treatment decisions.

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### The Neuroscience of Psychological Therapies

by Rowland W. Folensbee, Ph.D. Cambridge University Press, New York, N.Y., 2007, 223 pages, \$110.00; \$39.99 (paper).

Rowland Folensbee's *The Neuroscience of Psychological Therapies* is a well-written, comprehensive volume that most psychotherapists will find helpful and illuminating in their conceptualization of patients, as well as full of useful, practical advice in utilizing concepts relevant to brain functioning during therapy. Written by a psychologist and psychotherapist with an intense interest in brain functioning, it surveys current understanding of functional neuroanatomy and attempts to integrate that understanding with traditional psychotherapeutic interventions. The effort succeeds very well.

The text begins with an excellent survey of current neuropsychological understanding of the overarching principles of brain function. The survey is neither too brief and oversimplified nor overly complex for the average mental health professional. Brain organization is presented at a basic level, along with important concepts in brain development and maturation, and key brain functions such as memory and emotion are usefully described. The author places great emphasis upon the concept of "neural networks" that underlie memories, emotions, and complex behaviors—the idea that each of these complex constructs is based upon interrelated networks of neurons working in unison to produce the given phenomena. Later in the book, the concept of neural networks is heavily utilized in the author's presentation of his ideas of how brain function and psychotherapy are intertwined.

To the author, memory processes (broadly conceived as any experience that affects the brain, resulting in changes of future behavior) are key to understanding and developing effective psychological intervention. Indeed, he defines psychotherapy as "a process of recognizing how the brain has been shaped by its past and then applying this recognition to develop better ways to use the brain in future interactions with the world" (p. 29). He conceives the process of developing insight in neuropsychological terms, in that the patient is encouraged to develop explicit, declarative memories to parallel their unconscious, implicit memories and behavior patterns. He presents a practical, simplified model, which he calls the "Big Picture" of brain functioning, that allows the therapist to conceptualize a patient's pathology in terms of neurocognitive strengths and weaknesses. He then illustrates how his model can be used to target particular areas for intervention. He argues that neuroscience-based conceptualizations have the potential to successfully "invade" current psychotherapy understanding and practice from the point of initial intake/assessment to the conclusion of therapy. He describes, for example, how initial as-

essment of brain-relevant factors, such as genetic history, biologic events, early interpersonal events, family structure, and current functioning, must be done early in therapy in order to develop the "Big Picture" of a patient's mental composition.

The author addresses common challenges in psychotherapy with sophisticated and neuropsychologically well-informed strategies. For example, the familiar experience of the patient who develops good insight and awareness of his or her pathological responses, but feels powerless to change them, is explained to the patient in terms of competing neural networks in which the insight developed within therapy is operating alongside the old, pathological pattern of behavior. The patient can then be reassured that this is merely a stage in the therapy process rather than a phenomenon reflecting inadequacy or hopelessly enduring pathology.

The psychotherapist will find much that is very useful about this book. The author describes a framework for presenting information to patients on the basis of his model that explicitly references the brain and brain functioning in a way that is simple, powerful, and nonthreatening. In an intriguing chapter, he also considers the therapist's own brain functioning during the therapy process and suggests appealing and useful ways of sharing the therapist's own brain processes and generation of ideas during the therapy session with the patient. The use of medications and ways of conceptualizing them as either adjuncts or threats to successful therapy are mentioned.

Some topics are not comprehensively addressed by this book. For example, research examining altered brain functioning via neuroimaging following psychotherapy or pharmacotherapy is not reviewed in this volume. Experiential therapies receive relatively little attention, and there is no mention of the application of his ideas and methods to treatment for addictive behaviors, although one would think this would be a particularly relevant area for a biologically focused therapy approach.

Even so, *The Neuroscience of Psychological Therapies* is a comprehensive and eminently readable volume that any practicing psychotherapist will find useful, not just from a theoretical perspective, but also because it is full of practical insights in how to work with given therapy clients and their problems. The reader will find it very accessible and enjoyable.

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### Clinical Manual of Geriatric Psychopharmacology

by Sandra A. Jacobson, M.D.; Ronald W. Pies, M.D.;  
and Ira R. Katz, M.D., Ph.D. American Psychiatric Publishing,  
Arlington, Va., 2007, 829 pages, \$84.00 (paper).

Readers should be immediately advised: the *Clinical Manual of Geriatric Psychopharmacology* is not just another book on geriatric psychopharmacology. It is, in reality, a superb clinical textbook of psychopharmacology for treatment of adults of all ages, with special emphasis on elderly patients.

The first 2 chapters, "The Practice of Geriatric Psychopharmacology" and "Basic Psychopharmacology and Aging," as well as the chapter on "Dementia and Other Cognitive Disorders," are, to be sure, specifically directed toward care of the elderly patient. But the information in the remaining majority of chapters (e.g., on antipsychotics, antidepressants, mood stabilizers, anxiolytics/sedatives/hypnotics, substance-related disorders, treatment of movement disorders) is comprehensive and

readable and includes very practical, up-to-date reviews of psychotropic drugs for various conditions. Very specific tables of doses, reproduced rating scales (the inclusion of rating scales is a unique feature of this volume), side-effect profiles, and a listing of drug interactions are included in every chapter. Each chapter concludes with a summary of the high points, specific treatment recommendations for drug use, and a comprehensive bibliography.

The 3 special chapters on the elderly do, of course, deserve special notice. In addition to an introduction to clinical geriatric psychopharmacology practice as well as guidelines for the treatment of demented elderly patients, these chapters may also serve as a starting reference point for those who wish to explore in greater depth the field of geriatric neuroscience, geriatric pharmacology, and geriatric psychopharmacology. The following are two examples of the inclusion of unusual information that does not appear in standard geriatric psychopharmacology texts: (1) a table listing all the Cochrane meta-analysis reviews of geriatric psychopharmacology clinical trials and (2) a table for the Beers 2002 criteria for potentially inappropriate medication use in older adults. The chapter on the effect of aging on pharmacokinetics and pharmacodynamics of psychotropic drugs is also superb. Additionally, there is a comprehensive table on pharmacokinetic enzyme-drug interactions that are relevant to the elderly but are also relevant to the nonelderly adult patients taking psychotropic medication. All chapters provide tables that list guidelines for diagnosis, treatment algorithms, drug interactions, pharmacokinetics, and side effects.

Despite the book's title of *Clinical Manual of Geriatric Psychopharmacology*, I strongly recommend it for all practitioners of adult psychiatry, with an additional emphatic recommendation for those who treat elderly patients. It is truly an outstanding guide for all practitioners of psychopharmacology.

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### **Working With Families of Psychiatric Inpatients: A Guide for Clinicians**

by Alison M. Heru, M.D., and Laura M. Drury, M.S.W.,  
L.I.C.S.W. The Johns Hopkins University Press, Baltimore,  
Md., 2007, 176 pages, \$45.00 (hard), \$20.00 (paper).

The goal of the authors in writing *Working With Families of Psychiatric Inpatients: A Guide for Clinicians* was to "provide guidance to clinicians who are working with psychiatric inpatients and their families" (p. vii). *Working with Families of Psychiatric Inpatients* was also written as a guide for psychiatric

residents in response to the development of core competencies set forth by the Accreditation Council for General Medical Education and the Psychiatric Residency Review Committee. Residents will be expected to be competent in working with families and will be assessed on their knowledge, attitudes, and skills in this area (p. vii).

The authors believe that family skills should be in the repertoire of every clinician, in any treatment setting. Residents need to learn how to incorporate families into their treatment; they do not necessarily need to become family therapists. This book focuses on inpatients, the most severely ill patients, with whom the resident has the least amount of time. The authors provide guidance on how to manage family situations, and they explain why residents should welcome family involvement in patient care.

The book is well organized and well written. The chapters are short, with a review of the subject matter at the beginning and a summary at the conclusion of each chapter. There are many, many examples of expectable family issues that arise with inpatient work, such as diagnosis and probability of the patient living independently. The book is useful for the supervisor of the resident as well, as the authors describe the supervisor's thoughts and formulations in helping the resident to work with the family.

The book is organized into five parts, each with 2 to 3 chapters: Key Concepts, Research on Families and Family Treatments, Mastering Skills, Challenges in Working With Families, and The Larger System. A reintroduction to the biopsychosocial case formulation and treatment plan is included in an early chapter, along with relevant research. Part III, on Mastering Skills, has a chapter on the "Abbreviated Assessment of the Family." The authors provide an approach using key elements of the McMaster Model of Family Functioning to help residents gather and organize data (pp. 67-71).

A later chapter in the book, "Risk Management and the Family," is written by an attorney-physician, Patricia R. Recupero, J.D., M.D. This chapter is very useful for residents, addressing informed consent and patient and family member confidentiality. She also discusses high-risk patients, i.e., suicidal and dangerous patients, as well as issues around managing medication.

The Appendix contains the Group for Advancement of Psychiatry (GAP) Checklist for Evaluating Competency in Family-Interviewing Skills. This checklist identifies those skills the resident is expected to perform.

In summary, *Working With Families of Psychiatric Inpatients* is a well-written guide most useful for residents and educators. The development of core competency requirements in working with families has inspired the authors to write this book. This reader is grateful they did.

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