

Book Reviews

Michael H. Ebert, M.D., Editor

Borderline Personality Disorder: A Clinical Guide

by John G. Gunderson, M.D. American Psychiatric Press, Washington, D.C., 2001, 329 pages, \$57.00.

This book is outstanding! John G. Gunderson, M.D., a recognized authority on borderline personality disorder (BPD), termed it a sequel to his comprehensive 1984 volume *Borderline Personality Disorder*. This new book more than meets the goal set forth in its subtitle—to be a clinical guide. Gunderson summarizes the development of the concept of BPD, notes its increasing clinical prominence, and discusses both the differential diagnosis and comorbidity involved with schizophrenia, bipolar II disorder, posttraumatic stress disorder, eating disorders, and the other personality disorders. He then presents a succinct overview of treatment, beginning logically with an outline of the generic therapeutic processes followed by a discussion of the sequence of expectable beneficial changes in the 4 integral spheres of BPD: affects, behaviors, social function and impairment, and relationship with treating personnel. After a discussion of the general principles that guide treatment, he describes the need for attention to the therapeutic alliance and to such problems as those of countertransference.

Another chapter is devoted to case management. Gunderson gives us a superb discussion of the principles of management that emphasize every BPD patient's need for a primary clinician. Also, he looks at such often-difficult problems as dealing with liability issues, managing safety, responding to recurrent suicidality, maintaining boundaries, setting limits, and dealing with splitting. He describes 4 progressive levels of care that he considers essential and the goals of each. They are as follows: Level IV—2 to 10 days in the hospital for containment and treatment planning, Level III—residential/partial hospitalization care that needs to include basic socialization, Level II—intensive outpatient care directed toward behavioral changes, and Level I—outpatient care devoted to interpersonal growth.

Two chapters are on pharmacotherapy. One begins with a discussion of the overall role of medications and, importantly, of “getting started.” The other presents a discussion of the selection of medications, especially the selective serotonin reuptake inhibitors, and their uses as well as their complications. The next chapter, on the cognitive-behavioral therapies, includes dialectical behavior therapy and the too often neglected subject of psychoeducation for the patient.

The chapters on family therapies include a much-needed emphasis on psychoeducational family therapy along with an appendix that lists available psychoeducational printed materials, Web sites, and other resources. The discussion of specific therapeutic modalities begins with a chapter on interpersonal group therapy, followed by 2 chapters on the individual psychotherapies. The first of these 2 chapters is subtitled “Getting Started,” and, as is true throughout this masterful volume, Gunderson addresses such salient therapeutic points as structuring and therapists' qualifications. The second discusses phases of individual therapy and processes of change.

In the last chapter, “Future Considerations,” Gunderson raises the question, “Is BPD a brain disease or not?” He then outlines standards of care and emphasizes the significance of public awareness of BPD and of advocacy.

This book has many noteworthy points. In addition to the direct presentation of the often grim facts about BPD and a superb discussion of the care needed by BPD patients, Gunderson supplies specific suggestions to help clinicians provide that level of care. Along with the vast amount of exceedingly useful clinical information that the book presents both logically and explicitly, it has special merit as a model of excellence in terms of its arrangement and syntax. Moreover, every chapter ends with a well-written brief summary and a valuable list of references.

For many reasons, this clinical guide to BPD needs to be read by every clinician providing care for BPD patients. First, it offers meaningful, practical suggestions and guidelines for the care of these patients, who are notoriously difficult to treat. Second, although reliable epidemiologic data are lacking, there appears to be an increase in the frequency of BPD. Gunderson maintains that BPD patients can be a significant clinical presence, up to 15% to 20% in many clinical situations. Third, it is an enjoyable as well as interesting book to read. I rank it as one of the top 5 books in psychiatry that I have read in the past 5 years.

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Handbook of Obesity Treatment

edited by Thomas A. Wadden, Ph.D., and Albert J. Stunkard, M.D. Guilford Press, New York, N.Y., 2002, 624 pages, \$65.00.

It has been increasingly recognized over the last decade that obesity is a major public health problem, particularly in the United States, but in other countries as well. The increasing prevalence of obesity has been well documented, as have the health consequences of overweight and obesity, which contribute significantly to increased morbidity and mortality. This is an issue of great concern when we consider psychiatric patients, some of whom are taking medications that markedly increase the likelihood of excess weight. Therefore, access to up-to-date information about the treatment of obesity is important to all medical professionals, including psychiatrists. The days are past when psychiatrists could assume that the physical health care needs of their patients would be met by others. It is important for psychiatric clinicians to ensure that their patients get the best possible health care, and, if indicated, this will include evaluation and treatment for overweight and obesity.

The area of obesity is also changing rapidly. The genetics of obesity are starting to unravel, as are other neurobiological mechanisms involved in the control of hunger, satiety, and

weight regulation. This is an exciting area in the neurosciences and one of clear clinical importance.

It would be difficult to conceive of a better, more comprehensive text on the treatment of obesity than this one. Drs. Wadden and Stunkard have done an excellent job in providing a thorough, balanced, comprehensible overview of the field. The introductory section on prevalence, consequences, and etiology will provide practitioners with the background necessary to understand this disorder, as will the 2 early chapters on health consequences of weight reduction, an important but often overlooked topic. Most of the book focuses on specific treatment issues, and, here, the coverage is again both deep and broad, covering the expected topics, such as behavioral weight control and drug treatment, but also including extensive information about treatment issues frequently neglected, such as the use of popular diets and surgical treatment. Special topics such as obesity in minorities, nondieting approaches, and commercial and self-help weight loss programs are also addressed. The last section,

on childhood obesity, is particularly important given the dramatically increasing prevalence of weight problems in this age group. The authors are well-chosen experts in the field, knowledgeable in their particular areas and clear in their writings without burdening the uninitiated reader with unnecessary detail.

In summary, this text is highly recommended. I know of no equivalent to it currently in the literature. While many psychiatrists may view the treatment of obesity as somewhat tangential to their practice needs, given the increasing prevalence of this problem in psychiatric patients, it cannot be overlooked, and a text such as this one can provide valuable information as to which patients should be referred, how to refer them, and to whom they should be referred.

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