

Clinical Manual of Psychiatry and Law

by Robert I. Simon, M.D., and Daniel W. Shuman, J.D.
American Psychiatric Publishing, Arlington, Va., 2007,
 263 pages, \$47.95 (paper).

Robert I. Simon, a prolific author in the field of forensic psychiatry, once again teams up with attorney Daniel W. Shuman, this time to create a manual that addresses the most common legal issues in treating individuals with emotional and behavioral problems. The *Clinical Manual of Psychiatry and Law* is an excellent resource for any clinician—not just the mental health professional—who finds himself or herself with questions regarding legal issues surrounding the care of patients. This volume will help clinicians develop a collaborative, rather than an adversarial, relationship with the law.

In this manual, a variety of core subjects are discussed—from the doctor-patient relationship to the management of the homicidal or suicidal patient to confidentiality and testimonial privilege. Each chapter presents a topic in an organized manner, beginning with a brief discussion of the law as it pertains to that issue and definitions of key terms. This introductory material is followed by a section on clinical management, emphasizing practical medical and legal approaches to the topic. Important court cases and decisions are presented throughout each chapter.

The book features many tables and charts that summarize important points, display key data, or provide outlines and scales that can be used as decision-making tools. For example, there is a chart for the “demonstration of a rapid, competent suicide risk assessment” (p. 150), which lists 25 assessment factors that can be used to stratify a patient’s suicide risk. Similarly, there is a chart with a list of factors that can be used for the systematic evaluation of the violent patient (pp. 170–171). Among other topics, there is a chart of “recommended information to be provided to patients being considered for electroconvulsive therapy” (p. 93). Each chapter ends with references to the medical and legal literature.

Stylistically, the manual is organized in a consistent format that is easily followed from chapter to chapter. The language is clear and concise without being simplistic. While important legal terms are defined for the medical practitioner, the reader is not burdened with excessive, unnecessary jargon.

Like most treatises on medical malpractice, this book tends to emphasize problem areas, warnings, and prohibitions rather than the activities that are permissible. For example, in the discussion of the Health Insurance Portability and Accounting Act (HIPAA) of 1996, the authors say, “In cases in which the patient has not executed a release, HIPAA requires a court order, subpoena, or formal discovery request with an adequate protective order” (p. 42). They fail to mention that HIPAA allows psychiatrists and other physicians who are treating the same patient to communicate among themselves on the patient’s behalf without explicit permission from anyone. Likewise, the chapter on seclusion and restraint thoroughly discusses all the potential problems with these practices but does not mention the role of ambulatory restraints as an *allowed*, appropriate alternative to seclusion and restraint.

Overall, this is a well-written manual that summarizes the law as it relates to the practice of mental health as well as provides possible solutions to daily issues that clinicians may face. The book is not only informative but will be a useful reference for clinicians who hope to take precautions to avoid undue litigation while not insulating themselves so much as to make patient care concerns secondary to fear of legal problems. This

manual will be useful not only for mental health professionals but also for physicians in other fields—primary care, family practice, internal medicine, emergency medicine—who find themselves dealing with mental health issues in their regular practice.

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Bipolar Disorder:**A Guide for Patients and Families, 2nd ed.**

by Francis Mark Mondimore, M.D. Johns Hopkins University Press, Baltimore, Md., 2006, in Johns Hopkins Press Health Book series, 304 pages, \$45.00 (hardcover), \$18.95 (paper).

Depression: The Mood Disease, 3rd ed.

by Francis Mark Mondimore, M.D. Johns Hopkins University Press, Baltimore, Md., 2006, in Johns Hopkins Press Health Book series, 224 pages, \$45.00 (hardcover), \$19.95 (paper).

These 2 delightful volumes are written for patients and relatives of patients, although their information also would make them of interest to medical students and psychiatric residents. There is considerable overlap in topics—both have discussions of the brain and neurotransmitters, a review of medications used to treat depression, a review of psychotherapies used to treat these disorders, and a discussion of other treatments including ECT, transcranial magnetic stimulation, and vagus nerve stimulation. Both volumes include up-to-date information on newer antidepressants as well as other psychopharmacologic treatments, such as neuroleptics and mood stabilizers. Also, each volume has a description of special circumstances (disorders among children, adolescents, elderly, women, etc.).

Both volumes are liberally complemented with case studies to illustrate particular points—for example, case studies that describe different types of presentations or comorbid conditions. The bipolar volume also has chapters on genetics and seasonal mood disorders, and both volumes list resources for patients such as the Depression Bipolar Support Alliance, and e-mail as well as street addresses and phone numbers are included.

Unlike many volumes written for patients and families, each volume is well indexed and the bipolar (but not the major depression) volume has a list of pertinent journal references for each chapter. There are sufficient graphics and tables for the basic mechanisms of the disorders as well as the agents used in treatment.

In an era of underdiagnosis and undertreatment of both major depression and bipolar disorders, anything that would increase public awareness of these conditions is helpful. Such volumes, to be useful, should contain accurate information, be current, and be comprehensive without presenting too much information. Dr. Mondimore has succeeded on most of these points, although at times I thought the volumes might be a bit too technical for many patients and their families. However, given the choice of being too technical versus less inclusive, having more information is probably better—if patients do not

fully understand what is presented, they can discuss these areas further with their clinician.

These are practical volumes for patients and their relatives, and I will add them to my recommended reading list for the patients I see.

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Clinician's Guide to Sleep Disorders

edited by Nathaniel F. Watson, M.D., and Bradley V. Vaughn, M.D. In book series: Neurological Disease and Therapy. Informa/Taylor & Francis Group, New York, N.Y., 2006, 393 pages, \$199.95 (hardcover).

This excellent resource was written for ease of use for busy clinicians (including primary care physicians) with little formal education in sleep disorders medicine. The editors and authors seem to have accomplished this goal very well with a variety of features: chapters titled based on symptoms (not necessarily diagnoses); beginning chapters with tabulations of symptoms and diagnoses; and frequent use of tables as a rapid and easy way to display most of the important information also covered in the text. Illustrations are useful, especially those regarding electroencephalogram/polysomnography, schematics of apneas/hypopneas, and an illustration of a sleep log (whose background was rather dark). Simple illustrations of sleep apnea treatments (especially continuous positive airway pressure and a basic diagram of the airway with sites of surgical procedures labeled) would have also been helpful. Some chapters also contain useful mnemonics for normal parameters and treatment (e.g., Rule of Threes and the INBED protocol in the pediatric chapter). Many useful questionnaires are included, both in chapters and in the Appendix.

Chapters 1 ("Approach to the Patient With a Sleep Complaint") and 2 ("Diagnostic Procedures in Sleep Medicine") provide excellent overviews, including basic physiology/terminology and what to include in a sleep history and physical.

While I recommend reading the whole book, even if only skimming, for basic knowledge and ease in locating information later, these chapters are especially important for understanding later material. What repetition is present is not distracting and probably makes it easier to access crucial information in a hurry. This book would also be excellent for a brief sleep medicine course for medical students or residents.

The greatest limitation is the limited coverage of the effects of alcohol and drugs on sleep. Insomnia plagues many recovering individuals long into sobriety and can predispose to relapses (e.g., alcoholics' drinking to go to sleep), yet few effective treatments are available to this subpopulation, with its increased risk of misuse of drugs such as benzodiazepines. Particularly in the public sector, many such patients cannot afford the newer non-benzodiazepine options available; psychiatrists and primary care physicians alike need better awareness of these issues.

Other relatively minor limitations include the following: (1) Table 3-20 (insomnia medications) was written before ramelteon and controlled-release zolpidem were made available. (2) There is actually considerable evidence for significant cataplexy rebound on medication discontinuation, particularly with sodium oxybate (data presented at the 20th anniversary meeting of the Associated Professional Sleep Societies; June 17–22, 2006; Salt Lake City, Utah). Given potential risk for injury, this point should be emphasized. (3) More detail on light therapy and exposure in the elderly, particularly those who are demented and institutionalized, would have been beneficial. (4) Despite dopaminergic agents' being considered first-line treatment for restless legs syndrome (RLS), it is worth mentioning the risks of triggering psychosis or "sleep attacks" in some patients. (5) On a related note, options for RLS treatment in pregnancy are not completely lacking: acetaminophen/codeine preparations are generally considered safe for p.r.n. use in pregnancy for problems such as severe migraines.

In summary, I highly recommend this book for psychiatrists during and after training, and will pass this information on to our residency training program and medical school curriculum committees.

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