Michael H. Ebert, M.D., Editor

Bipolar Disorders: Clinical Course and Outcome

edited by Joseph F. Goldberg, M.D., and Martin Harrow, Ph.D. Washington, D.C., American Psychiatric Press, 1999, 288 pages, \$49.95.

This book is based on several presentations given at the 1995 American Psychiatric Association symposium "Modern Day Bipolar Disorders: Course and Outcome." The authors represent a spectrum of scholars from major academic medical centers in the United States and Europe, the National Institute of Mental Health Intramural Research Program, and the pharmaceutical industry who have contributed to the literature on affective disorders. There is a bibliography at the end of each chapter with references to literature published between 1996 and 1998 in almost every chapter. The chapters focus on the phenomenology of bipolar disorder and its pharmacologic, psychotherapeutic, and psychosocial treatment, Goodwin, in his introduction, notes that the American focus on bipolar affective disorder, as opposed to cyclic mood disorders regardless of polarity, may have limited our understanding of its etiology.

The high rate of social and occupational dysfunction and noncompliance to medication among bipolar patients makes it imperative to emphasize psychosocial interventions. This topic is covered in 3 chapters. Gitlin and Hammen note that severe psychosocial stressors are risk factors for relapse. They point out that, by looking at chronic low-level symptoms, one can better predict functional outcome. Miklowitz and Frank describe both the family-focused treatment model and the individual interpersonal model that are implemented in their respective programs to help bipolar patients deal with family stressors.

Few bipolar patients today are successfully maintained on lithium as the sole mood stabilizer, and clinicians must be knowledgeable about a number of different drugs. The chapter on lithium prophylaxis by Maj offers a useful critique of the clinical trial literature on the original mood-stabilizing drug and summarizes studies of long-term lithium prophylaxis conducted by his group. In a subsequent chapter, Post and colleagues discuss carbamazepine, divalproex sodium, and the newer moodstabilizing anticonvulsants, including lamotrigine and gabapentin. Pharmacokinetics are briefly discussed, but with no detailed listing of drug interactions, side effects, or optimal dosing strategies with these drugs. For example, no mention is made of lamotrigine-induced Stevens-Johnson syndrome, a very rare, life-threatening side effect, that may possibly be circumvented by starting with a very low dose and slowly raising the dose. There is a short discussion of topiramate and no mention of using atypical neuroleptics as adjunctive agents with severely manic or depressed bipolar patients. The review by Post and colleagues offers a brief therapeutic review of calcium channel blockers (verapamil and nimodipine) and thyrotropin-releasing hormone as an augmenting agent in treatment-resistant patients. I was disappointed because I expected a more detailed discussion of these drugs in a 1999 publication.

Electroconvulsive therapy (ECT) can be extremely beneficial and, in many cases, lifesaving in manic or pregnant patients

who cannot receive traditional mood stabilizers. This topic again receives very limited discussion in 2 chapters. Repetitive transcranial magnetic stimulation is briefly mentioned as a modality that may be beneficial in individuals who are not helped sufficiently by ECT.

In the chapter "Rapid-Cycling Bipolar Disorder," Dunner points out that there is some dispute in the literature as to which criteria to use. Dunner gives useful recommendations for treating such patients, i.e., use lithium first and, if necessary, add a second mood stabilizer and use a selective serotonin reuptake inhibitor antidepressant very sparingly or not at all. Goldberg and Kocsis offer some guidelines for treating depression as it emerges longitudinally in a bipolar disorder.

In "Bipolar Disorder and Comorbid Substance Use Disorder," Tohen and Zarate point out that the reported prevalence rate of 60% for comorbid alcohol and drug use and bipolar disorder makes it imperative to treat each disorder thoroughly. They feel it makes more sense to view substance abuse disorder comorbidity as a "time varying covariate," since patients are not always abusing drugs, nor are they always abstinent.

In the summary chapter, Goldberg and Keck mention that the onset of depression in childhood is associated with a 20% to 30% risk of later onset bipolarity. However, there are just 2 paragraphs describing bipolar disorder and mania in childhood and adolescence. They note that pregnancy and the postpartum state are times of greatly increased morbidity for a woman with bipolar disorder, but only 3 paragraphs are devoted to these time periods and the medications appropriate for a pregnant or nursing mother. All of these areas need to be covered in much greater depth for this text to be viewed as a comprehensive and essential reference. Rapid-cycling disorder in women is mentioned briefly, and the elderly patient with mania is discussed in only 1 paragraph.

Bipolar disorder is much more challenging to treat now than in the past, since clinicians are seeing more patients with either comorbid conditions or nonprototypical forms of the illness. The psychopharmacologic options for acute and maintenance treatment and prophylaxis have increased significantly in the past decade. Our current approaches are likely to be modified in the future when data of ongoing well-designed clinical trials are published. This book provides a good overview of the major phenotypes of this disorder and comorbid states in adults. However, a clinician unfamiliar with newer mood stabilizers and/or other adjunctive therapies would not be able to use it as a therapeutic handbook. The book does provide a useful overview of the emergence of new classes of therapeutic drugs for bipolar disorder and the appropriate blending of psychotherapeutic and pharmacologic techniques.

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