The American Psychiatric Publishing Textbook of Suicide Assessment and Management

The American Psychiatric Publishing Textbook of Suicide Assessment and Management is a comprehensive manual addressing principles of suicide prevention in special populations, diagnoses, and treatment settings. Additional sections concentrate on special issues, including cultural factors, patient safety, legal ramifications, and clinician reactions in the aftermath. The authors focus on condensing the overwhelming suicide literature into clinically useful information for the mental health practitioner.

Chapter 1 is a comprehensive overview of suicide risk assessment, complete with systematic risk and protective factor lists, risk rates for different diagnoses, and case examples. This chapter gives the reader an excellent multifactorial approach to assessing risk, with very practical recommendations substantiated by a comprehensive knowledge of the literature. The practical nature of the chapter makes it an excellent resource, with useful samples of risk assessment progress notes, convenient hospital admission and discharge criteria checklists, and summarized key points.

Parts I and II move immediately into a resource text for special populations, addressing children, the elderly, prisoners, and gender differences and cultural issues. The practical emphasis is reiterated in these chapters and throughout the book with useful checklists, relevant case examples, and highlighted key points.

"Psychological Testing in Suicide Risk Management" is addressed in Chapter 8. This chapter focuses on formal psychological testing, such as the Minnesota Multiphasic Personality Inventory and the Rorschach test, while combining suicide scales under "other measures." Given the practical emphasis of the book, this chapter could benefit from a more in-depth discussion of suicide rating scales, with more updated, specific recommendations of rating scales for clinician use.

Part III effectively covers a wide range of treatment modalities, including pharmacology, electroconvulsive therapy, psychodynamic therapy, and split treatment. Part V additionally addresses treatment setting, such as outpatient, inpatient, partial hospitalization, and emergency services. In the logical sequencing of the book, it might make more sense not to separate these 2 parts. In addition, the book might benefit from a more detailed discussion of outpatient therapeutic approaches beyond the psychodynamic chapter, since this discussion would be of more practical use to the reader.

The book goes on to discuss suicide in the context of separate diagnoses, replete with case examples relating lethality to the specific current and chronic clinical states. This discussion enables the reader to better understand suicidality as requiring a multidimensional approach, depending on the diagnosis and stage of illness.

Finally, among the most interesting sections are those that enable the readers to explore their own countertransference issues towards suicide. Chapter 22 facilitates the readers’ understanding of their own moral and value-based stances on suicide. Chapter 24 discusses the psychiatrists’ reaction to patient suicide and validates the wide range of clinician emotions including shock, guilt, anger, and relief.

While not likely to be read cover to cover, this is a resource textbook that could be used to approach any given patient on a number of levels, including diagnosis, treatment modality, and treatment setting. Its emphasis on practical application, with checklists, forms, lists, and summarized key points, makes it particularly useful for the practicing clinician.

Linda S. Godleski, M.D.
Yale University School of Medicine
New Haven, Connecticut


Essentials of Geriatric Psychiatry

The third edition of the Textbook of Geriatric Psychiatry, edited by Drs. Blazer and Steffens and the late Dr. Busse, is a welcome addition to the educational and research tools already available to those interested in the major psychiatric and psychological disorders of the elderly.

The book has several strengths, but one in particular stands out: the attention to detail paid to all aspects of normal aging, including the biological, psychological, sociological, and general medical. It is not uncommon for medical texts to delve into a detailed description of specific disease states after a perfunctory introduction that touches on historical aspects of a particular discipline. In this text, the focus on specific psychiatric disorders of late life begins in part 3, on page 207. I point this out as a particular strength, as the book provides a comprehensive introduction to aging from multiple perspectives before embarking on a disease-centric view of geriatric psychiatry.

The book is divided into 5 parts, each part emphasizing a particular domain of geriatric psychiatry and aging. Part I broadly defines the aging process as encompassing biological, psychological, and sociological components. It is a good introduction to the complexities and vicissitudes of aging and helps the reader appreciate the boundaries, nebulous as they may be in some instances, between the “normal” aging process and specific disease states. This approach clearly reflects the expertise and philosophical orientation of the senior editors, who have spent much of their professional lives studying, teaching, and contributing to the field of gerontology and geriatric psychiatry. The chapter on demography and epidemiology written by Dan Blazer and colleagues is unique, as it discusses several critical issues and concepts such as case definition, identification, and clinical assessment tools in the study of the elderly. Well-written contributions from Drs. Siegler and George on the psychological and social and economic factors related to aging and mental health help solidify this component of the text.

Part II is somewhat brief, but adequate, and describes the role of the psychiatric interview, laboratory tests, and neuropsychological assessment in clinical geriatric assessments. The chapters are written with an eye toward clinical utility and practical applications. Part III is the more traditional component of the book and includes disease-specific chapters that cover a wide waterfront. These include chapters on cognitive and mood...
Managing the elderly patient with behavioral problems.


In a highly pragmatic and accessible form, this reference book speaks to the privileged position we assume, as psychiatrists, in the comprehensive care of our patients. Uniquely qualified to assess and treat psychopathology, we are also held to a standard of medical knowledge and management that allows us to appropriately recognize, triage, and recruit consultation on all manifestations of physical illness. To this end, Medical Psychiatry: The Quick Reference should be in the pocket of every treating psychiatrist.

Medical Psychiatry: The Quick Reference

In a highly pragmatic and accessible form, this reference book speaks to the privileged position we assume, as psychiatrists, in the comprehensive care of our patients. Uniquely qualified to assess and treat psychopathology, we are also held to a standard of medical knowledge and management that allows us to appropriately recognize, triage, and recruit consultation on all manifestations of physical illness. To this end, Medical Psychiatry: The Quick Reference should be in the pocket of every treating psychiatrist.

Medical Psychiatry: The Quick Reference

In a highly pragmatic and accessible form, this reference book speaks to the privileged position we assume, as psychiatrists, in the comprehensive care of our patients. Uniquely qualified to assess and treat psychopathology, we are also held to a standard of medical knowledge and management that allows us to appropriately recognize, triage, and recruit consultation on all manifestations of physical illness. To this end, Medical Psychiatry: The Quick Reference should be in the pocket of every treating psychiatrist.

Medical Psychiatry: The Quick Reference

In a highly pragmatic and accessible form, this reference book speaks to the privileged position we assume, as psychiatrists, in the comprehensive care of our patients. Uniquely qualified to assess and treat psychopathology, we are also held to a standard of medical knowledge and management that allows us to appropriately recognize, triage, and recruit consultation on all manifestations of physical illness. To this end, Medical Psychiatry: The Quick Reference should be in the pocket of every treating psychiatrist.

In summary, Essentials captures the essentials of the principles and practice of geriatric psychiatry in a robust, albeit condensed form. It is substantive and very readable and is a positive addition to the resources available to both the academic and the practitioner of geriatric psychiatry.

Anand Kumar, M.D.
University of California Los Angeles
Los Angeles, California


In a highly pragmatic and accessible form, this reference book speaks to the privileged position we assume, as psychiatrists, in the comprehensive care of our patients. Uniquely qualified to assess and treat psychopathology, we are also held to a standard of medical knowledge and management that allows us to appropriately recognize, triage, and recruit consultation on all manifestations of physical illness. To this end, Medical Psychiatry: The Quick Reference should be in the pocket of every treating psychiatrist.

Geared primarily toward the hospital-based practitioner, this manual is concise, comprehensive, and directive in the description, diagnosis, and management (including pharmacologic dosing strategies) of common medical symptoms/problems from constipation to electrolyte disturbances, neurologic emergencies such as seizure and stroke, and psychiatric issues with relevant physiologic/pharmacologic correlates. Through lists, tables, and algorithms, Medical Psychiatry: The Quick Reference also covers HIV/AIDS and other infectious diseases, neuropsychiatric disorders, drug-induced syndromes, adverse effects of psychotropic drugs, psychoactive herbs, and suicide and violence risk assessment. Appendices include a reference to the psychiatric evaluation with mental status examination, as well as neurologic examination and neuropsychological testing.

Comprehensive in its scope, this text gives appropriate attention to cornerstones of medical psychiatry such as capacity and dementia, although the rapidly evolving topic of psychotropics in pregnancy and breastfeeding may be too nuanced a subject for an equitable snapshot at the current time. Whether one is a resident, inpatient/emergency, or outpatient clinician, this reference will serve to enhance liaison with medical practitioners, broaden differentials for new-onset physical symptoms in active patients, and support integrated care of psychiatric patients and their comorbid medical problems.

Kelly Brogan, M.D.
Carol A. Bernstein, M.D.
New York University School of Medicine
New York, New York