

## Book Reviews

Michael H. Ebert, M.D., Editor

### Somatoform and Factitious Disorders

edited by Katharine A. Phillips, M.D. In book series: *Review of Psychiatry*, vol. 20, no. 3. Oldham JM, Riba MB, eds. American Psychiatric Publishing, Washington, D.C., 2001, 181 pages, \$21.95 (paper).

Although quite concise, this book—more a polygraph than a monograph—covers a number of presumably related topics (a major dilemma discussed in the book is the issue of “related” or not), each contributed by different sets of authors, all of whom are expert in their respective areas. The *Review of Psychiatry* series sets itself out to be a “how-to” manual for the practitioner, according to the preface by series editors, John Oldham and Michelle Riba (i.e., how to diagnose, understand, and treat various psychiatric illnesses). Volume 20 focuses on *PTSD in Children and Adolescents* (Spencer Eth, ed.), *Advances in Brain Imaging* (John Morihisa, ed.), *Integrated Treatment of Psychiatric Disorders* (Jerald Kay, ed.), *Treatment of Recurrent Depression* (John Greden, ed.), and the present work. As a how-to manual, it succeeds admirably—it is a pithy, readable, and helpful summary.

In her foreword to *Somatoform and Factitious Disorders*, Katharine Phillips, the editor, an Associate Professor of Psychiatry and Human Behavior at Brown University, addresses the issue of how these disparate entities could possibly have become aggregated as a separate section in the DSM-IV-TR (text revision). Most lumpable, at least in regard to their primary focus on body concerns, appear to be the somatoform disorders (somatization disorder, undifferentiated somatoform disorder, conversion disorder, pain disorder, and body dysmorphic disorder). Undifferentiated somatoform disorder and pain disorder are not covered in this volume. Although the DSM clumps somatoform disorders on the basis of “clinical utility,” i.e., the need to rule out any underlying general medical conditions, it (and Dr. Phillips) explicitly does so without assuming any shared etiology among them. Factitious disorders are not classed with the somatoform disorders in DSM-IV since they represent symptoms intentionally generated to allow the patient to assume the sick role. The authors of the chapter “Factitious Disorders” suggest, however, that the somatoform and factitious disorders may be on a continuum. Certainly this group of illnesses poses problems for those who like clean boundaries and divisions: e.g., body dysmorphic disorder (BDD) vs. obsessive-compulsive disorder (OCD) and vs. psychotic disorders, hypochondriasis vs. depressive disorders. This chapter’s authors are to be complimented for their attempts to clarify this muddle.

Somatization disorder is discussed in the first chapter, authored by Vicenzio Holder-Perkins and Thomas Wise from Georgetown University. They use the DSM-IV-TR criteria of a lifetime history beginning before age 30 of seeking treatment or becoming impaired by multiple physical complaints that cannot be fully explained by a general medical condition or are in excess of what would be expected from examination and are not

intentionally feigned. Symptoms must include 4 pain symptoms and other non-pain-based symptoms including 2 gastrointestinal symptoms and a genitourinary or sexual plus a pseudoneurologic symptom. Known as Briquet’s syndrome in the past, somatization disorder is distinguished from conversion hysteria by multiple unexplained organ system somatic complaints in the former versus almost exclusively pseudoneurologic symptoms in the latter. The authors advocate a conservative treatment approach with vigorous treatment of comorbid disorders (e.g., depression, anxiety).

Brian Fallon and Suzanne Feinstein, from Columbia, are the authors of the chapter “Hypochondriasis.” This disorder is described as a fear that one has a serious illness predicated on a misinterpretation of somatic symptoms and has 3 key components: bodily preoccupation, disease phobia, and disease conviction. Ironically, the Web and Internet chat rooms are now not infrequently used to reinforce patients’ concerns and as a source of misinformation. The most promising treatment approaches, to these authors, appear to be pharmacotherapy with serotonin reuptake inhibitors (SRIs) and psychotherapy with cognitive-behavioral therapy (CBT).

This book’s editor, Katharine Phillips, is also the author of the chapter “Body Dysmorphic Disorder,” a disorder characterized by preoccupation with an imagined defect in appearance or an excessive concern with a real, but relatively minor physical defect. A significant number of individuals with this disorder appear to be delusional, which poses a major classificatory problem—namely, is delusional BDD (a psychotic disorder) the same as nondelusional BDD (a somatoform disorder)? DSM-IV allows double coding for these; thus, delusional BDD receives both diagnoses. Both types respond to SRIs but not to antipsychotics alone. The boundary between BDD and OCD is similarly problematic since virtually all BDD patients perform compulsive behaviors. Depression is the condition most often found comorbid with BDD, however. Treatment with SRIs and CBT is favored for this disorder as well.

“Conversion Disorder,” the fourth chapter, is authored by Jose Maldonado and David Spiegel. DSM-IV-TR indicates that the essential diagnostic feature is symptoms suggesting a neurologic or other general medical condition. There is some dispute regarding its continued placement with somatoform disorders rather than dissociative disorders, based mainly on its belonging to a group of diagnoses suggesting physical disorders. Warning that the diagnosis should not be one of exclusion, the authors, nonetheless, urge that both pain disorder and sexual dysfunction be ruled out prior to diagnosing conversion disorder. Therein lies the problem—as we all know, it is most difficult to diagnose conversion purely on positive grounds, without resorting to any ruling out.

The final chapter, “Factitious Disorder,” is by Marc Feldman, James Hamilton, and Holly Deemer, all affiliated with the University of Alabama. I found this to be the most interesting disorder since it is so dramatic. In contrast to malingering, there is no material gain in factitious disorder. The patients,

really pseudopatients, are seeking just that—patienthood. Their sensible and nonconfrontational suggestions regarding treatment made me regret having recently treated a pathologically lying patient as dismissively (literally) as I did, and I believe others will profit from reading this chapter as well.

In summing up, this is a brief, attractive, state-of-the-art handbook on these entities—many of which are enormously common and many of which we shun (or shunt) or dismiss. I recommend it to all.

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### **Anxiety Disorders: An Introduction to Clinical Management and Research**

*edited by Eric J. L. Griez, Carlo Faravelli, David Nutt, and Joseph Zohar. John Wiley & Sons, Chichester, England, 2001, 380 pages, \$120.00.*

*Anxiety Disorders: An Introduction to Clinical Management and Research* would be a valuable addition to the library of any clinician in the mental health field and is likely to be especially beneficial to the practicing psychiatrist. This edited volume grew out of postgraduate training offered collaboratively by 4 European centers of excellence in anxiety and mood disorders and consists of 19 chapters by experts in the scientific study of anxiety disorders. It is divided into 3 major sections: epidemiology and genetics, nosology and treatment, and research methods.

*Anxiety Disorders* has a number of strengths. First, the chapters on the nosology and treatment of specific disorders provide a thorough overview of diagnostic features and extant research on etiology, pathophysiology, and treatment. These reviews will prove valuable both to experienced clinicians who desire an update on the most recent findings and to relative novices who desire to be quickly brought up to speed in the area.

Particularly strong in this regard are the chapter on the biology and treatment of obsessive-compulsive disorder (OCD) by Lanco, Sasson, Nakash, Chopra, and Zohar and the 2 chapters on posttraumatic stress disorder (PTSD) by de Loos. The contribution by Lanco et al. is a notably comprehensive review that underscores the unique characteristics of OCD relative to other anxiety disorders. It nicely summarizes current biological approaches to pathophysiology and acknowledges the importance of both biological and empirically validated psychological (e.g., cognitive-behavioral therapy) treatments. The contributions by de Loos represent a thorough review of the area of PTSD. What is especially noteworthy, however, is the conceptual breadth of his approach, which considers multiple levels of analysis (e.g., evolutionary, ecological, neuroendocrine). In addition, the author presents a novel conceptualization of posttraumatic syndromes that consists not simply of PTSD as typically defined, but other disorders such as borderline personality disorder and somatoform disorders.

The leading chapter on epidemiology by Overbeek, Vermetten, and Griez is thorough and comprehensive. Although somewhat terse, 2 chapters on genetics by Cavallini and Bellodi and de Brettes and Lépine demonstrate a thorough appreciation of the methodological and conceptual complexities in these areas. The reader emerges from these contributions with an appreciation of both the exciting possibilities and the daunting challenges raised by both molecular and behavioral genetics approaches.

Although suffering somewhat from a lack of internal consistency, there are several excellent contributions in the section on research methods. The chapter by Fontaine, Mollard, Yao, and Cottraux on cognitive-behavioral therapy for anxiety disorders integrates therapeutic techniques used for various types of anxiety disorders. Unlike many reviews in this area, the authors carefully limit their coverage to empirically validated treatments. Although it is not clear that the focus of this chapter is research methods per se, it does represent an important contribution that should prove especially valuable to the readers of the *Journal*.

In our experience, methodological reviews often are overly broad and serve to highlight general principles or issues that are already well known to readers. In this regard, the chapters by Verburg, Perna, and Griez on the 35% CO<sub>2</sub>-challenge paradigms and by Argyropoulos, Abrams, and Nutt on tryptophan depletion are notable exceptions. They provide a detailed treatment of the history, conceptual logic, and methodological issues raised by 2 highly important paradigms in the study of mood disorders. Given the growing importance of neuroimaging approaches such as functional magnetic resonance imaging (fMRI), the volume would have benefited by an inclusion of a methodological review of this topic. However, all the chapters in the section on methodology represent nice contributions that are highly educational.

In summary, *Anxiety Disorders* represents an excellent review and update of current knowledge about anxiety disorders. We highly recommend it.

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### **Shorter Oxford Textbook of Psychiatry, 4th ed.**

*by Michael Gelder, Richard Mayou, and Philip Cowen. Oxford University Press, London, England, 2001, 1056 pages, \$125.00; \$59.95 (paper).*

Several short textbooks are available in psychiatry, but generally I have found them to be short on scholarly discourse and to skimp on the scientific bases of this discipline. The *Shorter Oxford Textbook of Psychiatry* is an outstanding success at giving a comprehensive review of the most up-to-date knowledge in multiple fields, combining a scholarly style, erudition, and readability. Using the term *Shorter* in the title, rather than *Short*, is undoubtedly a marketing choice—the book is over 1000 pages long, with 90 pages of references and a comprehensive index. However, it is paperbound, is very portable, and easily fits in one hand for many adults.

There is nothing skimpy about this volume, but it does have less information than some larger and multivolume texts. Therein lies the strength of the book—the information that is not included in many areas, such as schizophrenia or mental retardation, is not needed for a thorough understanding by the clinician or researcher. Chapter 12 on schizophrenia and schizophrenia-like disorders and chapter 13 on paranoid symptoms and paranoid syndromes take up 66 pages with good-sized fonts and wide margins. Yet, these pages include clinical descriptions and the various clinical dimensions of these disorders (such as Crow's type I and type II schizophrenia); good discussions of rare complications such as water intoxication; reviews of the epidemiologic, etiologic, neurophysiologic, and neuroimaging features of these disorders; a summary of familial risk and ge-

netic research; social and other factors in course and prognosis; and excellent discussions of treatment and case management. There is an almost leisurely devotion of space to tables, figures, and subheadings of sections within each chapter, which contributes to a very pleasant reading experience.

The introductory chapters, starting with "Signs and Symptoms of Mental Disorder," give an excellent grounding in phenomenology, assessment, diagnostic classification, and etiology for all the subsequent chapters on specific disorders and specific topics (such as psychopharmacology and psychological treatments). In these chapters, rather than give lists to be memorized (as is true of some other texts), the authors provide a system of understanding and of fundamental knowledge in the field.

The predominance in psychiatry of American phenomenology and research is well handled in this volume. There are many tables that carefully delineate DSM-IV versus ICD-10 classifications and related discussions that will help any reader to become less culture-bound in his or her understanding of the phenomena. The reader will gain an understanding that is not culture-bound on topics such as sexuality and gender identity or forensic psychiatry. There is a refreshingly realistic section, for example, on the association between mental disorder and crime, a topic that is almost taboo in the United States (and not covered at all in a contemporary American textbook).

Although psychiatric ethics is well covered, the history of psychiatry, particularly its political and ideological misuse in the 20th century, is the only significant topic that I found to be missing in the Oxford textbook. Nonetheless, it is the best textbook I have seen in years, and I am happy to recommend it to my residents and students.

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### **Handbook of Geriatric Psychopharmacology**

by Sandra A. Jacobson, M.D.; Ronald W. Pies, M.D.; and David J. Greenblatt, M.D. American Psychiatric Publishing Inc., Washington, D.C., 2002, 496 pages, \$54.00 (paper).

The elderly are the fastest growing segment of the population. As the population is aging, geriatrics is becoming a rapidly growing and converging subspecialty in medicine. Treating elderly patients can be difficult and challenging, as such patients usually present with complex medical and psychiatric problems. Many books on geriatrics are available to help the geriatricians but are either too extensive or too concise. Therefore the arrival of this handbook, as it fills this very gap, is a welcome addition to geriatrics. As noted in the preface, much of current practice in geriatrics is based on anecdotal evidence and case report data. This handbook is filled with such pearls of anecdotal and clinically relevant information.

The 2-part book begins with an introduction to geriatric pharmacokinetics and a general approach to geriatric prescribing. Part I has 4 chapters, each of which covers the pharmacokinetics, pharmacodynamics, drug interactions, indications, efficacy, clinical uses, other relevant clinical issues, and side effects of a select medication class, i.e., antipsychotics, antidepressants, mood stabilizers, and anxiolytic and sedative hypnotic medications. Each chapter also has a section on treatment of selected syndromes and disorders by that particular class of drugs and a succinct chapter summary. Part II has 3 chapters that cover treatments of substance-related disorders, movement disorders, and dementias and other cognitive disorders in the elderly.

This book offers a true "how-to" guide to prescribing medications in the geriatric population. It is replete with valuable advice (e.g., drug dosing, titration) for day-to-day clinical practice. It is filled with well-summarized tables and comparison charts and can easily fit into a coat pocket for frequent referencing.

Written for residents, fellows, and clinicians in psychiatry and medicine who diagnose and treat psychiatric and neuropsychiatric conditions that can affect geriatric patients, this clinical reference can be used across all treatment settings for the elderly (e.g., inpatient, outpatient, day hospital, consultation, and nursing homes). Geriatric and general psychiatrists, as well as geriatric medical specialists, internists and family practitioners, residents and medical students, and other prescribing professionals, will find this handbook to be extremely useful and practical.

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### **Mind, Body, and Medicine: An Integrative Text**

by Raphael N. Melmed, M.D. Oxford University Press, New York, N.Y., 2001, 410 pages, \$49.95.

There is so much in this book to like, but editorial decisions, whether by the author or the publisher, make it a frustrating book to read. This is a shame, because the likely readership for this book includes primary care physicians, both late in their training and in practice, and psychiatric residents who are learning consultation-liaison psychiatry.

The focus of the book, broadly defined, is patients with psychosomatic disorders. The author, an internist who heads the behavioral medicine unit at the Hebrew University Hadassah Medical School, has a refreshingly broad view, shaped, perhaps, by fellowships in the late 1980s in psychoneuroimmunology at the University of California, Los Angeles, and in psychophysiology at Stanford University. As befits an academic, his style mixes scholarly reviews of the literature with practical advice born of clinical experience.

With one major exception, Raphael Melmed has organized his book in a sensible fashion, moving from conceptually broad issues such as somatization, stress, control, and the interplay of mind and body to specific syndromes (e.g., pain, chronic fatigue) where these concepts play out clinically. The exception is the last chapter of the book: it should have been the first. Only when I read it did I understand why Melmed picked these particular concepts at the start. His final chapter also explained why much of the literature he cites is so old: "I have been repeatedly impressed in my reading by the surprising contemporary relevance of observations made 50 to 80 years ago about some of the main issues discussed in this book, and this is reflected in the reference lists" (p. 338).

So, if the reader starts with the final chapter ("Defining Mind-Body Medicine"), Melmed's philosophy ("psychosomatic problems in clinical practice fall squarely in the arena of general medicine and its subspecialties") and his plan for the book are clearly and succinctly introduced. Starting with the last chapter will help the reader make sense of the progression in the first 7 chapters from treatment of somatically focused patients to doctor-patient communication to control issues to stress and its consequences. Among these opening chapters are several that merit special mention. The chapter on control ("The Key Question in Clinical Practice: Who Controls What?") is aimed at the primary care physician, but it arms any clinician with conceptual tools for dealing with resistance and defensive anxiety. The

chapter on stress and immune function presents an excellent up-to-date review (current as of 2001).

The second half of the book will be of greater value to primary care physicians than to psychiatrists. Melmed devotes separate chapters to panic attacks, depression, anxiety (with chapters on cardiovascular effects and respiratory effects), and medications used to treat depression. For most psychiatrists, this material will not be new. On the other hand, the chapters on the placebo response, pain, and chronic fatigue will provide "added value" for any reader.

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### **Functional Neuroimaging in Child Psychiatry**

*edited by Monique Ernst, M.D., and Judith M. Rumsey, Ph.D.  
Cambridge University Press, Cambridge, United Kingdom,  
2000, 426 pages, \$180.00.*

The title of this book is simple and compelling. This large and very attractive volume lays out a blueprint for the future of child psychiatry. The authors hope that readers will learn to better understand childhood psychiatric disorders through the use of functional neuroimaging. The book is also designed to provide guidance to the clinician who wishes to judiciously order specific studies. Somewhat surprisingly, there is an interesting

section on molecular genetics, which is quietly included near the end. These later chapters suggest that more homogeneous disorders that can be defined through the use of functional neuroimaging will lead to a better understanding of the etiology of psychiatric illnesses. Essentially, I agree with this premise.

The strengths of the book include its scope, ambition, and comprehensiveness. It is a valuable reference for investigators who hope to use these new neuroradiological tools and for clinicians on the front lines who are trying to gain a better understanding of the complex and confusing phenomenology that presents in their offices. Liberal use of color photographs lights up the brain in dramatic fashion. In many ways, this is a visual book that seems entirely appropriate given its ambitious goal of showing clinicians what is now possible using the most powerful new technologies that we have available.

The limitations of the volume are also its scope, ambition, and comprehensiveness. A great deal of new and very novel information is included. These details will not be easily assimilated by the unmotivated. A good example is a chapter devoted to modeling receptor images using positron emission tomography scanning, which will clearly be beyond most clinicians. This is not a volume to read in 1 sitting or even 1 month. It is a volume to live with for a while in order to try to integrate its perspectives into a new and more integrated way of thinking about psychopathology.

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