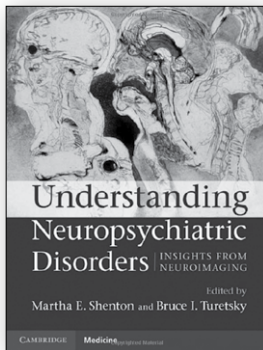


## BOOK REVIEWS

# Understanding Neuropsychiatric Disorders: Insights from Neuroimaging



Edited by Martha E. Shenton and Bruce J. Turetsky. New York, NY: Cambridge University Press; 2011; ISBN: 978-0-521-899420, pp 575; \$199 (hardcover).

**T**his book has an interesting premise; that mental illness is related to the brain. As technology has advanced, we have found many studies that link mental illness to specific neuroimaging findings. Static computerized tomography and magnetic resonance imaging (MRI) have detected interesting correlations in grey matter density, white matter aberrations, and ventricular size in psychosis for quite some time. In recent years, fMRI, single photon emission tomography, and positron emission tomography have yielded vast amounts of data regarding the metabolic activity of the brain in various states of illness and health. This text attempts to assemble this information in 1 volume of <600 pages.

The first chapter begins with the topic of structural imaging in schizophrenia. It starts out with an interesting review of historical commentary going all the way back to Dr. Emil Kraepelin. This rapidly moves along with comparisons of various studies and, as one would guess, many illustrations. The next chapter goes on to functional imaging and spectroscopic studies in psychosis. The final concentration on schizophrenia is a wonderful commentary by Nancy Andreasen, a noted researcher in the field. The entire piece on imaging in schizophrenia is informative, and makes a good reference.

The second section of the book concentrates on affective disorders. It is highly detailed and very interesting. Again, the pattern of moving from structural imaging to functional imaging and then on to spectroscopic work is continued. This allows for a logical flow of information that generally parallels the history of neuroimaging in this area of psychiatry. This segment on affective disorders is approximately 100 pages and covers topics and anatomic locations not often seen in common writings. This is an excellent condensation of data. The section on mood disorders is followed by sections on anxiety disorders and cognitive disorders. The fact that obsessive-compulsive disorder is covered is refreshing and interesting. The area on cognitive disorders is completely

appropriate to this text and well done, but much more predictable in a book on neuroimaging. All of this is well covered and referenced by many key studies and illustrations.

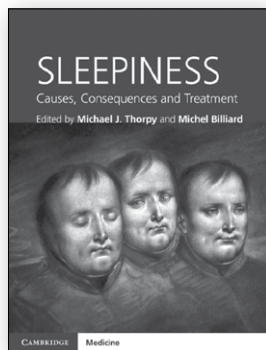
The next portion is divided between substance abuse and eating disorders. These are topics that often are underrepresented in the neuroimaging literature and it is good to see them included. I found the section on stimulant abuse and relapse to be interesting. The section on cannabis abuse and functional imaging also was very good. The final chapters are devoted to developmental disorders. Although not as long as would be desired, this is an important addition to the text.

This is a fine book on the neuroimaging of psychiatric illness. Each part is well organized and contains references for further reading. The text is enhanced by a number of excellent photos and illustrations. The busy clinician will find the handy summary box format at the end of every chapter to be a quick way to review items. The portions on the insular region and prefrontal cortex are well written and could be useful for teaching residents and students. The authors have integrated many concepts such as genetic variation age and chemical exposure into the consideration of imaging results. The result is a book that is informative, while being balanced and avoids unreasonable conclusions. The reader can rest assured that due diligence was put into the quality of each clinical conclusion described in the text. I enjoyed this book and highly recommend it.

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## BOOK REVIEWS

# Sleepiness: Causes, Consequences and Treatment



Edited by Michael J. Thorpy and Michel Billiard. New York, NY: Cambridge University Press; 2011; ISBN: 978-0-521-198868, pp 494; \$160 (hardcover).

Sleepiness seems to be a reality of our life. The hectic pace and multiple demands of our lives leads to inadequate sleep. As Dr. Thomas Roth writes in the Foreword to this volume on sleepiness, “Inadequate sleep at night is probably the most common cause of sleepiness. Among the general population, insufficient duration of sleep at night is thought to be the cause of excessive sleepiness. In contrast, among patients and the elderly population, it is the fragmentation of sleep which leads to excessive sleepiness. Importantly, in clinical populations, a variety of pathologies as well as their treatments also give rise to excessive sleepiness” (p xi). The editors of this book put together an international team of 63 authors to address “all one can know about sleepiness, its causes, consequences, and treatment.”

The book consists of a Foreword, Preface, and 40 chapters divided into 4 major sections. In the mentioned Foreword, Dr. Roth eloquently defines some basic terms in the area of sleepiness. He writes, “The term ‘sleepiness’ is used to describe the normal biological drive for sleep... Excessive sleepiness is used to describe a biological drive for sleep whose intensity is such that there is an inability to stay awake, and hence a high propensity to fall asleep even in situations that are inappropriate, interfere with activities of daily living, and can be harmful to the individual” (p xi). He also adds that, “The pervasiveness of sleepiness in our society is evidenced by two societal indicators. These are oversleeping on weekends and caffeine consumption” (p xi). The Foreword further expands into explaining various terms such as masking (some factors such as motivation, stress, and level of activity mask our sleepiness) and misattribution. A person with sleep apnea may state that driving a car, attending a meeting, etc., makes him or her sleepy while he or she is sleepy because of sleep apnea. The Foreword also summarizes major issues of the area of sleepiness with most of them addressed later in various chapters.

The first section, “Introduction,” consists of 9 chapters addressing issues such as epidemiology of excessive sleepiness; the neurochemistry of excessive sleepiness; functional imaging of sleepiness disorders; clinical

evaluation of excessive sleepiness patients; objective measures of sleepiness; subjective measures of sleepiness; cognitive aspects of sleepiness; motor vehicle driving and sleepiness; and medico-legal consequences of excessive sleepiness. The chapter on epidemiology emphasizes that a uniform operational definition of excessive sleepiness is still missing (p 10) and therefore the prevalence of excessive sleepiness may vary widely (eg, 25% in Japan and 21.5% in Mexico). The chapter on clinical evaluation reviews questions useful for characterization of excessive sleepiness (eg, Does sleepiness only occur when the patient is sedentary or when active? Does sleepiness occur during situations that would compromise the patient’s or others’ safety, eg, when driving? [p 39]). The chapters on objective and subjective measures of sleepiness provide a good description and explanation of tests such as the Multiple Sleep Latency Test, Maintenance of Wakefulness Test, Stanford Sleepiness Scale, and others. The chapter on cognitive effects of sleepiness points out that “sleepiness has wide-ranging adverse consequences for attention and vigilance, executive functioning, and learning and memory” (p 78).

The 15 chapters of the second section (“Sleep disorders and excessive sleepiness”) review sleep deprivation as a biomarker for identifying and predicting individual differences in response to sleep loss; narcolepsy; idiopathic hypersomnia; Kleine-Levin syndrome; menstrual-related hypersomnia; sleepiness due to sleep-related breathing disorders; daytime sleepiness in insomnia patients; sleepiness in advanced and delayed sleep phase

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disorders; shift workers and sleepiness; sleepiness in health care workers (namely residents); sleepiness in the military; time-zone transition and sleepiness; restless leg syndrome and periodic limb movements and excessive sleepiness; long sleepers; and sleepiness in children. These chapters are brief, informative, and well written. Those interested in narcolepsy will appreciate the discussion of 1 new treatment for this disorder—sodium oxybate. The chapter on sleepiness in health care workers emphasizes that sleep appears to benefit all classes of memory (p 208) and medical students use all forms of memory to learn new facts and therefore need a good sleep. This chapter also reviews the regulation of work hours in countries other than the United States (the Working Time Directive, an European Union directive, limits all health care workers to 48 hours per week). Finally, this chapter provides further guidelines for shift workers. I liked the detailed advice on combating travel fatigue and jet lag (which are 2 different things!) discussed in the chapter on time-zone transitions. The chapter on long sleepers presents an interesting notion that extended sleep, even in good sleepers, can be associated with sleepiness.

The third section, “Medical, psychiatric and neurological causes of sleepiness,” discusses in its 10 chap-

ters a chronobiological approach to depression and sleepiness; aging, Alzheimer’s disease, and sleepiness; excessive daytime sleepiness in Parkinson’s disease; myotonic dystrophy and sleepiness; posttraumatic sleepiness; genetic disorders and sleepiness; brain tumors, infections, and other CNS causes of sleepiness; hypothyroidism and other endocrine causes of sleepiness; toxic and metabolic causes of sleepiness; and excessive sleepiness due to medications and drugs. Again, these are solid mini-reviews of each topic.

Finally, the fourth section, “Therapy of excessive sleepiness,” deals with the following treatments: amphetamines, methylphenidate, and excessive sleepiness; modafinil/armodafinil in the treatment of excessive daytime sleepiness; sodium oxybate for the treatment of excessive sleepiness; caffeine and other alerting agents; histamine receptor antagonists, hypocretin agonists, and other novel alerting agents; and behavioral and psychiatric treatments for sleepiness. The chapter on caffeine includes a table on caffeine content of selected foods and beverages—a grande Starbucks brewed coffee and the energy drink Spike Shooter are clear “winners” with 320 and 300 mg of caffeine per serving, respectively. The last chapter is focused on behavioral and

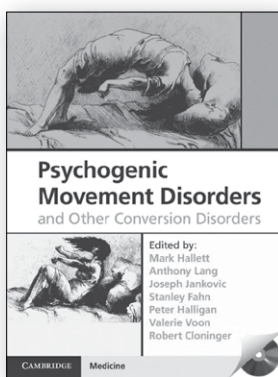
psychiatric strategies and suggests scheduled naps, dietary changes, behavioral strategies for consolidating nighttime sleep, and further general behavioral strategies for work, home, and school to manage narcolepsy. The discussion of using cognitive-behavioral therapy for excessive sleepiness is surprisingly thin.

This volume provides a lot of important and interesting information about causes, consequences, and treatment of excessive sleepiness. The Foreword also emphasizes what is still missing in this area—eg, a reliable, valid, rapidly derived measure of sleepiness, more genetic research (eg, what are the genes that differentiate individuals who show significant impairment from the various causes of sleepiness from those who do not? Are there adaptive mechanisms to decrease the accumulation of sleepiness? [p xiii]), and better public education about sleepiness. Nevertheless, even without answers or coverage of these areas, this book is a great overview of sleepiness and would be a welcome addition to the libraries of clinicians treating sleep disorders, psychiatrists dealing with various disorders associated with sleepiness, and teachers of residencies and sleep fellowships.

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## BOOK REVIEWS

# Psychogenic Movement Disorders and Other Conversion Disorders



Edited by Mark Hallett, Anthony E. Lang, Joseph Jankovic, Stanley Fahn, Peter W. Halligan, Valerie Voon, and C. Robert Cloninger. New York, NY: Cambridge University Press; 2012; ISBN: 978-1-107-007345, pp 336; \$120 (hardcover).

Psychogenic movement disorders, as the editors of this volume write, are “essentially defined as involuntary movement disorders presumed to be of psychological/psychiatric origin” (p xi). These disorders attract a lot of attention from the lay public and physicians alike because of the variety of difficult to categorize “visible” phenomenology. Psychiatrists and neurologists have been trying to understand and interpret them since the time of Jean-Martin Charcot and Sigmund Freud. The explanatory frame of conversion “advocated by Freud, is that a psychological symptom is converted to a somatic symp-

tom as a means of dealing with the psychological symptoms” (p xi).

Conversion disorders, especially those with a pronounced movement symptomatology, have straddled the area between psychiatry and neurology and have been of keen, yet separate, interest in both fields. Actually, as pointed out in this book, we still have a fundamental problem with classification of these disorders because we have separate neurologic and psychiatric classifications (p 69). However, as the editors point out, neurologists and psychiatrists clearly need to work together in managing these disorders. “Neurologists and not psychiatrists must make the diagnosis of a psychogenic movement disorder. Neurologists are trained in movement disorders and their differential diagnosis. However, psychiatrists have an important role in further exploring the possible psychodynamic and stress-related factors, and in collaboration with a neurologist, planning a therapeutic strategy” (p xii). Interestingly, despite the amount of attention these disorders attract, there has not been much research, especially interdisciplinary, in this area. The Movement Disorder Society, the National Institute of Neurological Disorders and Stroke, and the National Institute of Mental Health have jointly sponsored conferences on these disorders to increase the interdisciplinary dialogue focused

on them. This volume is the outcome of the Second International Conference on Psychogenic Movement Disorders and Other Conversion Disorders, which was held in Washington, DC, in April 2009.

The editors gathered an international team of 78 psychiatrists, neurologists, psychologists, and students who authored 43 chapters. The book is divided into 4 sections: Clinical issues (18 chapters); Physiology (13 chapters); Assessment (4 chapters); and Treatment (8 chapters). The book also includes an Appendix with legends to a unique part of this volume: a DVD with video examples of movement disorders. As it frequently happens in volumes based on conferences and symposia (where everybody is invited to contribute), chapters are of uneven quality, some being well-written and comprehensive and others being short and not contributing much, if at all.

Some chapters in the first section on clinical issues are good and useful. An example is the chapter devoted to the phenomenology of psychogenic movement disorders, which is filled with well organized tables on the differences among various clinical and phenomenological syndromes, such as the differences between psychogenic vs organic tremor; psychogenic vs organic dystonia; psychogenic vs organic myoclonus; and psychogenic vs organic parkinsonism—all of which are included in the book’s supplemental DVD.

There are 3 brief chapters devoted to clinical issues of psychogenic disorders in children, which in a way demonstrate the problem of books originating at a conference—these chapters could have been combined

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into 1. I always have been puzzled by psychogenic nonepileptic seizures (PNES) and I appreciated the chapter devoted to this topic. PNES are time-limited, paroxysmal changes in movements, sensations, behaviors, and/or consciousness, presenting like epileptic seizures but not associated with epileptiform activity (p 71). I also learned that, “nonepileptic seizures can be physiological or psychogenic in origin and can be difficult to distinguish from epileptic seizures, with both seizure types showing alterations in behavior, consciousness, sensation and perception” (p 71) and that video electroencephalography remains the gold standard for PNES diagnosis (p 71). This chapter also contains a good table of behaviors that distinguish PNES from epileptic seizures.

The section devoted to physiology, in its entirety, demonstrates the perils of books based on conferences. It includes several imaging chapters, a section on evoked potentials in the assessment of patients with suspected psychogenic sensory symptoms, and further chapters of interest perhaps for a few, but not the general readership or busy clinicians.

The section on assessment contains 4 slightly more useful chapters on rating scales for psychogenic movement disorders, quality of life

in psychogenic disorders, psychiatric testing, and finally on diagnostic considerations for the assessment of malingering within the context of psychogenic movement disorders. The most useful was the last chapter. Here I appreciated the statement that “Practitioners must view with frank skepticism any claims by psychologists or other clinicians that their testing *confirms*, or even *supports*, feigned or malingered PMD [psychogenic movement disorder]” (p 245).

The last section addresses treatment issues from prognosis, explaining the diagnosis, psychotherapy, and pharmacotherapy to inpatient treatment. The chapter on explaining the diagnosis includes a listing of core components of explanation, potential advantages and disadvantages of both psychological and functional explanations, and other issues useful in discussing a PMD diagnosis. The chapter on psychotherapy briefly addressed a host of modalities that may be useful in these disorders and other therapeutic issues.

The most valuable part of the book, in my opinion, is the video collection on the supplemental DVD and the Appendix with video legends. The collection includes 16 cases of psychogenic tremor; 18 cases of psychogenic dystonia; 13

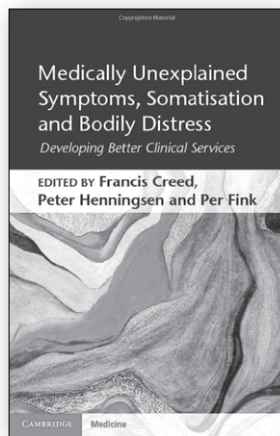
cases of psychogenic myoclonus; 20 cases of psychogenic parkinsonism; 27 cases of psychogenic gaits; and 12 cases of miscellaneous psychogenic movement disorders. These video vignettes were collected by several authors, and the Appendix states that all patients in these clips had clinically definite psychogenic movement disorders, often with additional confirmatory historical or clinical features not included in the clips. I doubt that such a collection is available anywhere else.

The book has many weaknesses and certainly could be pruned to about half of the text, unless one is interested in real minutiae of the latest in physiology of psychogenic movement disorders. Also, it is not an inexpensive text. However, I feel that the video collection is invaluable. Clinicians interested in these disorders can learn a lot from this collection. Those teaching about movement disorders will find it useful. This volume is yet another small step toward our comprehensive understanding of conversion and its mutations, a phenomenon from the times of Charcot and Freud that is still puzzling us.

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## BOOK REVIEWS

# Medically Unexplained Symptoms, Somatisation and Bodily Distress: Developing Better Clinical Services



Edited by Francis Creed, Peter Henningsen, and Per Fink. New York, NY: Cambridge University Press; 2011; ISBN 978-0-521-762236; pp 266; \$90 (hardcover).

Many patients present to physicians with various physical symptoms such as different pains, headaches, dizziness, bloating, and numbness that cannot be medically explained, ie, do not fit into the picture of any recognized physical illness. As the Preface to the book focusing on these symptoms, *Medically Unexplained Symptoms, Somatisation and Bodily Distress*, points out, “these symptoms are the fifth most common reason for patients visiting doctors in the USA” (p vi). The text of the Preface further emphasizes the “suffering endured by patients who have persistent

symptoms without appropriate treatment,” and “...the high cost associated with these symptoms because of frequent doctor visits, expensive investigations, and the associated disability” (p vi). Finally, as noted (p vi), the classification and nomenclature of these symptoms is unclear and could be confusing to patients and health care systems. These symptoms usually encompass both body and mind. However, the health care system is divided into “mental” and “physical” domains and labels such as “medically unexplained symptoms” are not helpful and understandable to many. Thus, the authors propose using the term “bodily distress” as more useful and practical (p vi).

The international team of editors from the United Kingdom, Germany, and Denmark, and authors from Europe, North America, and Asia put together a volume addressing the concerns outlined in the Preface and more in 10 chapters. These chapters cover the topics of somatization, unexplained symptoms, and bodily distress in traditional and less traditional ways, focusing on 1) epidemiology: prevalence, causes, and consequences; 2) terminology, classification, and concepts; 3) evidence-based treatment; 4) current state of management and organization of care; 5) barriers to im-

proving treatment; 6) gender, lifespan, and cultural aspects; 7) medically unexplained symptoms in children and adolescents; 8) identification, assessment, and treatment of individual patients; 9) training; and 10) achieving optimal treatment organization in different countries: suggestions for service development applicable across different health care systems.

The chapter on epidemiology discusses the prevalence of unexplained medical symptoms, somatoform disorders, and functional somatic syndromes (eg, irritable bowel syndrome, fibromyalgia, chronic fatigue, temporomandibular joint pain, and multiple chemical sensitivity) in different settings first. These symptoms seem to be quite common, occurring in approximately 6% of the population, 16% of primary care patients, and up to 33% of patients in secondary care clinics. Somatization is associated with female sex, fewer years of education, low socioeconomic status, other psychiatric disorders, and recent stressful life events (p 15). Finally, people who suffer from  $\geq 1$  functional somatic symptoms have impairment of health status or quality of life (p 21). The following chapter (which should have been the first chapter because it deals with terminology and specifies what is what) debates the use of terms such as bodily distress disorder, psychosomatic disorder, and others, and comes to the conclusion that “functional somatic disorder/syndrome” is probably the best acceptable label for medically unexplained symptoms. Nevertheless, the authors advocate that the terms “bodily distress syndrome” and “complex somatic symptom disorder” are a definite improvement over the previ-

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ously used labels for terminology and classification in this area. The terminology discussion is still a bit confusing, yet less so than in the past.

The chapter on evidence-based treatment is a standard review of the literature, which, in a way, is not very helpful because it does not provide much specific clinically oriented advice, although there are a few pieces of advice. The authors cite the United Kingdom's National Institute for Health and Clinical Excellence guideline for treatment of irritable bowel syndrome (IBS) recommending that tricyclic antidepressants be used as a second-line of treatment for this disorder when laxatives, loperamide, or antispasmodics do not help (p 82). They also cite 5 treatments conceptualized for functional somatic symptoms—peripheral pharmacology (eg, antispasmodics for IBS), central pharmacology (eg, antidepressants for analgesia), active behavioral intervention (eg, exercise), passive physical interventions (eg, tender point injections), and interventions aimed at changing the doctor's behavior (eg, reattribution training) (p 86-87). They also mention that antidepressants are effective for fibromyalgia and IBS, but not chronic fatigue syndrome. Interestingly, stimulants and modafinil are not discussed as treatment options for chronic fatigue, although these medications seem to intuitively make sense for treating this syndrome.

The 4 following chapters, the current state of management and

organization of care; barriers to improved treatment; gender, lifespan, and cultural aspects; and medically unexplained symptoms in children are standard fare on these topics. Importantly, 1 of the barriers to improving treatment are the doctors themselves as they try to elicit psychological causes for symptoms when the patient is reluctant to disclose them explicitly and having problems overcoming their own insecurity in dealing with the patient's need for emotional support (p 127). The part on cultural syndromes includes a very good discussion, among others, of "dhat" syndrome.

Chapter 8, which focuses on identification, assessment, and treatment of individual patients, probably is the best part of the book; it could stand alone and satisfy the reader with its (finally!) specific recommendations. These specifics include a stepped-care approach to treatment with some detailed suggestions, including a consultation letter formulation (part of a vignette) and an example of a biopsychosocial scheme for the case of non-cardiac chest pain. I found the discussion of explanation, reassurance, and broadening the explanatory model of treatment useful. This model includes 4 important tasks: explanation on how somatic symptoms can develop in the absence of underlying physical illness; specific actions that the patient can take to manage the symptoms themselves; self-treatment; and reassuring the patients that one will continue to try to help them in a collaborative way

with a view to attaining better coping and less impairment (p 192-193). The chapter also discusses activation and specialized treatments such as cognitive-behavioral therapy (CBT), modified CBT for hypochondriasis (aka health anxiety), psychodynamic interpersonal therapy, and various pharmacotherapies (including a very good proposal for a stepped-care approach to the treatment of pain, namely antidepressants). This chapter made me realize an interesting fact: other fields appreciate and utilize tricyclic antidepressants more than psychiatry!

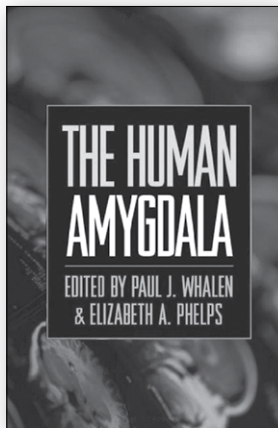
The last 2 chapters on training and organization of optimal treatment in different countries are again standard fare and not very interesting for a busy clinician, but probably interesting for policy makers.

This is an uneven and a bit choppy organized volume. As I noted, some parts are very interesting—especially the treatment chapters—and primary care physicians and consultation-liaison psychiatrists will find it useful. Policy makers and professors may find some interest in the rest of the book. Nevertheless, this book brings to the forefront a fairly important, yet misunderstood and neglected, area of medically unexplained symptoms, which is the borderland between psychiatry and the rest of medicine. As such, it provides the reader with some insight to this area and some valuable recommendations.

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## BOOK REVIEWS

# The Human Amygdala



Edited by Paul J. Whalen and Elizabeth A. Phelps. New York, NY: The Guilford Press; 2009; ISBN 978-1-606-230336; pp 429; \$66.66 (hardcover).

This book presents a great review of the state of knowledge and recent literature on the amygdala. Some may think the amygdala is totally irrelevant to clinicians. However, I would argue that the more one starts learning about the amygdala, the more one starts noticing its clinical effects and that of the limbic system in general. These effects were described by Dr. George Murray in a chapter from another clinically focused book as the “limbic music.”<sup>1</sup>

This book can be helpful to both researchers and clinicians. Researchers may further appreciate the limbic music in studying normal differences among individuals, as well as in studying psychopathology. Clinicians may become more in tune

to listening to limbic music in their patients by detecting a wide range of symptoms and signs that the amygdala dysfunction may be implicated in, and orchestrate the needed pharmacological or psychotherapeutic interventions. Also, psychoeducation about the role of the amygdala is an integral part of cognitive- and exposure-based psychotherapies. It teaches patients how amygdala dysfunction can color their view of the world and that therapy can help in developing alternate adaptive and healthy ways of viewing the world.

The book consists of 18 chapters and is divided into 3 main parts: Part I (chapters 1-4) bridges the gap and discusses the knowledge from animal models to function of the amygdala in humans. Part II (chapters 5-13) focuses on the function of the human amygdala from the developmental perspective to its function in the fear conditioning, control of fear, social functioning, and individual differences in amygdala functioning, and even in perception. Part III (chapters 14-18) discusses human amygdala dysfunction. This includes amygdala dysfunction in disorders such as anxiety disorders, schizophrenia, and autism. It also includes an interesting chapter on the genetic basis of amygdala reactivity that links the fields of molecular genetics and neuroimaging in studying the amygdala, and “shedding light on the mechanisms giving rise to individual differences in complex behav-

ior and related psychiatric disorders.” Imaging genetic studies are helping towards the understanding “of the pathways and mechanism through which the dynamic interplay of genes, brain, and environment shapes variability in behavior” and “inform risks and resiliency.” These risks and resiliency issues can help further our understanding not only in anxiety disorders such as posttraumatic stress disorder, but also in mood disorders, as individual differences in “trait negative affect are important predictors of vulnerability for a wide spectrum of health-related disorders including depression, anxiety, and cardiovascular disease.” This also includes the implication of important neurotransmitters in the risk and resilience paradigm including the implications of serotonin, brain-derived neurotropic factor, and neuropeptide Y among others. At the end of each chapter, a nice, brief section entitled “What We Think” provides the author’s take on and a summary of the literature in the specific area discussed.

In summary, this book provides a nice review of the literature from great leaders in the field. It provides an in-depth understanding for both scientists and clinicians interested to learn more about the amygdalar world, and the amygdalar view of the world.

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#### REFERENCE

1. Murray G. Limbic music. In: Stern T, Fricchione G, Cassem N, et al, eds. Massachusetts General Hospital handbook of general hospital psychiatry. Philadelphia, PA: Mosby, Inc.; 2004:21-28.



## BOOKS RECEIVED

The following books have been received or otherwise obtained and will be reviewed by selected individuals. The courtesy of the sender is acknowledged by this listing.

**Effective Treatments in Psychiatry.** By Peter Tyrer and Kenneth R. Silk; New York, NY: Cambridge University Press; 2011; pp 576; \$50 (paperback).

**Marijuana and Madness. Second Edition.** Edited by David Castle, Robin M. Murray, and Deepak Cyril D'Souza; New York, NY: Cambridge University Press; 2012; pp 252; \$85 (hardcover).

**Psychodynamic Psychotherapy Research. Evidence-Based Practice and Practice-Based Evidence.** Edited by Raymond A. Levy, J. Stuart Ablon, and Horst Kächele; New York, NY: Humana Press; 2012; pp 679; \$239 (hardcover).

**Ministry with Persons with Mental Illness and Their Families.** Edited by Robert H. Albers, William H. Meller, and Steven D. Thurber; Minneapolis, MN: Fortress Press; 2012; pp 256; \$29 (paperback).

**The Diagnosis of Psychosis.** By Rudolf N. Cardinal and Edward T. Bullmore; New York, NY: Cambridge University Press; 2011; pp 400; \$57 (paperback).

**The Mindfulness Prescription for Adult ADHD. An 8-Step Program Strengthening Attention, Managing Emotions, and Achieving Your Goals.** By Lidia Zylowska; Boston, MA: Trumpeter; 2012; pp 224; \$18.95 (includes an audio program of guided exercises) (paperback).

**Psychogenic Movement Disorders and Other Conversion Disorders.** Edited by Mark Hallett, Anthony Lang, Joseph Jankovic, Stanley Fahn, Peter Halligan, Valerie Voon, and Robert Cloninger; New York, NY: Cambridge University Press; 2012; pp 336; \$120 (hardcover).

**Addiction Neuroethics: The Promises and Perils of Neuroscience Research on Addiction.** By Adrian Carter and Wayne Hall; New York, NY: Cambridge University Press; 2012; pp 364; \$99 (hardcover).

**A Piece of My Mind: A Psychiatrist on the Couch.** By Gordon Parker; Sydney, Australia: Pan Macmillan Australia; 2012; pp 340; \$AU 32.99 (paperback).

**Clinical Intuition in Psychotherapy. The Neurobiology of Embodied Response.** By Terry Marks-Tarlow; New York, NY: W.W. Norton & Company; 2012; pp 288; \$35 (hardcover).

**Cognitive-Behavior Therapy for Children and Adolescents.** Edited by Eva Szigethy, John R. Weisz, and Robert L. Findling; Arlington, VA: American Psychiatric Publishing, Inc.; 2012; pp 580; \$75 (with DVD) (paperback).

**Care of Children Exposed to Traumatic Effects of Disaster.** By Jon A. Shaw, Zelde Espinel, and James M. Shultz; Arlington, VA: American Psychiatric Publishing, Inc.; 2012; pp 243; \$54 (paperback).

**Sex Matters for Women. A Complete Guide to Taking Care of Your Sexual Self. Second Edition.** By Sallie Foley, Sally A. Kope, and Dennis P. Sugrue; New York, NY: The Guilford Press; 2012; pp 449; \$17.95 (paperback).

**A Mental Healthcare Model for Mass Trauma Survivors. Control-Focused Behavioral Treatment of Earthquake, War and Torture Trauma.** By Metin Başoğlu and Ebru Şalcioğlu; New York, NY: Cambridge University Press; 2011; pp 294; \$105 (hardcover).

**Case Studies in Dementia. Common and Uncommon Presentations.** Edited by Serge Gauthier and Pedro Rosa-Neto; New York, NY: Cambridge University Press; 2011; pp 328; \$65 (paperback).