Clinical Obsessive-Compulsive Disorders in Adults and Children

I remember one of my teachers during my medical school psychiatry rotation telling us obsessive-compulsive disorder (OCD) is probably the most serious of all mental disorders in terms of the combination of tremendous suffering, insight, and difficulty to treat it (he clearly meant among Axis I disorders). That was a long time ago. In spite of many developments in the field, I feel a bit similar to the way my teacher felt about this disorder. In all fairness, there have been some advances in the treatment of obsessive-compulsive disorders over the last few decades. We also have expanded our concept of OCD. At times, we also have questioned the classification of OCD as an anxiety disorder and proposed an entire category of disorders, with OCD being the anchor of this category. Thus, there have been some new developments, some clear, some a bit confusing.

It is useful, from time to time, to put together all developments in some area and review them to see where we are, what is new, and what is useful. That is what this book, Clinical Obsessive-Compulsive Disorders in Adults and Children, is focused on. As the authors say in the Preface, “the goal of this volume is to describe the current state of knowledge concerning the diagnosis and treatment of OCD and to describe how it is appropriately applied in a clinical setting” (p vii).

The book includes a Preface and 15 brief chapters. Chapter 1, “Introduction to obsessive-compulsive disorder,” is the usual introduction to a text focused on a disorder. It includes the history, diagnosis, epidemiology (I am not sure whether all would agree with the authors’ claim that OCD is one of the most common psychiatric disorders), symptoms and their dimensions, potential genetic and autoimmune causative factors, comorbidity of OCD with other mental disorders, a discussion of obsessive-compulsive personality disorder (OCPD) (the authors point out the driving force behind the respective pathologies of OCD and OCPD are different), course of OCD, insight into OCD, misdiagnosing OCD, and an interesting discussion of obsessions vs delusions. Chapter 2, “Neurobiology and neurocircuitry of obsessive-compulsive disorders and relevance to its surgical treatment,” is a useful discussion of 4 lesion procedures for OCD that are still in use—anterior capsulotomy, anterior cingulotomy, subcaudate tractotomy, and limbic leucotomy—including their outcomes and adverse effects. The chapter also includes a brief review of deep brain stimulation for OCD, the mechanism of action of neurosurgical procedures, and patient selection for these procedures (adequate trials of at least 3 selective serotonin reuptake inhibitors for at least 10 weeks and augmentation of previous drugs for 1 month with at least 2 of the following: lithium, clonazepam, buspirone, or a neuroleptic; all patients also must have had an adequate trial of behavioral therapy consisting of at least 20 hours of exposure and response prevention therapy). Chapter 3, “Selective serotonin reuptake inhibitors in the treatment of obsessive-compulsive disorder,” is a standard review of serotonergic antidepressants for OCD, including dosage guidelines and side-effect management. The following chapter, “Augmentation of serotonin reuptake inhibitors in the treatment of obsessive-compulsive disorder,” connects well with the chapter on using serotonergic antidepressants, discussing mostly augmentation with antipsychotics in adults and in children and adolescents, but also with other agents such as riluzole and buspirone. Interestingly, haloperidol and risperidone showed robust clinical efficacy compared with placebo,
while augmentation with olanzapine and quetiapine in treatment-resistant OCD has been inconsistent.

Chapter 5, “Obsessive-compulsive disorder and comorbid mood disorders” is a bit poorly organized summary of comorbidity of OCD with major depression and bipolar disorders, including management issues. Chapter 6, “Obsessive-compulsive symptoms in schizophrenia: clinical characterization and treatment,” is a solid overview of OCD and schizophrenia, conditions that “share some demographic and clinical characteristics and pathophysiology,” including treatment of schizophrenia with obsessive-compulsive symptoms. The chapter also covers an interesting emerging topic: antipsychotic-induced obsessive-compulsive symptoms. The next chapter, “Medication management of obsessive-compulsive disorder in children and adolescents,” returns to the treatment topic in a review of psychopharmacology of OCD in children and adolescents. Chapter 8, “Exposure and response prevention treatment for obsessive-compulsive disorder,” is a review of exposure and response prevention (ERP) in OCD, including the theoretical basis of ERP therapy, its comparison with cognitive-behavioral therapy (CBT) and medications, long-term effects of ERP, ERP in different OCD subtypes and in treatment-resistant and treatment-refractory OCD, and adjunct therapies to ERP in OCD. I liked the discussion of complications hindering ERP therapy, such as overvalued ideation, depression, comorbid disorders, personality, and disgust reaction with and without anxiety. Chapter 9, “Compulsive hoarding” reviews the course, features, social and economic burden, and treatments (ERP, CBT, medications with mixed results) of a possible new entity within the obsessive-compulsive spectrum: compulsive hoarding. The following chapter, “Cognitive-behavioral therapy for children and adolescents with obsessive-compulsive disorder,” presents a nice review of CBT for children and adolescents and child-friendly CBT, with a detailed discussion of a specific program.

Chapter 11, “Community support and societal influences,” is a summary of issues such as support groups (professionally-assisted, peer-led, and online ones), family-to-family education programs, charitable and advocacy organizations, the school environment, and media (including commercial advertisement). The chapter also includes a list of resources for the organizations discussed. Chapter 12, “The family in the treatment of obsessive-compulsive disorder,” touches upon issues such as the role of the family in OCD, family quality of life, and family involvement in treatment. The following chapter, “Providing treatment for patients with obsessive-compulsive disorder,” reviews the treatment setting for OCD (outpatient, intensive outpatient, partial hospitalization, intensive residential, and inpatient hospital treatments) and then provides a useful list of intensive programs around the United States, Canada, the United Kingdom, India, Ireland, and Italy, with contact information. The last 2 chapters provide overviews of 2 other disorders of the obsessive-compulsive spectrum—body dysmorphic disorder and trichotillomania. Trichotillomania seems to be especially difficult to treat and specialists in this disorder are difficult to find. Medications—mostly serotonergic antidepressants—do not help much, if at all, and the long-term effects of habit reversal therapy (behavioral therapy designed to treat trichotillomania) are unclear.

This volume is what it intends to be, a comprehensive overview of the present status of our knowledge of OCD, obsessive-compulsive spectrum disorders, and their treatments. It provides a lot of useful theoretical and clinical information. The book has a few weaknesses. For example, comorbidity of OCD with anxiety disorders is not covered although the authors claim that comorbidity is the rule rather than the exception; there is also a surprising number of typographical errors. But those are not fatal and could be corrected if there is another edition of this book. Readers interested in OCD will definitely enjoy it; clinicians may find it useful.

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Depression in Primary Care. Evidence and Practice

The book is edited by 2 health services researchers who profess to have a “bit of a reputation as systematic reviewers” (p xi) and add “systematic reviews are sometimes seen as largely technical in nature...” and “they are also seen as the preserve of methodologically and statistically minded types, the sort of people who are excessively concerned with minutiae and routinely miss the wood while comprehensively searching for the best concealed trees” (p 1). In a way, this statement should serve as the first warning about this volume’s readability and usefulness, but the editors added 1 of the reasons for putting together this book was “to show that reviews can be more than that—that it is possible to link the review process with complex policy issues, and to use the insight generated from the reviews to assist in decision making...” (p xi).

The book consists of a Preface and 13 chapters. Chapter 1, “Depression in primary care,” is a simplistic yet complicated overview summarizing the reasons why depression should be treated in primary care; what is the definition of evidence-based medicine; what is primary care and primary mental health care; what is depression; what are the pathways to care for depression in primary care; and what are the policy goals in primary care mental health. As this description suggests, this text is mostly for policy makers. Chapter 2, “Models of care for depression,” reviews models of quality improvement in primary care mental health—the education and training model, the consultation-liaison model, the collaborative care model, and the referral model—and the relationships between models and policy goals. Outlining these models of care serves as a starting point for several chapters later in the book. Chapter 3, “Linking evidence to practice,” provides a fairly good explanation of randomized controlled trials in evidence-based practice and includes brief reviews of randomization and selection bias, power and sample size, cluster trials, explanatory and pragmatic trials, and reporting on trials. The chapter ends with a discussion of systematic reviews in evidence-based practice. This discussion serves as a prelude to the next chapter, “Anatomy of a review.” As one may expect from the editors’ admission that they are systematic reviewers, this chapter really is a detailed guide on how to do a systematic review, from developing the research question and a comprehensive search to extracting data and appraising the quality of study design and analyzing outcome data. The next 4 chapters (5 through 8) are systematic reviews and assessment of the evidence concerning the previously mentioned models of care for depression, ie, the education and training model, the consultation-liaison model, the collaborative care model, and the referral model. Chapter 9, “Summary of the evidence,” is, as the title suggests, a brief summary of the evidence. Chapter 10, “Making it happen,” attempts to help to translate the evidence in depression care, which is a hard task as the authors conclude this chapter with a statement that “the science of implementation is in its in-
fancy, although the evidence base is growing rapidly” (p 125).

The following 2 chapters provide the “United Kingdom perspective” and the “United States perspective.” The chapter on the United States perspective suggests the best outcomes for treating depression in primary care come from collaborative care programs that apply chronic disease management models. The last chapter, “Conclusions,” reviews the summary of the evidence, limitations of the evidence, and some suggestions for future research.

The authors outline the purpose of this book at several places, stating first that “the purpose of this book is to produce an accessible summary of the clinical and economic evidence to ensure that the delivery of primary care mental health reflects its evidence” (p 12), and later adding, “the purpose of this book was to outline the application of the techniques of evidence-based practice and systematic review to decisions about the best way to manage depression in primary care” (p 111). The authors also state “this book is not meant to provide an answer to the problems of delivering services for depression. The area is too complex, and too value-laden, to submit to such a straightforward approach” (p xi). Second and last warning!

The authors are correct that the book does not provide an answer to the problems of delivering care for depression. It is not clear what answers this book does provide. It also is not clear who can really benefit from reading this volume; maybe some highly interested health services researchers. The cover suggests this book will assist practitioners, researchers, and policy makers alike. That is a real stretch. I am not sure whether any clinician can benefit much from reading this text. I am also inclined to say policy makers will not either. This is basically a difficult-to-read collection of solid health services review papers under a bit misleading title (Depression in Primary Care. Evidence and Practice). Save your money and time.

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Guide to the Psychiatry of Old Age

The psychiatry of old age, as defined by the authors of this small book, “is concerned with the identification, assessment, treatment and care of older adults with mental disorders, and of those who look after them” (p 1). As the population, especially in developed countries, is getting older, the number of older adults—whatever the term “older adult” means—with mental illness, especially dementia, is growing. Currently, there are approximately 30 million people with dementia in the world, “with 4.6 million new cases annually. The number of those affected by dementia is projected to double every 20 years…” (p 2). Dementia is not the only disorder that will increase in prevalence with demographic aging (p 3). The increase of prevalence of numerous diseases combined with the global explosion of obesity is going to create a spectrum of necessary changes and needs. The authors of this book point out that with these changes, individuals in developed countries will need to continue working beyond traditional retirement age (eg, recent changes of retirement age in many European countries), and there will be a continuous growth in the number of single-person households. The authors also predict an increased competition for health care between younger and older age groups. All these changes will have profound social and economic implications (p 3). First, the resources will be more and more stretched and limited. Second, there will be a greater
focus on primary prevention of various chronic diseases (eg, cerebrovascular, but also dementia). New models of secondary prevention will have to be developed. Last but not least, there will be an increased demand for physicians and psychiatrists to take care of older adults.

Books devoted to psychiatry of old age—also known as geriatric psychiatry—are plentiful. Some of them are hefty textbooks, serving better as a reference text. Some are slim, serving as an overview or introduction to the area. Guide to Psychiatry of Old Age is the latter, basically an introduction to the problems of geriatric psychiatry. It is written by 4 specialists in this area who are from Australia, the United Kingdom, and Canada. The book consists of a Foreword by Marshal Folstein, Preface, and 12 brief chapters.

The first chapter, “What is psychiatry of old age and why do we need it,” is an introduction to the volume and I summarized its message in my introduction to this review. The second chapter, “Assessing the elderly psychiatric patient,” reviews the assessment of affective, behavioral, and cognitive symptoms in older adults and outlines some special features in the evaluation of these persons. The authors emphasize that, as Brice Pitt noted, psychiatry of old age is “general psychiatry only more so” (p 5).

The special features in the evaluation of the elderly patient are: 1) flexibility in adapting to the most appropriate place and mode of assessment; 2) inclusion of the informant/caregiver as a fundamental and essential component of the assessment; 3) skill in taking a history that spans a lifetime; 4) special understanding of medical comorbidities, especially neurologic disorders and the impact of drugs on the central nervous system; and 5) particular skill in cognitive screening, including frontal/executive brain functions (p 5). The text also emphasizes the doctor’s office may not be the best place for assessment of any patient, except for the highly functioning ones, and that particular patient’s own setting is preferred, especially in frail, resistant, or incapable patients (p 5). The chapter further discusses the setting for evaluation before turning to the role of the caregiver/informant, history taking (“perhaps the most important element in establishing a provisional diagnosis” [p 8]), mental status examination, physical examination, special investigations, and referral for assessment by allied health professionals. The discussion of mental status examination stresses that, “One needs to resist the inclination to avoid a formal cognitive screen when the older adult appears to be superficially intact” (p 9). The mental status examination part also reviews which cognitive assessment instruments to use and capacity assessment.

The third chapter, “Differential diagnosis—the 3D” “addresses an approach to the differential diagnosis of the major syndromes encountered in the psychiatry of old age, namely the 3Ds—depression, delirium, and dementia” (p 23). The authors focus especially on the differential diagnosis of depression and dementia. The authors review several theories about the relationship between depression and dementia, which may appear to have intuitive merit, but are false: 1) major depression in later life is primarily due to the loses associated with old age (losses in early life are more relevant for development of depression); 2) depression, delirium, and dementia are distinct syndromes (they are not as distinct as originally postulated); 3) subjective cognitive impairment or complaints of memory impairment are associated with depression (not so, in a significant proportion of cases, these complaints could be prodromes of developing dementia); 4) the use of antidepressants with marked anticholinergic properties may be the cause of dementia (studies do not support this notion); and 5) depression is a psychological reaction to impaired cognition (no good evidence is available). The chapter ends with a discussion of the clinical implications of the growing relationship between depression and dementia.

Chapter 4, “The dementias,” provides a brief overview of various types and causes of dementia, their epidemiology, symptoms, natural history, assessment, diagnosis, and finally management of persons with dementia and their caregivers. The part on management emphasizes the huge responsibility of telling someone they have dementia and how this should be done with compassion, honesty, and sufficient time available to answer questions and discuss implications (p 42). The text on drug treatments is a standard review of the few available medications for dementia. The following chapter, “Behavioural and psychological symptoms of dementia,” focuses on the noncognitive, neuropsychiatric, behavioral, psychological, and psychiatric symptoms of dementia (eg, agitation, delusions, mood symptoms) and their management. These symptoms fre-
quently are the trigger for referral of a patient with dementia to psychiatric services (p 51). The authors remind us that “first no harm” should be the guiding principle in managing these symptoms. Chapter 6, “Delirium,” is again a standard review of clinical features, differential diagnosis, neuropathophysiology, epidemiology, risk factors, course, prognosis, and management of delirium in older persons. Similarly, chapter 7, “Mood disorders in late life,” summarizes depression, bipolar disorders, and mania in late life. Important information to remember include the fact that depressed patients report significantly greater medical comorbidity than nondepressed patients and that there is a strong relationship between depression and vascular disease. I was happy to see the statement that “a number of recent studies suggest that effectiveness and adverse events are not significantly different between tricyclic antidepressants and selective serotonin reuptake inhibitors.”

The following 3 chapters review, in a fashion similar to the previous chapters, “Schizophrenia and related disorders in late life,” “Neurotic and personality disorders,” and “Substance abuse and iatrogenesis in late life.” Chapter 11, “Services for older patients with psychiatric disorders,” presents the international consensus model on organizations of care, and then briefly discusses issues such as the multidisciplinary team, residential care, community-based assessment, respite care, advocacy, spiritual and leisure needs, and what the necessary components of a service are (the minimum includes community mental health teams for older persons, inpatient assessment and treatment, day hospitals, outpatient services, respite care in-home or facility-based, continuing hospital care, residential care, liaison services for general and geriatric hospitals, primary care collaborations community and social support services, prevention programs, educational programs for health professionals, destigmatization programs, public education, and health promotion). The book ends with the standard fare, a chapter on “The future of the psychiatry of old age.” This chapter deals mostly with the notion of clinical neuroscience, a concept originally proposed by the late Thomas Detre, and with the debate of age-based vs needs-based services.

This book is what the title suggests—a guide or introduction to psychiatry of old age. It is brief, practically oriented, and without much unnecessary detail. It is well-written. One useful feature is that there are no references included, but the authors provide “Further reading” accompanying each chapter, which includes pertinent articles, books, and chapters. Residents, fellows in geriatric psychiatry or geriatric medicine, and some clinicians for whom geriatric psychiatry constitutes part of their practice, will find this to be a useful introduction. However, full-fledged practicing geriatric psychiatrists may find this text to be “too light,” especially with regard to management guidance of mental disorders of old age.

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The Treatment of Drinking Problems: A Guide to the Helping Professions


As a “helping professional” it is imperative to be well versed in the diagnosis and treatment of alcohol use disorders. This small textbook gives us a refreshing perspective of this subject beyond the DSM system, complete with a charming use of British language (“He may just be trying to put the frighteners under me. But if he’s really saying I’m going to die of cirrhosis, I’ll go out on the crest of the all-time greatest booze-up”).

The book begins with a definition of drinking problems, from sensible drinking to dependence. Although the bulk of the remaining chapters focus on abusive and dependent drinking, it is important other forms of drinking are mentioned because these often are harbingers to more severe drinking and are amenable to intervention. Chapter 2 focuses on the “science” of alcohol, including alcohol’s interaction on various neurotransmitter systems. Chapter 3 goes on to discuss causes of drinking problems, including the easy availability of alcohol, value systems, economic factors, and genetic contributions. Environmental factors also are considered. Chapter 4 addresses the social implications of disordered drinking, particularly the impact of alcohol on relationships and family structures.

Chapter 5 thoroughly describes the physical manifestations of excessive drinking and includes 2 tables, which concisely summarize the impact of problematic drinking on health-related measures. Chapter 6 describes psychiatric comorbidities associated with alcohol use and chapter 7 addresses alcohol and other drug problems.

The tone of chapter 8 changes, with descriptions of several clinical presentations. These include the young drinker; the violent patient; a presentation on a general hospital ward; the pregnant drinker; a patient who abuses both alcohol and drugs; the patient with cognitive impairment; the patient from a cultural background other than the therapist’s; the family member as an intermediary; the “very important patient”; and a child at risk. Case abstracts are interwoven throughout the text, and the material is presented in an interesting and engaging manner, with practical suggestions for intervention.

The second section focuses on treatment. Chapter 9 discusses “treatment trajectories,” which often are quite “messy,” highlighting the complicated nature of substance recovery. Chapter 10 introduces nonspecialist treatment settings, for example, the criminal justice system, schools, workplaces, primary care practices, emergency rooms, and general psychiatry clinics. Laboratory tests are discussed, as are screening questionnaires and brief motivational interviewing. Within this chapter, the authors devote a section addressing how to determine when a case should be handled in a nonspecialist setting.

Chapter 11 includes a detailed explanation of the evaluation process. The authors laboriously describe the appropriate intake for patients who misuse alcohol. To highlight the level of detail included, the authors include assessment of the evolution of the patient’s drinking, an account of a typical recent heavy drinking day, and an explanation of the salience of drinking to the patient. Again, a table is included which nicely summarizes the history-taking scheme. An equally detailed interview template is included for family members. The chapter concludes with keys to the case formulation.

Chapter 12 defines alcohol withdrawal, pharmacologic management, and treatment setting. Chapter 13, titled “The basic work of treatment,” begins with a description of the therapeutic relationship and moves on to
discuss motivation and readiness to change, utilizing clinical vignettes. This chapter discusses “dealing positively” with relapse, information regarding working with the family, and ends with recommendations on appointment spacing and treatment duration.

Chapter 14 delves more deeply into specialist treatment, exploring cognitive-behavioral therapy, and other psychosocial treatments. Two large trials involving psychosocial treatments—Project MATCH and the United Kingdom Alcohol Treatment Trial—are described. The authors discuss approved pharmacotherapies for alcohol dependence, including disulfiram, naltrexone, and acamprosate, and mention those with potential utility, such as ondansetron, baclofen, and topiramate. The chapter ends with a table ranking the efficacy of treatment based on a review of 381 studies. Rightfully, the authors stress there is “there is no one single pathway to recovery, rather a number of different individual paths” (p 212).

Chapter 15 highlights the utility of Alcoholics Anonymous (AA), describing the typical AA meeting, the 12-step process, and the basic tenets of the organization. Chapter 16 is titled “Spiritual and religious issues in treatment.” My opinion is the scope of this chapter extends beyond this small text and the key points could have easily been incorporated into the previous chapter.

Chapter 17 is targeted toward treating patients who want to drink “normally.” It begins with a table delineating factors that are favorable and unfavorable to a controlled drinking goal. Simple strategies are discussed to provide techniques for self-control. The text ends with a chapter titled “When things go wrong and putting them right.” Again, case scenarios are interestingly interwoven throughout to illustrate problems one may encounter while treating individuals with substance use disorders.

Overall, this is an engaging and easy-to-read book. The clinical vignettes bring clinical relevance to the material, and the many well-designed tables summarize information effectively. This book would be beneficial for social workers, nurses, psychologists, and any physician who assesses and treats patients with substance use disorders. As an academic psychiatrist, I intend to utilize this book, particularly the concise tables, as I prepare lectures for medical students on substance abuse.

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O n first glance, this appears to be a rather small text for the huge amount of material involved in the topic of psychopharmacology. I would have expected a 2-volume set. Upon reading, one discovers the editors do not need thousands of pages because the book is so succinct. This text is direct to the needs of the clinician or resident. The wonderful level of organization makes this book a well composed and handy reference.

It begins with a section on the general principles of psychopharmacology. This is brief, yet lays the groundwork for the following chapters. The next 2 chapters deal with drug dynamics and kinetics, and assessing efficacy. Although some may not see these sections as vital, the approximately 50 pages deal with important material, while not going into verbose detail.

The following 500 pages are the basic guts of the text. This contains excellent chapters on antipsychotics, antidepressants, mood stabilizers, and anti-anxiety drugs. The description of various treatments is inclusive, ranging from older, seldom seen agents to new generation medications. The indications, efficacy, dose considerations, and comparisons of agents are well handled. Plasma levels and common side effects are discussed and clinical examples are used appropriately. Excellent tables and illustrations help convey complex concepts in a meaningful and useful way. These chapters give valuable information about how to choose the best agent for a given patient and how to establish dosing guidelines. The editors provide citations for their information at all critical junctures and establish a list of valuable references at the end of each chapter. These references include key studies that provide remarkable clarity and validity to the clinical information in each section. Side effects and adjunctive treatments are given in clear detail.

A section on nonpharmacologic therapeutic neuromodulations includes bits on electroconvulsive therapy (ECT), transcranial magnetic stimulation (TMS), and vagus nerve stimulation (VNS); each discussed in reasonable detail. It is surprising to see this information in a pharmacology text. The editors discuss each of these treatments including theoretical mechanisms of action, indications, contraindications, administration, and efficacy. The references are excellent. This kind of information is not difficult to find, but is a nice addition to text that is primarily focused on treatment with medications.

The section on anti-anxiety drugs and hypnotics is a wonderful chapter. This part of the book gives information on side effects and drug interactions in a great format as is typical for this text. It goes further, however, by discussing nonpharmacologic methods for anxiety reduction and enhancing sleep. This is complemented by diagnostic information, case reports, and discussion of anxiety in a number of settings.

The book concludes with some special topics. This includes pharmacotherapy in pediatric and geriatric patients. This would be of great interest to clinicians who seldom deal with such cases, but need to prescribe psychotropics on an unfamiliar population, such as when covering on call or in an emergency situation. Other populations included in the special section include the alcoholic or drug-addicted patients, patients with an eating disorder, and those with compromised immune systems.
BOOK REVIEWS

This is a great book to have. It is concise and yet covers a great amount of material in wonderful detail. Charts, case illustrations, and copious references round out this text as an easy-to-read and handy resource on psychopharmacology. This book is beyond most undergraduates, but would be an excellent handbook for resident physicians and a quick reference for clinicians. I highly recommend it.

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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.


