

cal, clinical reviews for psychiatrists who need guidance on the treatment of psychiatric conditions related to reproductive issues.

The chapter on personality disorders reviews sex differences in diagnostic criteria, precipitating life events and prevalence and reminds us of the futility of categorizing neuroses. It also gives helpful insights about the sex-related biases in the DSM and ICD methods of diagnosis.

The chapter on eating disorders reviews the literature and summarizes salient studies. I especially liked the chapter on the more general topics of obesity, weight gain and dieting. It provides a wonderful refreshing look, using a scientific stance, at a common concern for women. The authors report on the connection between over-eating, mood states, tryptophan ingestion and serotonin synthesis. They also point out that, contrary to all other areas, women are vastly over-represented in the eating disorder literature.

The chapter "Alcohol and Drug Abuse in Women" debunks the myth that substance dependence in women is more often a secondary consequence of another psychiatric disorder than it is in men. As well, the notion that substance dependence is less severe in women is challenged.

Pain disorders, a relatively understudied area in psychiatry, are also more prevalent in women, and this chapter reviews the understanding of the relation between pain disorders and mood and anxiety disorders in women.

There is also a chapter on psychoneuroimmunology, which is a huge and rapidly growing area of research. The main take-home mes-

sage of this chapter is that we are just beginning to understand the complex mind-body interactions and, in particular, the way mood states affect our immune system.

"Sex Differences in Medication Treatment of Depression" highlights sex differences in pharmacokinetics and pharmacodynamics. Although this information is not new, it is useful to have it reviewed. There is also a review of the effects hormonal fluctuations in women (other than in pregnancy and lactation) have on metabolism and the clearance of agents used in the treatment of depressive disorders.

The chapter on psychosocial treatment for mood disorders in women is written by 2 therapists intimately knowledgeable in interpersonal psychotherapy. This is a very important area, and the authors stress that, although some research has been done in this area, there is a vast deficit in our knowledge of what works for whom in pregnant and lactating women with mental illness.

The last chapter was troubling, to my mind. I took offense to Ms. Phillips' accusation that we all work in the "male medical model." As a female psychiatrist who used to be a female general practitioner, I think Ms. Phillips is out of touch. Philosophically, a model is neither "male" nor "female" — just as money is neither "good" nor "bad." These things are gender neutral. It is the beholder who is sex biased. Ms. Phillips' assertion that a woman must be "expert about her life" puts a heavy burden on women already prone to guilt and suffering. It is this attitude that often prevents women from coming for

help, I find. There is no shame in not knowing everything and asking for expert opinion. It may be that Ms. Phillips is talking more about those of us who have neurosis or psychosocial stressors, rather than mental illness.

Research on women's mental health and mental illness will increase as women climb corporate ladders to hold more influential positions as university administrators and research directors. To do this, there needs to be more women in medical schools and in specialties. This is currently the case, at least in Canada, so we are on our way to furthering research on women's mental health issues.

Laura Calhoun, MD

Winnipeg, Manitoba, Canada

Psychiatric Medications for Older Adults: The Concise Guide. Salzman C. New York: The Guilford Press; 2001. 191 pp with index. ISBN 1-57230-578-9 (cloth). US\$30.

Geriatric psychopharmacology has progressed dramatically over the past 20 years. Many new drugs have been added to the therapeutic armamentarium of the clinician, and although there are still too few data on the metabolism, use and hazards of these drugs in the elderly, the knowledge base is expanding rapidly. Carl Salzman, the author of this new little volume on geriatric psychopharmacology, is well recognized as the "dean of geriatric psychopharmacology." His reputation derives from his substantial contributions to the empirical literature on geriatric psychopharmacology and was enshrined with the publication of the first edition of his unique text-

book, *Clinical Geriatric Psychopharmacology*, in 1984, now in its third edition (1998). This text is comprehensive and authoritative but, admittedly, unwieldy for the family physician and other health care practitioners interested in the use of medication for the elderly. This concise guide is intended to provide a more user-friendly format, summarizing the salient parts of the comprehensive text.

The main text is 132 pages, with an additional 58 pages of tables of prescribing information, references and index. It is organized into 7 chapters by clinical syndrome: basic issues in treating older adults; depression; mania; anxiety; sleep disorders; dementia; and agitation and psychosis. The appendix, which is very useful, includes a list of most drugs, trade names and approximate dosages in tabular form, as well as a table of medical drugs that interact with psychiatric drugs and a table of drug interactions among psychotropic medications.

This book is not intended to be comprehensive but rather to highlight key points of practical importance to the front line clinician. The references are appropriate but purposely limited, and the reader is directed to the larger text for more detail.

The book is very clear and readable, if somewhat conversational, and full of clinical hints and wis-

dom from an astute clinician. It is liberally sprinkled with brief case reports illustrating clinical presentations and treatment approaches, although I personally found these more distracting than informative at times.

Each chapter begins with a summary discussion of a particular disorder, describing symptoms, diagnostic criteria and prognosis. Although helpful to the novice, the clinical summaries are redundant for psychiatrists and other clinicians familiar with the basic psychiatry of old age. The summaries, which take up about half of each chapter, are followed by an organized but very brief discussion of the various drugs used in the treatment of the disorder.

There are numerous gems of clinical wisdom sprinkled through the book, and most of the key issues relevant to geriatric psychopharmacology are touched on. However, to properly make use of the book, each of these chapters must be read through because important and specific information on a given drug is not highlighted effectively and, being embedded within each chapter, is easily missed. Consequently, this book should be viewed more as a very basic manual than a reference text.

Much of the tone of the book suggests that it is directed to the less sophisticated user. However,

there are small pockets of complex material, such as discussions of liver metabolism of psychotropics and alterations in transmitter substances in the brain, that will be over the heads of some health care workers and family caregivers.

In general, this book is too basic for the seasoned geriatric psychiatric practitioner, and the structure and style mean that it cannot be recommended as a useful reference guide. Knowledgeable general practitioners, geriatric psychiatrists and geriatricians are better directed to the more comprehensive textbook upon which the concise guide is based.

The book is a useful primer for teaching purposes, probably at the first- or second-year medical school level, or as a quick review for family physicians, nurses, psychologists and other clinicians. The tables in the appendices are especially helpful for this purpose. Practitioners may also find some of the material useful as an educational resource for families who want a somewhat more in-depth discussion about medications than can be provided during time-limited clinical meetings. As such, I recommend the book as authoritative and useful.

Joel Sadavoy, MD

Toronto, Ontario, Canada