

The third part of the book deals with special issues such as treatment compliance, suicidality, and consumer advocacy and self-help. The discussion of compliance emphasizes that non-compliance is as much the norm as the exception, that compliance is not an all-or-nothing phenomenon, that compliance is more difficult than it looks, and that the best predictor of future compliance is the past. This chapter also reviews some useful remedies, such as pillboxes, pairing medication with an existing activity, cues to recall, and family support. The chapter on suicidality provides some useful tips on suicide risk assessment and management of suicidality in bipolar disorder. Though one of the elements of the management of suicidality involves the anti-suicide contract, the authors acknowledge that these contracts are not sufficient safeguards. I would add that they also do not help much in the court of law. The review of advocacy and self-help provides a number of useful addresses and websites for patients.

The five appendices include The Altman Self-Rating Scale for mania (ASMR); mood chart; evaluation of suicide risk table (useful, but unfortunately including an anti-suicide contract formula); recommended resources for consumers and their families; and an outline of collaborative disease management strategies.

This is an interesting and useful book for all clinicians managing patients with bipolar disorder. It advocates a comprehensive management of this disorder, which includes various psychosocial therapeutic modalities as adjunct to medication. It is a good source for anyone looking for information about psychosocial management strategies for bipolar disorder. Most chapters are well written and informative. I would recommend this book to psychiatrists, psychologists, psychiatry residents and all practitioners providing care to patients with this difficult to treat disorder.

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Marijuana and Madness. Psychiatry and Neurobiology, edited by David Castle and Robin Murray, Cambridge University Press, Cambridge, United Kingdom; 2004; ISBN: 0-521-81940-7; \$ 80 (hardcover), 218 pp.

In spite of the widespread use and abuse of marijuana (*Cannabis sativa*) among persons with mental illness, the relationship between marijuana and mental illness remains unclear and controversial. For many, experts and laymen, marijuana is just a gateway drug to the use of more "serious" substances of abuse. For others, the use of marijuana is a serious problem on its own. And for some, marijuana is occasionally associated with the onset of mental illness, specifically psychosis. Actually, people who suffer from psychotic illness are far more likely to consume marijuana than the general population. However, we do not fully understand why they consume marijuana more frequently, whether they use it to help them feel better,

whether the use of marijuana increases the risk of onset of mental illness, and whether some individuals are more vulnerable to the effects of marijuana on mental health than others.

The possible link between marijuana and mental illness has been increasingly discussed in the scientific literature. It seems that a summary of this discussion would be desirable and timely. The editors of the book *Marijuana and Madness*, David Castle and Robin Murray, brought together an international team of experts to provide the readership with such a summary of evidence of the relationship between the use of marijuana and onset/worsening/outcome of mental illness. I would like to point out to the reader of this review and possibly of the book—the authors and the reviewer use the term marijuana and cannabis interchangeably.

The book consists of thirteen chapters. It starts with the discussion of the cannabinoid system from the point of view of a chemist. This discussion emphasizes that the active compounds of marijuana, chemically closely related terpeno-phenols, are very difficult to separate and purify. It also reviews the so far identified endocannabinoids and raises the question whether dysfunctions of endocannabinoid system contribute to the biological basis of mental disorders. The second chapter follows with exploring how cannabis works in the brain. It reviews what is known about the interaction of marijuana with the cannabinoid system in the brain and how it affects psychomotor, cognitive, perceptual and appetitive functions. For instance, it is known that dronabinol (tetrahydrocannabinol) counteracts the loss of appetite and weight in AIDS patients. Interestingly, rimonabant, a substance blocking CB₁cannabinoid receptor, suppresses appetite and reduces weight (it was introduced for treatment of obesity in Europe, and is studied in the United States at present). This chapter also emphasizes that several studies demonstrated a significant withdrawal syndrome in human marijuana users after the drug was withdrawn. Chapter three discusses the acute and subacute psychomimetic effects of cannabis in humans. As the authors point out, it is important to realize that cognition and psychomotor functioning are impaired in a dose-dependent fashion during acute intoxication with marijuana. This chapter also reviews a controversial entity—the amotivational syndrome presumably associated with marijuana use.

Chapter four reviews the evidence on the association between cannabis use and depression. The authors of this chapter conclude that there is an increasing evidence that regular cannabis use and depression occur together more often than might be expected by chance, and that there is an increased risk of depression among persons who report heavy cannabis use (but not in those who use it infrequently). The reasons for this association are not clear (does cannabis use cause depression or does depression cause cannabis use, or are there common factors increasing the risk for both?).

The following two chapters deal with cannabis and psychosis-proneness and pose the question of whether there is a specific "cannabis psychosis." Cannabis use may be an independent risk factor for psychosis, at least in subjects with a preexisting

vulnerability for psychosis. However, the existence of specific “cannabis psychosis” is debatable. If it exists, it seems to be very rare in western societies. It is accepted that cannabis intoxication can produce a short-term exacerbation of pre-existing psychosis.

Subsequent four chapters discuss the relationship between cannabis use and schizophrenia, addressing issues such as cannabis as a potential causal factor in schizophrenia; cannabis abuse and the course of schizophrenia; endogenous cannabinoid system in schizophrenia; and cannabinoid “model” psychosis, dopamine-cannabinoid interactions and its implications for schizophrenia. The authors state that cannabis is neither a necessary nor a sufficient cause for schizophrenia. It is rather a component cause, and part of a complex constellation of other factors, such as genetic predisposition. Cannabis abuse, particularly a heavy one, seems to be an independent risk factor for more psychotic relapses and aggravation of psychotic and disorganization symptoms.

One may ask why persons suffering from psychosis/schizophrenia would abuse substance that may worsen their symptomatology. According to the chapter discussing the motives that maintain cannabis abuse among individuals with psychotic disorders, the final common pathway is the expectation that the substances of abuse will have a direct or indirect impact on persons’ affect. The main common motives are to enhance affect, to cope with negative affect, to enhance social affiliation/acceptance, and to cope with positive symptoms or negative side effects of medication. Only the last motive—to cope with positive symptoms or side effects—seems specific to persons with psychosis/schizophrenia. The other motives are similar to the motives of people without psychotic disorders. Nevertheless, as pointed out, cannabis abuse has a negative impact on illness course and thus needs to be effectively managed. The effective management of cannabis abuse in people with psychosis is outlined in chapter twelve.

The last chapter of this book discusses the residual cognitive effects of long-term cannabis use. The findings in this area are limited partially due to methodological and ethical limitations of studies in this area. The authors conclude that although heavy cannabis use almost certainly causes some short-term residual cognitive deficits, there is little evidence to suggest that these deficits persist for prolonged periods after cannabis is discontinued.

This is an interesting book dealing with an important and timely topic. It would be of interest to clinicians as well as researchers in the area of addictions. Clinicians dealing with “dual diagnosis” patients (who does not?) will also find some interesting information and ideas in this volume. However, one should not expect any definite answers. The chapters are a bit uneven as to the “depth of coverage”—some are too detailed and complicated. The book also lacks a coherent conclusion that would tie all the findings together into a comprehensive view of “marijuana and madness.” The lack of firm conclusions and answers probably reflects the state of our knowledge in this area, suggests that much more needs to be done and answered. Nevertheless, this is probably *the* book to read to get

an up-to-date summary of knowledge about the relationship between marijuana and mental illness.

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Natural Medications for Psychiatric Disorders. Considering the Alternatives, edited by David Mischoulon and Jerrold F. Rosenbaum, Lippincott Williams & Wilkins, Philadelphia, Pennsylvania; 2002; ISBN: 0-7817-2954-8; \$ 39.95 (softbound), 236 pp.

People have always looked for an ideal and safe cure. They often, and more so outside the United States feel, correctly or incorrectly, that medical profession and medication provide just one alternative in their search for this ideal and safe cure. The recent developments in the field of medicine—such as managed care, increased cost and co-pays, less time spent with physicians—have led to an increased dissatisfaction with traditional, official Western-style medicine and to a search for nontraditional, natural or other culture-based treatments. It is estimated that there are 1,800 herbal remedies available in the United States at present and the numbers, sales and the interest in these remedies keep growing. Over a decade ago, Eisenberg et al. (1) observed that about one third of the population in the United States was using complementary and alternative medicine. Plenty of popular books have been written about these remedies, some of them were reviewed on the pages of this journal (e.g., 2).

One of the newer additions to the growing collection of books on natural remedies or medications is David Mischoulon’s and Jerrold Rosenbaum’s book *Natural Medications for Psychiatric Disorders. Considering the Alternatives*. This monograph sets its goals a bit differently from the previous ones—it intends to provide a synthesis of the state of knowledge and published research data on the applications, clinical effectiveness, and safety of the better-studied natural psychotropics; to allow the psychiatrists or primary care physicians to decide comfortably whether or not to prescribe natural psychotropics to certain patients and to recommend the appropriate doses; and to facilitate communication between health professionals and patients who are interested in alternative treatments. The editors restricted themselves mostly to the “better-studied” natural remedies, which have a reasonable mass of peer-reviewed literature examining their claims, rather than trying to assemble an exhaustive textbook of all available natural psychotropics. The authors of each chapter are well known experts in the particular area.

The book is divided into Introduction and five parts (I. Treatment of mood disorders II. Treatment of anxiety and sleep disorders, III. Treatment of other disorders, IV. Polypharmacy and side effects management, V. Afterword) consisting of 14 chapters, and three Appendices.

The Introduction skillfully outlines the main issues of this area and points out the main source areas of “natural