The summary present guidelines for therapists regarding suicide and chronic suicidality, and discusses research directions in this area.

This is clearly a great small book that would be very much appreciated by all clinicians treating chronically suicidal patients. It dispels many practiced myths regarding the management of chronic suicidality (e.g., that hospitalization helps). It advises us that chronic suicidal patients have to be handled differently than acutely depressed patients, because if they were managed the same way, it would not be management, but rather mismanagement (p. 130).

The book is critical of the existing "evidence" regarding the outcome and management of chronically suicidal patients. The combination of a broad and critical review of literature and the vast clinical experience of the author makes this volume especially useful. It is written in a highly readable style and filled with many pearls, some of which I mentioned.

Hopefully, this important book is going to help us with our fears in managing chronically suicidal patients, and in learning to tolerate suicide and accept it as an option and choice. Only then will we be able to help our chronically suicidal patients.

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Bipolar Depression. A Comprehensive Guide, edited by Rif S. El-Mallakh and S. Nassir Ghaemi, American Psychiatric Publishing, Inc., Washington, D.C.; 2006; ISBN 1-585562-171-4; $46 (paperback), 269 pp.

Bipolar depression has received a lot of attention lately. It is not clear why. Maybe it is because of a renewed interest, as interest in various topics during interest's natural course waxes and wanes. Maybe it is really because depression is the most common presentation of bipolar (I still prefer manic-depressive) disorder. Maybe, as some may cynically or realistically suspect, it is because of the introduction and marketing of lamotrigine (interestingly, this book is given to physicians as a compliment of the lamotrigine maker). I suspect that the reason for the recent increased attention to bipolar depression is a bit of all of these three. Nevertheless, a comprehensive and updated guide to this part of manic-depressive illness could be an important help to all of us. Rif El-Mallakh and Nassir Ghaemi, both devoted bipolar disorder researchers and authors, gathered an international group of authors to put together such a guide.

The book is divided into four parts (Diagnosis, Biology, Special topics, and Treatment and prevention of bipolar depression) and consists of 11 chapters. Chapter 1, "Diagnosis of bipolar depression," reviews important diagnostic issues and touches on the bipolar spectrum and some diagnostic controversies. I was a bit surprised by the lack of scholarship at times here (e.g., the statement that antipsychotics alone are largely ineffective in depression is supported by a four-year-old abstract from the APA Annual Meeting; or that the work of Kraepelin is not cited from the original source). Chapter 2, "Neurobiology of bipolar depression," suggests that, "Understanding the biology of bipolar depression should increase the effectiveness of its diagnosis and treatment" (p. 37), but informs us that "…our ability to study the biology of bipolar depression is limited by our imperfect ability to describe the phenotype of bipolar disorder" (p. 55), and that we have not yet reached the point of understanding the biology of bipolar depression. Chapter 3, "Genetics of bipolar disorder," mostly reviews high-index associations and linkages to various chromosomes. Though "numerous regions have at least some support as putative susceptibility loci in bipolar disorder" (p. 84), it is not totally clear how to conduct genetic research in bipolar disorder. "No one approach has emerged as clearly superior in bipolar genetics research" (p. 84). The authors conclude that bipolar disorder is "a highly heritable condition, as demonstrated by twin, family, and adoption studies that consistently suggest a strong genetic component to the disorder" (p. 88). The evidence from linkage studies is confusing at best.

Chapter 4, "Pediatric bipolar depression," is a brief summary of an area and topic that needs much more research. Chapter 5, "Suicide in bipolar depression," emphasizes that bipolar disorder is probably the most lethal mental illness with a suicide rate for untreated cases 30 times that in the general population and with the lifetime rate of suicide around 19%. The chapter reviews the risk factors for suicide in bipolar disorder (phase of illness, clinical course, early onset of illness, psychosis, rapid cycling, comorbidity), and treatment interventions (lithium, antidepressants, anticonvulsants, antipsychotics, psychotherapy). Lithium clearly helps to decrease the rates of suicide in bipolar patients, while there are almost no data available to judge whether any anticonvulsants used in the treatment of bipolar disorder have a prophylactic effect against suicidality (p. 133).

The treatment part of this volume continues in presenting uneven writings. Chapter 6, "Lithium and antiepiletic drugs in bipolar depression," briefly reviews lithium, lamotrigine, valproic acid, carbamazepine, oxcarbazepine, topiramate and a few other antiepileptic drugs (gabapentin, tiagabine, pregabalin, leviracetam). Interestingly, nothing on familial responsiveness to lithium known from the work of Paul Grof and associates is included. Chapter 7, "Antidepressants in bipolar disorder" starts with saying that "This chapter does not represent a systematic review of the literature on antidepressants in bipolar disorder," but rather "an attempt to express our perspective on this complex field" (p. 168). It briefly discusses the efficacy and then delves into the safety of administering antidepressants in bipolar disorder (= risk of switch). This part misses a discussion about the risk of switch to mania with bupropion vs. selective serotonin reuptake inhibitors. This discussion is not well addressed anywhere in the literature and would be very useful. Is the low risk of switch with bupropion lore myth or reality? That would be a useful discussion for a clinically oriented reader. Chapter 8, "Antipsychotics in bipolar depression," is a

brief discourse on antipsychotics relying solely on English literature. It overlaps a bit with chapter 9, "Novel treatments in bipolar depression," which reviews atypical antipsychotics, electroconvulsive therapy, transcranial magnetic stimulation, vagus nerve stimulation, ketogenic diet, omega-3 fatty acids, myo-inositol and dopamine agonists. Why some of these interventions are reviewed without any evidence of their usefulness in this indication (e.g., vagus nerve stimulation) is not clear to me. On the other hand, some suggestions, such as using pramipexole, are interesting. Last but not least, the introductory statement to this chapter, "Treatment for bipolart disorder is currently characterized by polypharmacy, even in the best treatment centers" (p. 191) is a bit incomprehensible. So what? Would any comprehensive cancer treatment center doubt that polypharmacy is a big no-no as suggested here?

Chapter 10, "Psychological interventions in bipolar depression," finally provides a bit of refreshing air. It reviews the use of cognitive-behavioral therapy and interpersonal social rhythm therapy. The discussion of cognitive-behavioral therapy is especially good and emphasizes that cognitive patterns are not causing emotions in bipolar depression.

The last chapter, "Future directions for practice and research" provides some suggestions as to where to move in bipolar depression research in various areas such as neurobiology, diagnosis, depression, integration of treatments and others. Pretty standard ending of a "comprehensive guide."

This is a review of an important clinical topic. The clear advantage is the small format and relative brevity. Any book/guide could focus on a good or important topic, or on a not so important topic; and could be put together either well or not so well. That results in four basic combinations (good/good, good/bad, bad/good, bad/bad). I let the reader guess where this comprehensive guide falls.

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Model Psychopharmacology Curriculum for Psychiatric Residency Programs, Training Directors and Teachers of Psychopharmacology. Fourth Edition, by Committee of the American Society of Clinical Psychopharmacology (Ira D. Glick, Richard Balon, James Ellison, David S. Janowsky, R. Bruce Lydiard, Jessica Oesterheld, David Osser, James Thompson, Kim Walton and Sidney Zisook), The American Society of Clinical Psychopharmacology, Inc., Glen Oaks, New York: 2006; $600 (+ $40 for domestic shipping or $85 for international shipping); $400+$40 for shipping for institutions that have purchased the previous edition; $100 off each price for a member of ASCP using it for their own personal use, 4 volumes+CD ROMs.

Unlike most medical residencies, a psychiatric residency is still deeply reflective of the historical development of the field itself. The artificial divide between analytic and biological approaches to psychiatry is the result of a very recent and ongoing dialectic between the two forces that reminds one of Faulkner's famous line, "The past is never dead. It's not even past."

Teaching at various psychiatric residencies reflects the history of the specific department in question with biases toward psychotherapy and biological psychiatry often reflective of the quality of teaching in the respective discipline. In recent years, the educational balance between the two sides became so polarized at various institutions that the ACGME had to set standards for education in psychotherapy to ensure that the latter was not completely eclipsed by the often times overwhelming dominance of biological therapy. That being said, the practice of biological psychiatry has increasingly become more sophisticated and challenging with greater numbers of medications to choose among, greater concern about long term side effect profiles, increasing knowledge about drug interactions, as well as a new awareness regarding the injection of cost considerations into the risk benefit calculus.

This scenario is the context in which to view the publication of the 4th edition of *Model Psychopharmacology Curriculum: For Psychiatric Residency Programs, Training Directors and Teachers of Psychopharmacology,* produced by a committee of the American Society of Clinical Psychopharmacology chaired by Ira Glick. The publication is a four-volume multimedia text designed to create the template for a complete four-year residency psychopharmacology education. It is a tour de force encompassing not just model lectures ranging from a crash course in pharmacology to the use of medications in geropsychiatry, but also including models for evaluating students and educators, suggestions on how to utilize the information, as well as helpful references such as commonly used psychiatric scales and appropriate internet websites.

The work is divided into 4 Volumes. Volume II represents the bulk of the text; it is the body of the lectures themselves which comes in both a print and a Powerpoint format. The Powerpoint lectures are written by a who's who in psychopharmacology with various specialists contributing their respective expertise. Updates from the 3rd edition include pre and post lecture competency questions and up-to-date information added to the field since the last publication. For those sensitive to industry's role in pharmacology education, the work was compiled without any input or support from Pharma.

Volume I is a pithy text on how to utilize this work as a teaching tool. The advice reflects the wisdom of the editorial committee and contextualizes Volume II (the body of the lectures themselves) in a way that prevents this teaching tool from becoming a teaching trap. There is a reminder not to use the work as an actual psychopharmacology textbook, rather it is a template on which to graft a four year integrated psychopharmacology course. The authors encourage teachers to personalize the slides to their own lectures and to appropriate them to their respective teaching format. The frightening risk one runs by handing out preformatted pharmacology Powerpoint lectures is that, rather than invigorate and expand a facility's teaching capabilities, the teaching is instead reduced to the