

level of boring didactic recitation. Unfortunately, such an outcome has now become an increasingly common medical school experience accelerated by the ubiquity of Powerpoint which too often is an excuse to drone on in a preformatted way rather than to interact in a meaningful and multisensory manner with the material and the students. It is clear that the editors of this work understand the dangers of utilizing their resource in this way: Volume I includes warnings about such pitfalls as well as practical suggestions on ways to bring the material alive, such as case conferences. Volume IV includes suggested teacher evaluation forms in order to ensure that material has been received positively and to reinforce the use of feedback as an integral part of the learning process.

Volume III includes lectures on child and adolescent psychiatry as well as geropsychiatry for 3rd and 4th year residents. These lectures have been revised and expanded from the 3rd Edition. Other new topics include lectures on vagal nerve stimulation, repetitive transcranial magnetic stimulation, electroconvulsive therapy, and reading the literature.

Volume IV is a collection of appendices including rating scales, references, journals, books for families, evaluation forms, guidelines for standard of care, treatment algorithms, and using the internet.

In short, the material included in this work can fill teaching gaps in even large residency programs and create a world class pharmacology course for a small program. It sets a standard for both the material to be covered as well as the approaches to learning that can serve as a guide for all residency and medical school teaching.

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***The Bipolar Workbook: Tools for Controlling Your Mood Swings***, by Monica Ramirez Basco, PhD, The Guilford Press, New York, NY, 2006; ISBN 1-59385-162-6; \$18.95 (soft cover); 253 pp.

We often want to recommend a resource for our patients or their families to help them understand bipolar disorder (BD). I have not seen any workbooks addressed to patients that explain the illness in a step-by-step fashion.

This book by Monica Basco, PhD, helps to fill this gap by explaining the symptoms and signs, mood episodes, course, and basic treatments of BD in straightforward language. The main strength of the book is that it helps patients and families understand the early symptoms and signs of an impending mood episode so that they, with the help of their physician and/or the treatment team, can intervene early enough to try to prevent it. Medications are clearly the main treatment in BD. In addition, the author teaches the patients some tools, as an adjunct to medications, to decrease their chances of getting depressed or manic. These include getting enough sleep, exercising, managing

stress, avoiding alcohol and illicit substances, detecting errors in thinking, and complying with medications etc.

The book also has short case scenarios. They give the patients a deeper understanding and let them identify with the specific symptoms and challenges of BD. Case scenarios also break some of the denial and make patients feel that they are not alone in their struggle against the disruptive mood undulations of BD.

The author begins with a chapter named "Take control of your illness." The book is divided after that into four sections: Step 1: See it coming, Step 2: Take precautions, Step 3: Reduce your symptoms, and Step 4: Check your progress. Each step includes several chapters.

In Step 1, the author first describes the symptoms and signs of BD. In the next chapter, she discusses the charting of a personal history and argues that life charting can help patients and physicians to identify precipitants of mood episodes. In the next chapter, the author discusses how the patients and their significant others can detect early symptoms and signs of mood episodes and intervene before things gets worse. In worksheet 4.5 (p. 73), she presents a mood graph grading mania and depression on a scale from 0 to 5 to assist patients in deciding how severe the episode is and what to do in each stage.

In Step 2, Dr. Basco discusses how to avoid precipitating factors for mood episodes. Then she talks, in the next chapter, about compliance with medications. I have some reservations, though, for describing pharmacological treatment as just a "trial-and-error approach" (p. 123). There are, after all, medically rational algorithms for applying medical management. In chapter 5, she discusses how patients can make themselves less vulnerable to mood episodes by learning and avoiding the precipitants. In chapter 7, the author talks about ways to help patients adjust to and accept the diagnosis. On the other hand, she discusses the common diagnostic dilemma that sometimes patients presenting with depressive episodes get misdiagnosed with major depressive disorder rather than BD. She discusses factors hindering "accuracy" in diagnosis including geographical and cultural factors, for example "what looks like hypomania in west Texas may look normal in southern California" (p. 146).

The first seven chapters (first 2 steps) may be a little redundant and might be burdensome to read by a number of patients with a common complaint of concentration problems or racing thoughts. I have recommended the book to some of my patients, in the initial visits, and found it to be a challenge to some.

Step 3, in my opinion, is the best-written part of the book. It discusses the cognitive techniques, such as recognizing and catching errors in thinking, controlling thought and the effect of thoughts on emotions and vice versa. It seems as if this was the core of the book, and other chapters were built around it.

A footnote at page 23 defines the "clinicians or practitioners who make psychiatric diagnoses, prescribe medication, and provide psychotherapy may be psychologists, psychiatrists, social workers, nurses, licensed professional counselors, marriage and family therapists, chemical dependency counselors, family practice/primary care doctors, interns in psychology, interns in social work, interns in counseling, medical residents,

intake workers, and/or case workers.” I find it inaccurate and confusing to me and to the patients. Moreover, it adds to the already present perplexity and misunderstanding that infest the field of mental illnesses regarding which problems and areas need a qualified physician to treat and which skills that do not need specialized medical training.

In conclusion, I believe that the book can help patients and families to understand more about BD and to identify

and control some of the symptoms of the disorder. However, the same information could be conveyed in, probably, one third of that length. A more concise book would be more tuned to the patients’ needs and will allow more patients to read it.

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