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Psychiatry for Neurologists

**Edited by Dilip V. Jeste and
Joseph H. Friedman**
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P*psychiatry for Neurologists*, part of the Current Clinical Neurology Series, is an ambitious volume that endeavors to provide a rigorous but practical overview of "behavioral" (that is, psychiatric) problems that are commonly encountered in traditionally neurological patient populations. The editors explicitly reject a "neuropsychiatry" label for this text. Instead, they choose to rely on long-accepted categorizations of "major psychiatric disorders" (depression, anxiety, schizophrenia, hysteria, and catatonia) and "major neurological disorders" (dementia, stroke, Parkinson's disease, epilepsy, Tourette's syndrome), but attempt to view these traditional designations through a lens of converging philosophical, research, and treatment methods.

Edited by Dilip Jeste and Joseph Friedman (the former a dual-trained psychiatrist and neurologist, the latter a neurologist specializing in movement disorders), the volume

consists of 29 chapters, authored mainly by experienced American clinicians. The chapters are succinct, up-to-date, and readily accessible reviews with a strong clinical rather than philosophical or neuroscientific emphasis. There is a notable lack of high quality graphics (tables, graph, illustrations) throughout the text.

The text is divided into five parts. The introductory section is composed of two chapters that trace the origins of neurology and psychiatry as distinct disciplines in America, France, and England in contradistinction to the more integrated neuropsychiatric tradition of Central and Eastern Europe. The second section, "Evaluation," consists of a single chapter on the psychiatric evaluation of the neurological patient, best described as competent, if somewhat underwhelming. The strength of the volume rests in the content of the remaining three divisions: major psychiatric disorders, the psychiatry of major neurological disorders, and "other topics." However, the awkward organizational structure, lumping within "other topics" excellent chapters on delirium and childhood disorders with such diverse topics (of variable editorial quality) on ethics, electroconvulsive treatments, and "crisis management in a neurological practice," is also the volume's greatest weakness, ultimately diminishing what is otherwise a valuable clinical resource.

Several neurological populations with important psychiatric dimensions to their disorders are over-

looked. Most glaringly, traumatic brain injury is only alluded to in the crisis management chapter when dealing with threatened violence and aggressive behavior in these patients. No mention is made of the behavioral consequences of individuals with CNS neoplasms, infections, or inflammatory conditions.

Nevertheless, the stated goals of the volume are more than achieved: "a resource that will acquaint clinical neurologists with 'bread-and-butter' psychiatric issues" in their practices. Indeed, several topics are particularly noteworthy in their editorial quality and clinical utility: depression and anxiety in Parkinson's disease, agitation in Alzheimer's disease, non-epileptic seizures, and pharmacotherapy of Huntington's disease. Apathy emerges as a common syndrome encountered in many of the disorders discussed. Associated with a host of adverse outcomes and potentially treatable, apathy has long been ignored in standard clinical neurology practice. This volume helps redress this oversight and inform clinicians as to its early detection, diagnosis and management.

Overall, despite its omissions, *Psychiatry for Neurologists* provides a practical overview of behavioral problems in neurological patient populations as well as a good review of basic psychopathology and psychopharmacology. As such, it would be a useful text, especially for neurologists, in preparing for the Board examinations and 10-year recertification.