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Book Forum Black and Blue: The Origins and Consequences of Medical Racism, by John Hoberman. Berkeley, Calif., University of California Press, 2012, 304 pp., \$26.95. It is unusual for two African American psychiatrists to review a book, with a provocative title containing the " R " word, for the American Journal of Psychiatry (AJP). The re-

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Since the publication of the Institute of Medicine (IOM) report Clinical Practice Guidelines We Can Trust in 2011, there has been an increasing emphasis on assuring that clinical practice guidelines are trustworthy, developed in a transparent fashion, and based on a systematic review of the available research evidence. To align with the IOM recommendations and to meet the new requirements for inclusion of a guideline in the National Guidelines Clearinghouse of the Agency for Healthcare Research and Quality (AHRQ), American Psychiatric Association (APA) has adopted a new process for practice guideline development. Under this new process APA's practice guidelines also seek to provide better clinical utility and usability. Rather than a broad overview of treatment for a disorder, new practice guidelines focus on a set of discrete clinical questions of relevance to an overarching subject area. A systematic review of evidence is conducted to address these clinical questions and involves a detailed assessment of individual studies. The quality of the overall body of evidence is also rated and is summarized in the practice guideline. With the new process, recommendations are determined by weighing potential benefits and harms of an intervention in a specific clinical context. Clear, concise, and actionable recommendation statements help clinicians to incorporate recommendations into clinical practice, with the goal of improving quality of care. The new practice guideline format is also designed to be more user friendly by dividing information into modules on specific clinical questions. Each module has a consistent organization, which will assist users in finding clinically useful and relevant information quickly and easily. This new edition of the practice guidelines on psychiatric evaluation for adults is the first set of the APA's guidelines developed under the new guideline development process. These guidelines address the following nine topics, in the context of an initial psychiatric evaluation: review of psychiatric symptoms, trauma history, and treatment history; substance use assessment; assessment of suicide risk; assessment for risk of aggressive behaviors; assessment of cultural factors; assessment of medical health; quantitative assessment; involvement of the patient in treatment decision making; and documentation of the psychiatric evaluation. Each guideline recommends or suggests topics to include during an initial psychiatric evaluation. Findings from an expert opinion survey have also been taken into consideration in making recommendations or suggestions. In addition to reviewing the available evidence on psychiatry evaluation, each guideline also provides guidance to clinicians on implementing these recommendations to enhance patient care.

Many cultures accept that a person may die and then come back to life in another form, but Westerners have traditionally rejected the idea. Recently, however, surveys conducted in Europe indicate a substantial increase in the number of Europeans who believe in reincarnation, and numerous claims of reincarnation have been reported. This book examines particular cases in Europe that are suggestive of reincarnation. The first section provides a brief history of the belief in reincarnation among Europeans. The second section considers eight cases from the first third of the twentieth century that were not independently investigated, but were reported and sometimes published by the persons concerned. The third section covers 32 cases from the second half of the twentieth century that were investigated by the author. Many of these cases involved either children who exhibited unusual behavior attributed to a previous life, or adults who experienced recurrent or vivid dreams attributed to a previous life. In the fourth section, the author compares European cases suggestive of reincarnation with those of other countries and cultures.

Bipolar Expeditions' is an ethnographic inquiry into mania and depression in their American cultural and historical contexts. The text explores the complex darkness and stigma associated with those deemed 'mad.

The history of psychiatry is complex, reflecting diverse origins in mythology, cult beliefs, astrology, early medicine, law religion, philosophy, and politics. This complexity has generated considerable debate and an increasing outflow of historical scholarship, ranging from the enthusiastic meliorism of pre-World War II histories, to the iconoclastic revisionism of the 1960s, to more focused studies, such as the history of asylums and the validity and efficacy of Freudian theory. This volume, intended as a successor to the centennial history of American psychiatry published by the American Psychiatric Association in 1944, summarizes the significant events and processes of the half-century following World War II. Most of this history is written by clinicians who were central figures in it. In broad terms, the history of psychiatry after the war can be viewed as the story of a cycling sequence, shifting from a predominantly biological to a psychodynamic perspective and back again -- all presumably en route to an ultimate view that is truly integrated -- and interacting all the while with public perceptions, expectations, exasperations, and disappointments. In six sections, Drs. Roy Menninger and John Nemiah and their colleagues cover both the continuities and the dramatic changes of this period. The first four sections of the book are roughly chronological. The first section focuses on the war and its impact on psychiatry; the second reviews postwar growth of the field (psychoanalysis and psychotherapy, psychiatric education, and psychosomatic medicine); the third recounts the rise of scientific empiricism (biological psychiatry and nosology); and the fourth discusses public attitudes and perceptions of public mental health policy, deinstitutionalization, antipsychiatry, the consumer movement, and managed care. The fifth section examines the development of specialization and differentiation, exemplified by child and adolescent psychiatry, geriatric psychiatry, addiction psychiatry, and forensic psychiatry. The concluding section examines ethics, and women and minorities in psychiatry. Anyone interested in psychiatry will find this book a fascinating read.

Four sections address topics such as the history of the TGNC experience, mental health factors particular to the TGNC community, physical health -- including hormones -- of TGNC individuals, gender-affirming surgical procedures, and nonsurgical interventions. Summarizing key points and review questions are included at the end of each chapter.

Alcohol use disorder (AUD) is a major public health problem in the United States. The estimated 12-month and lifetime prevalence values for AUD are 13.9% and 29.1%, respectively, with approximately half of individuals with lifetime AUD having a severe disorder. AUD and its sequelae also account for significant excess mortality and cost the United States more than \$200 billion annually. Despite its high prevalence and numerous negative consequences, AUD remains undertreated. In fact, fewer than 1 in 10 individuals in the United States with a 12-month diagnosis of AUD receive any treatment. Nevertheless, effective and evidence-based interventions are available, and treatment is associated with reductions in the risk of relapse and AUD-associated mortality. The American Psychiatric Association Practice Guideline for the Pharmacological Treatment of Patients With Alcohol Use Disorder seeks to reduce these substantial psychosocial and public health consequences of AUD for millions of affected individuals. The guideline focuses specifically on evidence-based pharmacological treatments for AUD in outpatient settings and includes additional information on assessment and treatment planning, which are an integral part of using pharmacotherapy to treat AUD. In addition to reviewing the available evidence on the use of AUD pharmacotherapy, the guideline offers clear, concise, and actionable recommendation statements, each of which is given a rating that reflects the level of confidence that potential benefits of an intervention outweigh potential harms. The guideline provides guidance on implementing these recommendations into clinical practice, with the goal of improving quality of care and treatment outcomes of AUD.

From Aaron T. Beck and colleagues, this is the definitive work on the cognitive model of schizophrenia and its treatment. The volume integrates cognitive-behavioral and biological knowledge into a comprehensive conceptual framework. It examines the origins, development, and maintenance of key symptom areas: delusions, hallucinations, negative symptoms, and formal thought disorder. Treatment chapters then offer concrete guidance for addressing each type of symptom, complete with case examples and session outlines. Anyone who treats or studies serious mental illness will find a new level of understanding together with theoretically and empirically grounded clinical techniques.

Since its beginnings in 1929, consultation-liaison psychiatry has grown in tandem with the dramatic increase in our scientific knowledge about the relationship between psychological factors and medical illness. Today, nearly 3,000 psychiatrists in the United States work at the forefront of psychiatry's interaction with other medical specialties, devoting at least 25% of their professional time to consultation-liaison psychiatry. Clearly written and designed for ease of use, this Second Edition brings together more than 100 clinical and academic leaders in consultation-liaison. These practitioners share their knowledge, expertise, and research, offering practical guidance based on their firsthand clinical experience in evaluating and treating psychiatric disorders in patients with concomitant medical or surgical illnesses. This textbook, which incorporates many updates since the 1996 first edition, and features two entirely new chapters ("Epidemiology of Psychiatric Disorders in Medically Ill Patients" and "Telepsychiatry"), is structured around the four most clinically relevant consultation-liaison psychiatry criteria. Part I, "General Principles," defines essential clinical skills, including the ability to interpret findings in conjunction with modern technological tests (such as neuroimaging) and communicate recommendations clearly to other medical professionals. Part II, "Psychiatric Disorders in General Hospital Patients," reveals the breadth and depth of required

knowledge about psychiatric and medical comorbidity and the psychiatric presentations of medical illnesses. Part III, "Clinical Consultation-Liaison Settings," details the now integral role of the consultation-liaison psychiatrist in highly specialized areas, such as transplantation. Part IV, "Treatment," covers the vast array of specific treatment modalities, with consideration of physiological and psychological responses of patients to advanced technologies and high-stress medical settings and the interactions and psychotropic effects of medications. This practical compendium is the ideal primary resource for psychiatrists who perform consultation and liaison work, as well as the ideal reference for consultation-liaison fellows, psychiatry residents, physicians and health care professionals in related fields, and medical and mental health professionals interested in neurobehavioral syndromes that occur in medical and surgical patients.

The author's approach to depression, anxiety, and obsessive-compulsive disorder demonstrates how to strengthen sections of the brain connected to spiritual well-being through exercise, meditation, and breathing techniques.

This textbook is comprised of sections and chapters that provide insight into the interface between the psychiatric, medical, and social dimensions of HIV and AIDS. The editors use a biopsychosocial approach to provide the reader with a comprehensive understanding of the psychiatric and psychodynamic complexities involved with the prevention of transmission of HIV infection and with the care of persons with HIV and AIDS. The data presented are both from clinical experience and from evidence-based medicine. There is probably no other illness in which the connections between mind and body are so inextricably woven. In the first section, we explore the history of AIDS psychiatry, one that is pervaded with secrecy, stigma, discrimination, fear, and death. We provide an overview of the AIDS pandemic and the tragic results of the burgeoning of new cases despite the enormous available knowledge base for the prevention of HIV transmission. We document the intimate connection of brain and HIV and the prevalence of psychiatric disorders in persons with AIDS and other manifestations of HIV infection. There is no other illness in which the importance of a thorough assessment provides the information for prevention, adherence, and excellence in care. Because of HIV brain involvement, each evaluation needs to include a complete cognitive assessment as well as a full assessment for mood disorders, anxiety disorders, and psychotic disorders. Some cogent examples include cytomegalovirus retinitis presenting as visual hallucinations, cryptococcal meningitis presenting as mania, depression presenting as cognitive impairment, and cognitive impairment presenting as nonadherence to complex antiretroviral treatment. In the third decade of the AIDS pandemic, underserved populations may not have access to medical or psychiatric care. Mental illness, including drug and alcohol addictions, contribute to HIV transmission and can also serve as obstacles to care. Poverty, politics, domestic violence, and lack of access to education are additional barriers to both HIV prevention and access to care in the Western Hemisphere and throughout the world. In areas where medical care and HIV care are available, persons with HIV and AIDS can have the same life expectancies as the general population and require the same medical care as persons without HIV. This textbook provides a basic understanding of the comorbid medical and psychiatric conditions that cause distress, morbidity, and mortality in persons with HIV and AIDS while at the same time examining the public health and public policy aspects of the epidemic with a biopsychosocial approach.

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