

ments. Although writing such a chapter would prove a bit daunting, the benefit would include a better synthesis of available treatment options brought into focus in a practical format. This could have included some form of an algorithm that would be an aid in identification and appropriate treatment of agitation.

Overall, *Agitation in Patients With Dementia* provides a fine summary of

the problem and its various treatment options. One final comment concerns the book's dedication. The contributors dedicated the book to Linda Hay, Ph.D., the late wife of Dr. Donald Hay, one of the book's editors. According to the dedication, the work summarized in this text was work that Linda pioneered for years. It therefore is a very fitting dedication to her.

many consumers and providers on the other. This book is recommended reading for all who occupy a position on this continuum—clinicians of all specialties, consumers, employer and government payers, and policy makers. The essays will be particularly enlightening to clinicians, consumers, and managed care critics who are less familiar with managed care's own view of its role and responsibilities and the expectations and motives of the private and public payers who hire managed care organizations and evaluate their performance.

The competition for scarce resources between mental health and physical health and between health care and other social claims will not go away. *Managed Behavioral Health Services: Perspective and Practice* is an important contribution to the understanding of the challenges that confront the designers of our health care system of the future.

Managed Behavioral Health Services: Perspectives and Practice

edited by Saul Feldman; Springfield, Illinois, Charles C. Thomas Publisher, 2003, 435 pages, \$77.95

Robert K. Schreter, M.D.

The pace of change in managed behavioral health care has been so rapid that, a mere 15 years after this system of care took hold, a book titled *Managed Behavioral Health Services: Perspectives and Practice* could have been titled "Managed Behavioral Health Care: A Retrospective" or "Managed Behavioral Health Care: A Requiem."

The edited volume includes 15 chapters selected, in part, to highlight the positive contributions of managed behavioral health care. The editor, Saul Feldman, is one of the founders of the managed behavioral care movement and industry. He began his career in academics and as director of the community mental health centers program at the National Institute of Mental Health. He went on to start United Behavioral Health, the nation's third largest managed behavioral health organization, responsible for nearly 20 million covered lives. Contributors to this book are prominent members of industry, academia, and consulting. The articles are thoughtful, balanced, based on data to an unusual degree for this type of discussion, and often scholarly.

Of particular value to the reader is

the choice of topics. Some chapters review areas that have been widely discussed, including effect on clinical practice, law, physical health, public sector, and training. Others deal with topics that have received less attention and are less well understood by many, including clinical risk management, quality management, employers' perspective, and employee assistance programs. A particularly interesting chapter reviews the literature on the impact of managed behavioral health care on spending, quality, and access; how savings are achieved; and the not-well-recognized, confounding economic variables that make it difficult to draw firm conclusions. A third set of chapters on information systems and services research address areas that have yet to achieve their potential for using managed care's vast reach and massive database to contribute to efficient, effective, evidence-based clinical and administrative services.

Three perspectives not included in the book are those of practitioner or facility providers, consumers, and employer or government payers who are on the receiving end of the consumer backlash. This omission should come as no surprise. Dr. Feldman is exercising his editor's prerogative and presents viewpoints that best represent his own.

Managed care is a profoundly polarizing topic, with managers and chief financial officers on one end and

Substance Use and Abuse: Cultural and Historical Perspectives

by Russil Durrant and Jo Thakker; Thousand Oaks, California, Sage Publications, Inc., 2003, 310 pages, \$37.95 softcover

Judith Faberman, L.I.C.S.W., L.A.D.C. I

The use and abuse of drugs is widely recognized as a universal practice that has been in existence since the beginning of time. Substance use has differed dramatically over time and across cultures in terms of accepted practices, beliefs about harm, and patterns of use. In the formulation of theories for understanding drug use and creating the best prevention and treatment methods, mainstream biopsychosocial models are most often used. In *Substance Use and Abuse: Cultural and Historical*

Dr. Schreter is clinical associate professor at the University of Maryland School of Medicine and medical director at Future Health Corp in Baltimore.

Ms. Faberman is a clinical social worker and the substance abuse program coordinator at Worcester State Hospital in Worcester, Massachusetts.

Perspectives, Russil Durrant and Jo Thakker suggest that cultural-historical perspectives on drug use enrich the current understanding of why people use drugs and provide salient information for the purposes of prevention and treatment.

The book begins by looking at the nature and scope of substance use in the world, providing prevalence data and describing patterns of use. In an effort to explain why substance use is omnipresent throughout history and across cultures, the book explores whether humans are innately predisposed to seeking and consuming psychoactive substances. Because modern beliefs about drug-taking behavior cloud current perspectives, considering the functional and beneficial nature of drug use as an evolutionary adaptation is particularly fascinating. *Substance Use and Abuse* provides a brief history of drugs, highlighting their common beginnings as medicinal agents, religious vehicles, social mediums, and agents of economic gain. Durrant and Thakker explain patterns of drug use and increasing levels of abuse and drug-related harm in terms of these changing functional contexts, with emphasis on various economic, legal, political, educational, and philosophical influences.

The authors further explore the differences in the way substances are used across cultural and ethnic groups, providing data on the prevalence of drug use, arrests, prosecutions, and sentences while emphasizing the importance of sociocultural factors, such as discrimination, marginalization, and poverty. They conclude that the dynamic interrelationship between social norms, peer reinforcement and role models, values, expectations, and social identity greatly influence attitudes toward substance use.

The last portion of the book provides an integrated cultural-historical perspective in an analysis of current conceptions of substance abuse and dependence as well as of modern therapeutic initiatives. Through this lens, the authors endorse treatment and prevention approaches that focus on the identified substance use group

with attention to what is most likely to influence that population. They promote standard assessments that include cultural and historical factors and treatment programs that incorporate cultural elements and systematically address inequalities in society. The authors suggest that the success of measures in reducing drug-related harm is dependent on informal social and cultural proscriptions that reinforce laws and encourage compliance.

Substance Use and Abuse is a valuable contribution to the addictions

field, expanding on traditional biopsychosocial theories and treatment models to encourage the adoption of a more interdisciplinary approach. Written for psychologists, sociologists, and public health professionals, the book emphasizes areas of influence that are frequently left to the backdrop. The reader is left with mixed feelings—hopeful that new, innovative approaches to prevention and treatment are possible and discouraged that current approaches are not more sensitive to the cultural-historical perspective.

Handbook of Depression

edited by Ian H. Gotlib and Constance L. Hammen;
New York, Guilford Press, 2002, 624 pages, \$65

Michael B. Sheikman, M.D., Ph.D.

This well-written handbook provides a concise overview of many of the key domains of investigation into a devastating psychiatric disorder that, according to the authors, will be a major cause of disability worldwide by 2020, second only to ischemic heart disease. Currently, major depression is a common, costly, and recurrent psychiatric disorder associated with considerable morbidity and excessive mortality. *Handbook of Depression* provides an excellent overview of major progress in the treatment of depression over the last several decades of the 20th century. The main topics covered by the book include epidemiology, genetics, psychology, psychotherapy, and pharmacotherapy among children, adolescents, adults, and seniors, with promising implications for both prevention and treatment. Altogether 66 contributing authors from the United States, the United Kingdom, and Germany participated in the writing of this book.

The handbook is divided into four clearly organized sections. Part 1 offers in-depth coverage of the epidemiology, course, and outcome of

depressive disorders as well as current issues in classification, assessment, and diagnosis. The chapters in part 2 describe models developed to explain vulnerability and risk for depression, including psychological and biological perspectives. Part 3 is of particular interest to practitioners. The chapters in this section address issues of prevention and treatment of depression, including current approaches to pharmacotherapy. Twenty-four currently prescribed antidepressants are discussed, including selective serotonin reuptake inhibitors, novel antidepressants, tricyclics and related compounds, and monoamine oxidase inhibitors.

Part 4 examines the experience of depression in particular demographic groups, defined by age, culture, and gender differences, as well as the assessment and management of suicidality. Throughout the book authors offer current ideas and research findings. They also identify some key questions that remained unanswered at the beginning of the 21st century. The editors conclude with a chapter featuring an integrative summary, reviewing major issues addressed in the book and highlighting important directions for future research in this field for the next decade.

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