

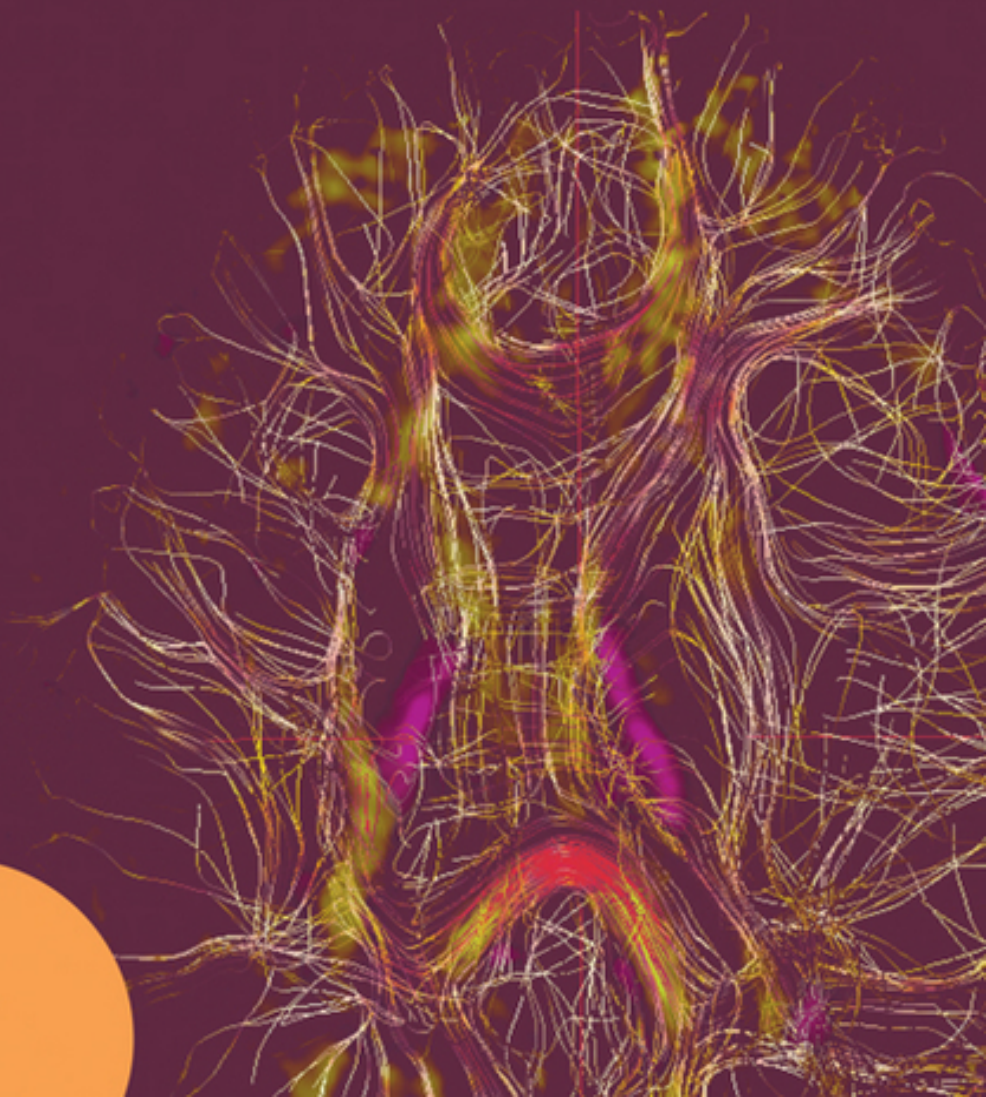
Clinical Guide to the Diagnosis and Treatment of Mental Disorders

Second Edition

Michael B. First | Allan Tasman



 WILEY-BLACKWELL



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CLINICAL GUIDE TO THE DIAGNOSIS AND TREATMENT OF MENTAL DISORDERS

Second Edition

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To Leslee, my bashert

Michael

*To my family with love and thanks for your support and
inspiration*

Allan

Preface

The publication of DSM-III in 1980 revolutionized psychiatry. Among its many accomplishments (e.g., increased diagnostic reliability), it provided a common language for naming, describing, and identifying the complete range of mental disorders seen in clinical practice, as well as an organizational plan embodied in the diagnostic groupings contained in the DSM-III classification (i.e., grouping together Organic Mental Disorders, Psychotic Disorders, Mood Disorder, Anxiety Disorders, etc.). Its appeal is several-fold: 1) it is *authoritative*: the information contained in the DSM is authored by the leading experts in psychiatry and psychology; 2) it is *comprehensive*: all disorders seen by mental health professionals practice are covered in the DSM; 3) it is *clinically useful*: material included in the DSM is intended to be of practical use in making psychiatric diagnoses; 4) it is *educational*: material is included also for the purpose of educating the reader about mental disorders, such as how they present, sex ratio, prevalence rates; and 5) it is *relatively concise*: all the information is contained in a single volume, of around 900 pages in length.

Although the DSM is indispensable in the evaluation and treatment of patients with mental disorders, arriving at a psychiatric diagnosis is only the first step in the process. Once the clinician determines the diagnosis, he or she must then choose from among a range of available treatment options. Certainly the biggest limitation of the DSM-IV-TR is its omission of any information about the management and treatment of psychiatric patients. DSM-IV-TR users must turn elsewhere for information about which treatment to choose—either to books written specifically about the treatment of a disorder or books covering psychiatric treatment in general. In editing this book, *Clinical Guide to the Diagnosis and Treatment of Mental Disorders*, we have adapted material from the “Disorders” section of the two-

volume textbook *Psychiatry, 3rd Edition* (edited by Tasman, Kay, Lieberman, First, and Maj) which was published in May 2008. Like its original source, it covers all of the disorders included in the DSM-IV-TR but the content has been edited to meet the clinical needs of the readership. Rather than producing a reference book about mental disorders, we see this book as an accessible and brief clinical guide to diagnosis and treatment. As such, the “Etiology” sections from the original book have been eliminated and the “Diagnosis” and “Treatment” sections have been condensed with the goal of retaining only information which is clinically relevant. In addition, details of studies establishing the epidemiology of the disorders or the efficacy of treatments have been removed, as have all of the references. Readers interested in this information should refer to the corresponding chapters in the original book.

The organization of the chapters in this book closely parallels the layout of disorders in the DSM-IV-TR. The amount of space allocated to each disorder in this book varies according to clinical importance. Thus, unlike DSM-IV-TR, in which all of the anxiety disorders are covered in the same chapter, the book splits up the major anxiety disorders among several different chapters. Within each chapter, this book for the most part follows a consistent structure. The “Diagnosis” section for each disorder begins with introductory material describing the features of the disorder and includes information about assessment issues, comorbid conditions, course (which includes age at onset, prognosis and outcome), and differential diagnosis. The “Treatment” sections summarize the available treatments for the disorders, and often are broken down into “Somatic Treatments” and “Psychosocial Treatments” for ease of reference.

We would like to acknowledge the excellent contributions made by the original contributors to these chapters, who are

listed in the front of each chapter. We would also like to express our gratitude to Fiona Woods and Joan Marsh at John Wiley and Sons for their help in the editing and production of this book.

Michael B. First
Allan Tasman
January 2009

CHAPTER 1

The Psychiatric Interview

The interview is the principal means of assessment in clinical settings. Despite major advances in neuroimaging and neurochemistry, there are no laboratory procedures as informative as observing, listening to, and interacting with the patient, and none as yet are more than supplementary to the information gathered by the psychiatric interview. This chapter deals with the interview as a means of assessing the patient and developing an initial treatment plan in clinical situations.

Goals of the psychiatric interview

The interviewer may be thought of as seeking the answers to several basic questions about the patient and the presenting problems. These questions provide the mental framework of the interview (although not its explicit form). They begin by triaging the patient's problem into broad categories of type and severity and progress to inquiry about details in each salient area. Table [1.1](#) lists the questions which the interview addresses and the implications of each for understanding and treating the patient.

Table 1-1 Issues to be addressed in a psychiatric assessment

Question	Implications
Does the patient have a	Need for treatment