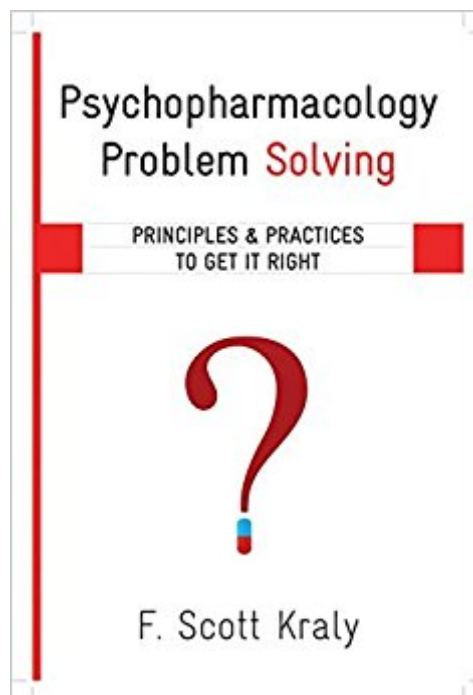




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Psychopharmacology Problem Solving: Principles And Practices To Get It Right (Norton Professional Books (Hardcover))



Synopsis

At last, a clinician's guidebook to prescription dilemmas. Psychotropic medications prescribed to treat mental disorders have become increasingly commonplace over the past half century, but the decision-making process for doing so continues to lack real clarity. Clinicians and patients alike face new challenges and questions thanks to the increasing availability of these drugs: When is the right time to prescribe something? Can I predict which drug will help this individual? When do I consider changing a medication? How do I assess whether a drug's side effects make it worthwhile or not? The response to these challenging questions is not to stop medicating altogether. Psychotropic medications are useful clinical tools. But now more than ever we must consider what it means to medicate judiciously. It is time to slow down, pause, maybe even back up a bit, and reconsider how and why various drugs should be prescribed and monitored for success. The goal of this book is to encourage prudent, informed, and appropriate use of psychotropic medications to encourage use that is respectful and aware of the strengths and limitations of these drugs. By presenting some fundamental principles of pharmacology as they apply to the clinical treatment of patients, and by offering practical, big-picture prescribing recommendations, Psychopharmacology Problem Solving helps to unravel an increasingly complex decision-making process. The first part of the book offers guidelines to keep in mind when working toward making informed choices regarding drug therapy. The second part of the book offers select examples of behavioral problems and psychological disorders—including addiction, obesity, schizophrenia, depression, anxiety, and ADHD—to illustrate how the principles or recommendations presented in Part I actually play out. The book concludes by considering the persistent problems and challenges that we face in our current and future use of psychotropic medications. Taking a hard look at the extraordinary and increasing trust clinicians, patients, and families of patients place in drug therapy for mental illness, this book gives readers an evidence-based anchor to help them make the right decisions.

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Customer Reviews

“Mental health professionals and laypersons alike are likely to find the content of Psychopharmacology Problem Solving not only helpful, but also insightful. . . . The author offers a set of common-sense principles upon which psychotropic drug therapy can and should rely. - Metapsychology Online Reviews “Psychopharmacology Problem Solving is a text that I will keep on my shelf as a reference tool and likely encourage my students to read. . . . [It is] informative, instructional, and unbiased . . . accessible to both the student and the clinician. . . . Kraly’s message on the importance of comprehensive, prudent, and respectful treatment seems like a timeless one to me. - PsychCentral

F. Scott Kraly, PhD, is Charles A. Dana Professor of Psychology and Neuroscience at Colgate University. He earned his doctorate at The Johns Hopkins University, was research fellow in Psychiatry at Cornell University Medical College, and now teaches psychopharmacology and behavioral neuroscience, having served as Chairperson of Psychology, Coordinator of Neuroscience, and Director of the Division of Natural Sciences and Mathematics at Colgate. He is the author of Brain Science and Psychological Disorders (Norton, 2006), and has published articles in Nature, Psychological Review, Alcohol, Appetite, Pharmacology Biochemistry and Behavior, American Journal of Physiology, and elsewhere.

Receive on time. Quality as described

General=====The intense badness of this book is probably partly because the person who wrote this book has never prescribed a medication in his life. It is possible that he has never treated a patient in his life. Dr Kraly is a psychologist who researches neurons and obesity. I Googled him, found a lecturer rating site, and discovered that he rated worst of his group of four peers. His main

interest is in obesity drugs. Is that a good reason to have obesity as the first condition-specific chapter in a book about psychopharmacology? I don't think so, but the author of the book did. The clinical examples used were bizarre to the point of negligence. This book is not about problem solving in psychopharmacology. It is full of vague motherhood aphorisms about the vibe of psychopharmacology and uses obscure examples. It did not, as far as I could tell, use the words "mg" or "CYP", in the whole book. That's right people: a psychopharm' book without the word "mg" in it.

Specific=====Re: Stupid advice I. An example of the vague vibe comments is the aphorism: "No drug ever has only one effect"... Oh, really? I never knew? Is that what they mean by "side effects?". It also said, "Compromise on benefits and risks is a realistic goal for pharmacotherapy"... gosh, it's like Yoda developed an interest in psychopharmacology... not. It said that desired effects and side effect are related to the dose. Wow... not.

Boring and bizarre-to-the-point-of-negligence clinical vignette I: "... alprazolam prescribed to treat his generalized anxiety symptoms."

Re: Stupid advice II: "Attempt to use the published literature from clinical trials to select a dosage regimen." No, dumb a---. Use sources that combine and interpret the trials: books.

Re: Stupid advice III: "Examine the published literature for information on the effects of ethnicity on pharmacokinetics or pharmacodynamics for a non-Caucasian patient." Well, the book was supposed to be such "literature", was it not?

Re: Stupid advice IIII: "Avoid polypharmacy if at all possible". Should read: avoid polypharmacy unless it is indicated. No one says to avoid polypharmacy with, say, hypertension, so why with mental health drugs? It's not like each one does not hit lots of different types of receptors to begin with.

Re: Stupid statement I of many: "The dominant perspective within Western medicine encourages a search for underlying organ dysfunction to explain symptoms - most likely dysfunctional brain chemistry." What the author of the book described was the so-called medical model. As you all probably already know, Engles, in 1977 (37 years ago) introduced the biopsychosocial model to medicine. And even in antiquity, it was regarded that knowing the person with the disease was more important than knowing the disease with the person (? Aristotle). The medical model is good if you are a trauma surgeon, and have no interest in public policy or the family or rehabilitation. No psychiatrist or family doctor uses the so-called medical model - they are all only too aware that there are important psychological and social causes and treatments of mental health conditions. Saying that Western medicine uses the medical model is a straw man used by people to attack Western medicine; it seems that the author of the book was dumb enough to believe the straw men.

Re: Stupid advice IV: "Consult the published literature for any available advice regarding selection and drug dosage". This book is no help in that matter, as you can see.

Re: Just Stupid I: "Baclofen... utility in treating alcoholism". Puh-leeese. If you have to mention just one

(and it was just one) drug about alcohol dependence, why not mention Campral, naltrexone or Antabuse? Re: Boring and bizarre-to-the-point-of-negligence clinical vignette II: "When David takes his naltrexone in the morning, injecting heroin in the afternoon does not induce the rush that he expects." Oral naltrexone to prevent heroin abuse? WTF? Should you not mention methadone or Subutex instead? Imagine if someone reading this got the impression that this was a good management strategy? It would be about as good as using alprazolam to treat GAD! Re: Just stupid II: "Schizophrenics". And after all the touchy-feely stuff about respecting people and their rights. I'm as redneck as the next person, but referring to someone as a thing defined by their illness rubs me the wrong way. People with schizophrenia are people who have schizophrenia. I'm a psychiatrist, but I'm ok with being defined as a thing that is my job. I would not like to be referred to as an asthmatic or an acned. When people with schizophrenia start preferring to be called schizophrenics, I'll change my view on this. Re: Just stupid III: "Drugs can alter the organization of a developing brain. The off label use of antipsychotic drugs [in children]..." There is no evidence of behavioral toxicity of antipsychotics in children, and plenty of evidence that there isn't because pregnant mothers often take such drugs, so it is just dumb to say that drugs alter the organization of a developing brain in this context. Of course no one is going to prescribe antipsychotics to a child unless the situation is dire. Re: Just stupid IV: "Consumers demand new and better drugs." Not to me, they haven't. The same quote lists the off label uses for antipsychotics and says "Whew!" at the end. That is not adequate examination of if the off label use is helpful or not. That is just s--- that would look bad in a blog. What you should Buy Instead===== "The Maudsley Prescribing Guidelines", "Stahl's Essential Psychopharmacology: The Prescriber's Guide", and the PDR/MIMS/BNF/big-book-of-drugs-your-country-uses. If you want an interesting, less structured book about psychopharmacology, I commend to you Stahl's "Case Studies: Stahl's Essential Psychopharmacology", which is, as you can guess, a book of interesting case studies. If you live in Australia, you should start with "Psychotropic" in the Therapeutic Guidelines series, published by Therapeutic Guidelines Limited in Melbourne; the latest edition is 2013 and nicely updated. You can go to the Indiana University Division of Clinical Pharmacology P450 Drug Interaction Table if you want a nice list of P450 stuff to search with your browser. If you want an amazing amount of information about drugs, you can go to the PharmGKB site. Googling those last two places will lead you straight where you want to go. PS== I wrote the editorial reviewer of the book. He was very polite (no irony) and pointed out that my review was anonymous. Well. Email me at andrew.no.space.nielsen@me.com.

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