

## Outpatient Management of Depression, 3rd Edition

★★★★

Sheldon H. Preskorn, MD

Professional Communications, Caddo, OK, 2009

288 pages, \$24.95, ISBN-10: 1932610359,

ISBN-13: 978-1-932610-35-2

★★★★★ *outstanding*  
★★★★ *excellent*  
★★★ *good*  
★★ *fair*  
★ *poor*

Reviewed by

**RONALD PIES, MD**

This is the third edition of Dr. Sheldon Preskorn's *Outpatient Management of Depression*, and—as a reader of the two previous editions—I am pleased to see this timely and well organized update. Dr. Preskorn, who is President and Chief Executive Officer for the Clinical Research Institute and Professor in the Department of Psychiatry at the University of Kansas School of Medicine-Wichita, Kansas, has a distinguished career as a research scientist and psychopharmacologist. Readers of this new text will be glad to see that he also provides clear, down-to-earth clinical guidance for the primary care physician faced with a depressed patient.

*Outpatient Management* comprises twelve succinct and up-to-date chapters, covering introductory material on the identification, diagnosis, and “neuroscience basis” of clinical depression; when to institute and how to select and evaluate the various antidepressants; and how to monitor the patient's response to treatment. Dozens of helpful diagrams, tables, and figures help condense the abundance of preclinical and clinical material. The massive STAR\*D study—undertaken since the second edition of this book—is comprehensively reviewed, along with a helpful treatment algorithm based on the STAR\*D data. To the author's credit, he acknowledges the “disappointing” (p. 230) results from the STAR\*D, in terms of the unimpressive rates of remission with each subsequent “level” of the study. Preskorn explains, however, that we should not be too surprised by these findings, given the “me too” nature of our antidepressant treatments, i.e., virtually all the FDA-approved medications for depression “...were designed to affect the same limited number of neurotransmitter systems, principally serotonin and norepinephrine, and, to a lesser

extent, dopamine.” (p. 232). Dr. Preskorn appropriately cites the need “...to develop truly novel medications that work via different mechanisms of action” (p. 232). Chapter 12 provides useful information on switching, augmentation, and adjunctive strategies for managing treatment-refractory depression.

By way of criticism, some might suggest that Dr. Preskorn's text more accurately would be entitled, “Outpatient Pharmacological Management of Depression,” since psychotherapy is given quite limited coverage; i.e., it is discussed briefly under the rubric of “educational and empathic counseling” (p. 48). However, in the primary care setting, Dr. Preskorn's brief guide to common questions from patients—and how to answer them—will serve as a good foundation for psychotherapeutic treatment and possible referral for psychotherapy. Some clinicians who specialize in the diagnosis and treatment of bipolar disorder may also be disappointed that only brief space is devoted to bipolar spectrum disorders and the importance of distinguishing them from unipolar depressive conditions.<sup>1-3</sup> In my view, the next edition of Dr. Preskorn's book should include some useful tools and screening procedures that can help the primary care practitioner (or psychiatrist) distinguish bipolar from unipolar major depressive episodes.<sup>4,5</sup> That said, Dr. Preskorn does caution that “...this distinction [unipolar vs. bipolar] is important to make because bipolar patients are at risk for the

---

RONALD PIES, MD is Professor of Psychiatry and Lecturer on Bioethics and Humanities at SUNY Upstate Medical University, Syracuse NY and Clinical Professor of Psychiatry at Tufts University School of Medicine, Boston; and Editor-in-Chief of *Psychiatric Times*.

development of a manic episode during treatment of their depressive episode.” (p. 16). Also, to the book’s great credit, Dr. Preskorn debunks a popular but misguided thesis<sup>6</sup> that one should seek to distinguish “depression with cause” from “depression without cause” by ferreting out the supposed “precipitant” (e.g., loss of a loved one, dismissal from a job) of the current depressive episode. Dr. Preskorn wisely observes that “...having a reason for clinical depression does not alter the depressive episode’s course, its severity, its consequences, or its responsiveness to treatment...” adding that no clinician would “...think of not treating a myocardial infarction or lung carcinoma because the patient has a reason for having the illness...” (p. 33).<sup>7,8</sup>

The second edition of this text included the subtitle, “A Guide for the Primary-Care Practitioner”; the third edition omits this subtitle, although several chapters are clearly geared to a primary practice readership. Nonetheless, this book will also serve as a useful to guide for psychiatric residents and practicing psychiatrists seeking a solid grounding in the psychopharmacology of major depression. The discussions of pharmacodynamics, pharmacokinetics, and drug-related side effects are sophisticated enough to enlighten even many psychiatrists with long experience prescribing antidepressants. In

short, I would recommend Dr. Preskorn’s *Outpatient Management of Depression* as an excellent introduction to the diagnosis and pharmacological treatment of unipolar depression.

## References

1. Pies R. The “softer” end of the bipolar spectrum. *J Psychiatric Practice* 2002;8:189–95.
2. Pies R: Is it bipolar depression? ‘WHIPLASHED’ aids diagnosis. *Current Psychiatry Online* 2007;6 (3):March (available at [www.currentpsychiatry.com/article\\_pages.asp?AID=4806&UID=114783](http://www.currentpsychiatry.com/article_pages.asp?AID=4806&UID=114783), accessed September 24, 2009).
3. Phelps JR, Ghaemi SN. Improving the diagnosis of bipolar disorder: Predictive value of screening tests. *J Affect Disord* 2006;92:141–8.
4. Ghaemi SN, Miller CJ, Berv DA, et al. Sensitivity and specificity of a new bipolar spectrum diagnostic scale. *J Affect Disord* 2005;84:273–7.
5. Hirschfeld RM. Screening for bipolar disorder. *Am J Manag Care* 2007;13(7 Suppl):S164–9.
6. Horwitz AV, Wakefield JC. An epidemic of depression: Major depressive disorder or normal sadness? *Psychiatric Times* 2008;25:44–5.
7. Kendler KS, Myers J, Zisook S. Does bereavement-related major depression differ from major depression associated with other stressful life events? *Am J Psychiatry* 2008;165:1449–55.
8. Pies R. Depression or “proper sorrows”—Have physicians medicalized sadness? *Prim Care Companion J Clin Psychiatry* 2009;11:38–9 (letter).