

One of the several aspects of this book I really appreciate is its breadth, and that it doesn't only give an example of one or two psychiatric disorders. Rather, Part II is fairly comprehensive, with different chapters discussing mood, anxiety, and irritability, fears and anxiety, attention, aggression, insight, judgment and reality testing, somatization, and symptoms associated with the autism spectrum. Thus, it covers much of the *DSM*. There are numerous carefully worded sample questions that can be used to assist in eliciting specific diagnostic criteria for the many different disorders discussed in these chapters. By the time one is done with this section, one has read about interviewing children with many different psychiatric disorders comorbid with different pediatric physical illnesses.

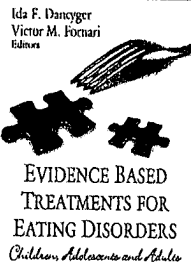
Part III focuses on epilepsy. The text contains an informative review of epilepsy, a good example of an illness with neuropsychiatric manifestations. It also serves as an example of a medical problem that has acute and chronic psychosocial concerns. Cognitive and language issues are included. Importantly, the impact a child's medical illness can have on a family also is included. Part IV provides thoughtful, sensitive analyses of talking with children struggling with pain, iatrogenic or medical trauma, or who are experiencing a terminal illness. Part V provides a brief review of the previous sections. Here, too, there is a large focus on development, again underlining its importance and its critical nature in sensitively interviewing a medically ill young child.

This exceptional book is perfect for child psychiatry trainees, especially those on a consultation liaison rotation. However, its usefulness is to a great degree much broader than this. It also should be highly instructive for various types of trainees in other fields and a wide range of more experienced health care professionals who need to communicate clearly and effectively with children. Besides those in psychiatry, it could be useful for those in pediatrics, psychology, social work, and child life. Also, although geared toward young medically ill children, those 5 to 10 years of age, many of the techniques described in this guide can be used to interview older children and help them express themselves. Actually, many of the interviewing skills taught here also could be generalized to interviewing other patients, not just those with comorbid physical illness.

While reading this book, I found myself using many of the techniques described in it again and again when seeing patients. It makes working as a mental health consultant in a pediatric hospital come to life for the reader, is richly educational, and is loaded with a collection of interviewing pearls that are difficult to find elsewhere. In addition, the wisdom that shines through can assist in the most complex and challenging of situations sometimes encountered by a consultation liaison child psychiatrist. In this age of texting, emails, high-tech medicine including ventilators, ventricular assist devices, neuroimaging, immunoglobulin levels, and not infrequently multiple specialized teams, this book passes on the importance of the art and humanity of medicine and of what you say and how you say it. In the spirit of Sir William Osler, it brings home the central, essential role of clinical assessment in evaluating and treating patients.

Books on this topic and of this quality are few and far between. Accordingly, this outstanding book is enthusiastically recommended.

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<http://dx.doi.org/10.1016/j.jaac.2015.09.003>



Evidence Based Treatments for Eating Disorders: Children, Adolescents, and Adults. 2nd ed. By Ida F. Dancyger, PhD, and Victor M. Fornari, MD. New York: Nova Science Publishers; 2014.

S spurred by shifts in the field of eating disorders occurring since the publication of the inaugural edition of this text, not the least of which is the *DSM-5*, Drs. Dancyger and Fornari once again assemble an international cast of leading experts to provide an updated edition of *Evidence Based Treatments for Eating Disorders: Children, Adolescents, and Adults*.

In addition to addressing important changes set forth by the *DSM-5*, including redefinitions of anorexia nervosa and bulimia nervosa, re-designation of binge eating disorder as a stand-alone diagnosis, and introduction of avoidant and restrictive food intake disorder, the authors provide a comprehensive review of the biological, psychological, and social underpinnings of these disorders, the variety of treatment approaches to these disorders, and the specific interventions that have thus far been studied. Although firmly grounded in the research supporting specific interventions, the authors also astutely recognize the utility of experience-based clinical practice not only in treating those afflicted with eating disorders but also in guiding future research. Such a need for future research is evident in the authors' refreshing forthrightness regarding the limitations facing the field of eating disorders. An acknowledgment of the limitations in research and clinical practice and a discussion of the "research-practice gap" prime the reader for repeated calls for further advancement in the field of eating disorders.

Evidence Based Treatments for Eating Disorders begins with a thorough overview of the biological, psychological, and social underpinnings of anorexia nervosa, bulimia nervosa, and binge eating disorder. This overview serves as the foundation on which the text builds. The editors arrange subsequent chapters much in the way one would be wont to approach the treatment of eating disorders, beginning with more systematic considerations, such as the choice of treatment venue, and addressing issues such as treatment resistance before delving into the evidence for specific

interventions for specific disorders. Throughout *Evidence Based Treatments for Eating Disorders*, the authors are quick to acknowledge that despite the known high morbidity and mortality associated with eating disorders, there remains an overall paucity of large randomized controlled trials. Although such gold standard trials are scant, the authors provide a very comprehensive review of the existing literature, regardless of the form, and the collective information gleaned is synthesized to provide the most informed treatment recommendations.

Those in search of resounding consensus statements will likely be disappointed with *Evidence Based Treatments for Eating Disorders*. Certainly, treatments for eating disorders with clear and unwavering evidence do exist and are detailed in this text. The fact that this text does not present clear algorithms for treatment approaches to all eating disorders is not the fault of the authors. Rather, it is reflective of the state of the current evidence base in the field of eating disorders. What the authors accomplish is a dutiful examination of treatment trials to date. Treatments examined include various treatment settings, such as inpatient medical units, inpatient psychiatric units, and intensive day treatments; various psychotherapeutic approaches, such as cognitive-behavioral therapy, interpersonal psychotherapy, dialectical behavioral therapy, integrated cognitive-affective therapy, and family-based treatment; and various psychopharmacologic approaches, such as selective serotonin reuptake inhibitors, atypical antipsychotics, and anticonvulsants. With ongoing research as set forth by the authors, the evidence base will continue to grow, and such algorithms are likely to become more substantial.

Individual chapters are devoted to treatments. In each chapter, the authors evaluate the existing data and distill the findings into clearly delineated clinical stances. With certain treatments, such as cognitive-behavioral therapy for bulimia nervosa, the existing data clearly and consistently demonstrate efficacy. With other treatments, such as pharmacotherapy with naltrexone for anorexia nervosa, the existing data clearly and consistently demonstrate a lack of efficacy. With most treatments, the existing data consist of mixed results or are too limited to make definitive conclusions. The authors posit that these treatments show potential promise and would benefit from further research to determine their

value among the treatment options available for the treatment of eating disorders. The book closes with two chapters specifically addressing future directions for the field of eating disorders and includes such considerations as use of cutting-edge neuroimaging and more long-term follow-up studies.

Overall, *Evidence Based Treatments for Eating Disorders* is a well-written and comprehensive account of the current knowledge base in the field of eating disorders. The authors provide a concise overview of recent DSM-5 changes, succinctly review the existing canon of eating disorders research, and include recent developments in the field. Tables throughout the text summarize research trials to date and are organized in such a way that they can be used for quick reference. More than a guide for quick reference, this book outlines an extremely thoughtful approach to the conceptualization and treatment of eating disorders. Given the complexity posed by eating disorders and the challenges inherent to their treatment, such a thoughtful guide will be well suited in the library of any clinician treating those with an eating disorder. As mentioned in Joel Yager's foreword, "as new research continues to emerge, we can be assured that many future editions of evidence based treatment reviews will be needed, forthcoming and welcomed" (p. xi). Based on the merit of this text, I expect many future editions of this particular evidence-based treatment review.

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<http://dx.doi.org/10.1016/j.jaac.2015.09.004>

Disclosure: Dr. Henderson reports no biomedical financial interests or potential conflicts of interest.

Dr. Hanft reports no biomedical financial interests or potential conflicts of interest.

Dr. Phillips reports no biomedical financial interests or potential conflicts of interest.

Note to publishers: Books for review should be sent to Schuyler W. Henderson, MD, MPH, NYU Child Study Center, One Park Avenue, 7th Floor, New York, NY 10016 (email: schuyler.henderson@bellevue.nychhc.org).