

# 50 studies every psychiatrist should know

## 50 Studies Every Psychiatrist Should Know: A Deep Dive into Foundational Research

### Introduction:

The field of psychiatry is constantly evolving, driven by ongoing research and a deeper understanding of the brain and behavior. While the sheer volume of published studies can be overwhelming, certain landmark papers have significantly shaped our understanding of mental illness, its diagnosis, and treatment. This analysis delves into the hypothetical compilation, "50 Studies Every Psychiatrist Should Know," exploring its historical context, current relevance, and the importance of these foundational studies in psychiatric practice. We will examine the hypothetical author's qualifications, the publisher's authority, and the editor's role in ensuring the book's credibility. The analysis will also consider the book's impact and potential limitations.

**Author and Qualifications:** While a specific book titled "50 Studies Every Psychiatrist Should Know" doesn't currently exist, we can hypothetically construct the profile of a suitable author. Dr. Eleanor Vance (a hypothetical author), a renowned psychiatrist with over 25 years of experience in both clinical practice and research, would be an ideal candidate. Dr. Vance's background includes extensive work in evidence-based medicine, a distinguished professorship at a leading medical university, and a significant publication record in peer-reviewed journals focused on various aspects of mental health. Her expertise would span a range of disorders, ensuring a balanced and comprehensive selection of studies for inclusion in "50 Studies Every Psychiatrist Should Know." Such a broad experience ensures that the selection within "50 Studies Every Psychiatrist Should Know" is representative and avoids bias towards any particular school of thought within psychiatry.

### Historical Context and Current Relevance of "50 Studies Every Psychiatrist Should Know":

The selection of studies within a hypothetical "50 Studies Every Psychiatrist Should Know" would trace the evolution of psychiatric thought. Early studies would likely include seminal works establishing the biological basis of mental illness, such as those demonstrating the effectiveness of electroconvulsive therapy (ECT) and the efficacy of early psychopharmacological interventions like chlorpromazine. Later studies would reflect the increasing sophistication of neuroimaging techniques and genetic research, highlighting the intricate interplay between brain structure, function, and mental health. The inclusion of studies focusing on psychotherapy's effectiveness, such as those supporting the efficacy of cognitive behavioral therapy (CBT) and interpersonal therapy (IPT), would underscore the importance of psychological interventions.

The current relevance of "50 Studies Every Psychiatrists Should Know" stems from its ability to provide a historical perspective while grounding psychiatrists in the most impactful contemporary research. Many of the foundational studies continue to inform clinical practice, while newer research builds upon these earlier findings, refining our understanding and improving treatment strategies. For example, understanding the limitations of early studies on ECT, while acknowledging its ongoing value in certain cases, exemplifies the need to critically engage with the historical context of research presented within "50 Studies Every Psychiatrist Should Know."

## Main Findings and Conclusions:

A hypothetical "50 Studies Every Psychiatrist Should Know" would aim to synthesize key findings across various areas of psychiatry, including:

**Diagnostic criteria and classification systems:** Studies detailing the development and evolution of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD) would highlight the ongoing effort to refine diagnostic approaches.

**Etiology and pathophysiology of mental illness:** Studies exploring the genetic, environmental, and neurobiological factors contributing to mental disorders would provide a comprehensive overview of their complex interplay.

**Treatment efficacy and effectiveness:** This would include studies evaluating the effectiveness of various pharmacological and psychological interventions for different mental disorders, emphasizing evidence-based practices.

**Treatment response and resistance:** Studies examining factors influencing treatment outcomes and resistance would provide valuable insights into individual differences and personalized treatment approaches.

**Public health and societal impact:** Studies exploring the societal burden of mental illness and the effectiveness of public health initiatives would provide a broader perspective on mental health care.

The overall conclusion of "50 Studies Every Psychiatrist Should Know" would emphasize the importance of staying current with research to provide optimal patient care. It would underscore the need for a critical and evidence-based approach to psychiatric practice, balancing scientific advancements with an understanding of the complex human experience of mental illness.

## Publisher and Authority:

A hypothetical publisher for "50 Studies Every Psychiatrist Should Know" would be a reputable academic press with extensive experience publishing medical and psychiatric textbooks, such as Oxford University Press, Cambridge University Press, or American Psychiatric Publishing. Their authority stems from their rigorous peer-review processes, their commitment to disseminating high-quality research, and their established reputation within the medical and psychiatric communities. The publisher's editorial team would play a significant role in selecting studies based on their impact and importance, ensuring a robust and authoritative collection for "50 Studies Every Psychiatrist Should Know".

## Editor and Qualifications:

The editor of "50 Studies Every Psychiatrist Should Know" would need extensive experience in psychiatric research and education. Dr. Anya Sharma (a hypothetical editor), a leading researcher and professor of psychiatry, would bring valuable expertise to the project. Her qualifications would include experience in systematic reviews and meta-analyses, a strong understanding of research methodology, and the ability to synthesize diverse research findings. Dr. Sharma's involvement would assure the book's accuracy, relevance, and scholarly integrity.

## Conclusion:

A hypothetical "50 Studies Every Psychiatrist Should Know" would serve as an invaluable resource for psychiatrists at all stages of their careers. By providing a curated selection of foundational and impactful studies, the book would enable practitioners to deepen their understanding of mental illness, enhance their clinical skills, and ultimately improve patient care. The careful selection of

studies, the expertise of the author and editor, and the reputation of the publisher would ensure that "50 Studies Every Psychiatrist Should Know" remains a highly regarded resource within the psychiatric community for years to come.

#### FAQs:

1. Why are only 50 studies selected? The aim is to provide a focused collection of highly influential studies, avoiding an overwhelming volume. This selection process prioritizes breadth and depth of coverage across key areas within psychiatry.
1. How are the studies chosen for inclusion? The selection would be based on rigorous criteria, including methodological rigor, impact on the field, and enduring relevance to current clinical practice.
1. Is this book intended for only psychiatrists? While primarily aimed at psychiatrists, the book's content would also be valuable for other mental health professionals, researchers, and medical students interested in the foundations of psychiatric knowledge.
1. How is the book organized? The book would likely be organized thematically, grouping studies based on topics such as diagnostic criteria, etiology, specific disorders, treatment approaches, etc.
1. Are there any limitations to the book's approach? The inherent limitation of any such compilation is that it cannot be entirely comprehensive. The selected 50 studies represent a careful but subjective choice reflecting the authors' and editors' perspective.
1. How often should this "50 Studies" list be updated? Given the pace of research, the list would ideally be revisited and updated every 5-7 years to reflect significant advancements in the field.
1. Are the studies included only from English-language publications? The ideal "50 Studies Every Psychiatrist Should Know" would strive for inclusivity by considering significant studies regardless of language of original publication.

1. What types of studies are included (e.g., RCTs, qualitative studies)? The compilation would incorporate various study designs, including randomized controlled trials (RCTs), cohort studies, case-control studies, qualitative studies, and meta-analyses, reflecting the diversity of research methodologies in psychiatry.
1. Where can I find this book (if it exists)? As this is a hypothetical book, it doesn't currently exist in published form. However, the concept highlights the importance of engaging with core psychiatric literature.

#### Related Articles:

1. "The Effectiveness of Cognitive Behavioral Therapy for Depression: A Meta-Analysis": A review of multiple studies examining the efficacy of CBT in treating depression.
2. "Genetic Contributions to Schizophrenia: A Review of Twin and Family Studies": An overview of genetic research examining the heritability of schizophrenia.
3. "Neuroimaging Studies of Anxiety Disorders: A Systematic Review": A comprehensive review of neuroimaging findings in anxiety disorders.
4. "The Impact of Childhood Trauma on Adult Mental Health: A Longitudinal Study": A long-term investigation of the effects of childhood trauma.
5. "Pharmacogenomics in the Treatment of Depression: Personalized Medicine Approaches": A review of the use of genetic information to personalize antidepressant treatment.
6. "Effectiveness of Antipsychotic Medications in Schizophrenia: A Comparative Analysis": A comparison of different antipsychotic medications.
7. "The Role of Social Support in the Recovery from Mental Illness": Research on the impact of social support on mental health outcomes.
8. "Stigma and Discrimination Against Individuals with Mental Illness: A Public Health Perspective": A discussion of the societal impact of stigma related to mental illness.
9. "Suicide Prevention Strategies: A Review of Effective Interventions": A review of different interventions used in suicide prevention.

#### **50 studies every psychiatrist should know: 50 Studies Every Psychiatrist Should Know**

Ish P. Bhalla, Rajesh R. Tampi, Vinod H. Srihari, 2018 50 Studies Every Psychiatrist Should Know

presents key studies that have shaped the practice of psychiatry. Selected using a rigorous methodology, the studies cover topics including: psychotic disorders, depressive disorders, women's mental health, child and adolescent disorders, and epidemiological studies. This book is a must-read for health care professionals and anyone who wants to learn more about the data behind clinical practice.

**50 studies every psychiatrist should know: 50 Studies Every Doctor Should Know**

Michael E. Hochman, 2014 50 Studies Every Doctor Should Know presents summaries and analysis of 50 studies that have shaped the practice of medicine. Covering a wide array of topics - from dieting to cardiovascular disease, insomnia to obstetrics - this is a must-read for health care professionals and anyone who wants to learn about the data behind clinical practice.

**50 studies every psychiatrist should know: *Landmark Papers in Psychiatry*** Elizabeth Ryznar, Aderonke B. Pederson, Mark A. Reinecke, John G. Csernansky, 2020-01-22 Advances in the practice of psychiatry have occurred in fits and starts over the last several decades. These advances are evident to anyone long affiliated with the field and are best appreciated through direct experience of living through the times. These advances can also be gleaned from historical overviews in textbooks or the recollections of one's teachers and mentors. Returning to the original papers that have ushered in these changes is rarely done for various, mostly practical, reasons. Filtering through thousands of articles in psychiatry may prove daunting, access to the manuscripts may be limited (especially for papers not available electronically), and understanding their impact requires a broader context. Moreover, with so much active research currently occurring in various branches of psychiatry, current practitioners or trainees may find their attention focused on the present, and this is reinforced by electronic search algorithms, which return articles in reverse chronological order. Not surprisingly, citations for articles in virtually all fields decline precipitously for articles over five years old. As scholars and professionals, we are losing touch with our academic heritage. Yet navigating the future of psychiatry requires a firm understanding of its past. This resource serves as a guide for anyone seeking to understand the evolution of psychiatry as a scientific discipline. It does so by summarizing over 100 landmark papers in psychiatry and placing their scientific contributions within a historical context. An introductory section sets the stage for the major theoretical constructs within the field, with chapters devoted to ontology and nosology. Subsequent sections examine major facets of the theory and practice of psychiatry, such as pathogenesis of psychiatric illness, pharmacotherapy, psychotherapy, and somatic treatments. These sections are divided logically into chapters addressing important contributions to the understanding and treatment of specific disorders. A final section explores ethical considerations within each field. This framework echoes the complexity of psychiatry, which cannot be reduced to a single set of diagnoses or subspecialty categories. Highlighting the research trajectory of psychiatry, this resource will appeal to academics, trainees, and practitioners who desire a comprehensive, easy-to-read, up-to-date collection of psychiatry's pivotal moments. By understanding the challenges, inspirations, and insights from the past, readers will be better poised to address new and ongoing challenges within the field.

**50 studies every psychiatrist should know: 50 Studies Every Urologist Should Know**

Philipp Dahm, 2021-02-26 50 Studies Every Urologist Should Know presents key studies that have shaped the practice of urology. Selected using a rigorous methodology, the studies cover topics including reflux disease in paediatric urology, management of male erectile dysfunction and lower urinary tract symptoms, female urology and stone disease, the various forms of genitourinary cancer, and more. For each study, a concise summary is presented with an emphasis on the results and limitations of the study, and its implications for practice. An illustrative clinical case concludes each review, followed by brief information on other relevant studies. This book is a must-read for healthcare professionals in urology, as well as anyone who wants to learn more about the data behind clinical practice.

**50 studies every psychiatrist should know: 50 Studies Every Obstetrician-Gynecologist Should Know** Constance Liu, Noah Rindos, Scott A. Shainker, 2021-02-19 50 Studies Every

Obstetrician-Gynecologist Should Know presents key studies that have shaped the practice of obstetrics and gynecology. Selected using a rigorous methodology, the studies cover topics including hypertension in pregnancy, infectious diseases of pregnancy, family planning, urogynecology, and more. For each study, a concise summary is presented with an emphasis on the results and limitations of the study, and its implications for practice. An illustrative clinical case concludes each review, followed by brief information on other relevant studies. This book is a must-read for obstetrician-gynecologists, internists, family practitioners, nurse practitioners, and midwives, as well as anyone who wants to learn more about the data behind clinical practice.

**50 studies every psychiatrist should know: 50 Studies Every Neurologist Should Know** David Y. Hwang, David M. Greer, 2016-04-13 50 Studies Every Neurologist Should Know presents key studies that shape the current clinical practice of neurology. All neurologic subspecialties are covered, with a special emphasis on neurocritical care and vascular neurology. For each study, a concise summary is presented with an emphasis on the results and limitations of the study, and its implications for practice. An illustrative clinical case concludes each review, followed by brief information on other relevant studies. This is the first book of its kind to present a collection of the most influential clinical trials in neurology that are detailed enough to be used on rounds, but still easily digestible. It is a must-read for health care professionals and anyone who wants to learn more about the data behind clinical practice.

**50 studies every psychiatrist should know: 50 Studies Every Intensivist Should Know** Edward A. Bittner, 2018 This title presents key studies that have shaped the practice of critical care medicine. Selected using a rigorous methodology, the studies cover topics including: sedation and analgesia, resuscitation, shock, ARDS, nutrition, renal failure, trauma, infection, diabetes, and physical therapy

**50 studies every psychiatrist should know: Anxiety - The Inside Story** Niall McLaren, 2018 In Anxiety--The Inside Story, the author takes a critical look at modern psychiatry's twin notions that all mental disorders are biological in nature, but anxiety is hardly worth worrying about. By the simple process of taking a careful, detailed history, Niall McLaren shows that anxiety is far more common and far more destructive than mainstream psychiatry realizes. Detailed case histories chart how anxiety arises as a psychological disorder and how it reinforces itself to the point where it destroys lives. McLaren concludes that anxiety is a major factor in most mental disorders, especially depression and bipolar disorder. This book will change your understanding of mental disorders. Niall (Jock) McLaren writes as he speaks and he pulls no punches. I love this. People should listen to what he has to say about the academic corruption of his specialty, psychiatry. Read this book. The man is unique. And funny, as well. -- Prof. Peter Gotzsche, Director, Nordic Cochrane Centre, Copenhagen Debilitating anxieties are frequently misdiagnosed as depression by GPs and specialists alike. In this wonderfully accessible account of anxiety, Dr. McLaren demonstrates with great clarity--and very movingly--how a case history approach can help patients confront and overcome their psychological demons. He provides compelling evidence that instead of drugging people, listening to them attentively and analytically has to be the beginning of the healing process. -- Dr. Allan Patience, University of Melbourne Anxiety--The Inside Story offers readers a devastating, blistering critique of psychiatry, together with a provocative exploration of how anxiety, so often dismissed as a minor difficulty, should be understood as the root cause of so much suffering—which manifests in a diverse range of behaviors that get wrongly categorized as distinct psychiatric illnesses. Niall McLaren presents a compelling case that psychiatric care in Australia and beyond needs to be completely rethought. -- Robert Whitaker, author of Mad in America and Psychiatry Under the Influence From Future Psychiatry Press Learn more at [www.FuturePsychiatry.com](http://www.FuturePsychiatry.com)

**50 studies every psychiatrist should know: 50 Studies Every Internist Should Know** Kristopher J. Swiger, Joshua R. Thomas, Michael E. Hochman, Steven D. Hochman, 2015-01-15 50 Studies Every Internist Should Know presents key studies that shape today's practice of internal medicine. Selected using a rigorous methodology, the studies cover topics including: preventative medicine, endocrinology, hematology and oncology, musculoskeletal diseases, nephrology,

gastroenterology, infectious diseases, cardiology, pulmonology, geriatrics and palliative care, and mental health. For each study, a concise summary is presented with an emphasis on the results and limitations of the study, and its implications for practice. An illustrative clinical case concludes each review, followed by brief information on other relevant studies. This book is a must-read for health care professionals and anyone who wants to learn more about the data behind clinical practice.

**50 studies every psychiatrist should know: 50 Studies Every Pediatrician Should Know**

Ashaunta T. Anderson, Nina L. Shapiro, Stephen C. Aronoff, Jeremiah Davis, Michael Levy, 2016-05-03 50 Studies Every Pediatrician Should Know presents key studies that have shaped the current clinical practice of pediatrics. Selected using a rigorous methodology, the studies cover topics including: allergy immunology, behavioral, cardiology, dermatology, endocrinology, ENT, general pediatrics, hematology, infectious disease, neonatology, nephrology, neurology, oncology, ophthalmology, orthopedics, and pulmonary. For each study, a concise summary is presented with an emphasis on the results and limitations of the study, and its implications for practice. An illustrative clinical case concludes each review, followed by brief information on other relevant studies. This is one of the only books of its kind to present a collection of the most influential clinical trials in pediatrics that are detailed enough to be used on rounds, but still easily digestible.

**50 studies every psychiatrist should know: Unhinged** Daniel Carlat, 2010-05-18 In this stirring and beautifully written wake-up call, psychiatrist Daniel Carlat writes with bracing honesty about how psychiatry has so largely forsaken the practice of talk therapy for the seductive—and more lucrative—practice of simply prescribing drugs, with a host of deeply troubling consequences. Psychiatrist Daniel Carlat has noticed a pattern plaguing his profession. Psychiatrists have settled for treating symptoms rather than causes, embracing the apparent medical rigor of DSM diagnoses and prescription in place of learning the more challenging craft of therapeutic counseling, gaining only limited understanding of their patients' lives. Talk therapy takes time, whereas the fifteen-minute med check allows for more patients and more insurance company reimbursement. Yet, DSM diagnoses, he shows, are premised on a good deal less science than we would think. Writing from an insider's perspective, with refreshing forthrightness about his own daily struggles as a practitioner, Dr. Carlat shares a wealth of stories from his own practice and those of others that demonstrate the glaring shortcomings of the standard fifteen-minute patient visit. He also reveals the dangers of rampant diagnoses of bipolar disorder, ADHD, and other popular psychiatric disorders, and exposes the risks of the cocktails of medications so many patients are put on. Especially disturbing are the terrible consequences of overprescription of drugs to children of ever younger ages. Taking us on a tour of the world of pharmaceutical marketing, he also reveals the inner workings of collusion between psychiatrists and drug companies. Concluding with a road map for exactly how the profession should be reformed, *Unhinged* is vital reading for all those in treatment or considering it, as well as a stirring call to action for the large community of psychiatrists themselves. As physicians and drug companies continue to work together in disquieting and harmful ways, and as diagnoses—and misdiagnoses—of mental disorders skyrocket, it's essential that Dr. Carlat's bold call for reform is heeded.

**50 studies every psychiatrist should know: *Research Training in Psychiatry Residency***

Committee on Incorporating Research into Psychiatry Residency Training., 2003-12-23 The number of psychiatric researchers does not seem to be keeping pace with the needs and opportunities that exist in brain and behavioral medicine. An Institute of Medicine committee conducted a broad review of the state of patient-oriented research training in the context of the psychiatry residency and considered the obstacles to such training and strategies for overcoming those obstacles. Careful consideration was given to the demands of clinical training. The committee concluded that barriers to research training span three categories: regulatory, institutional, and personal factors. Recommendations to address these issues are presented in the committee's report, including calling for research literacy requirements and research training curricula tailored to psychiatry residency programs of various sizes. The roles of senior investigators and departmental leadership are emphasized in the report, as is the importance of longitudinal training (e.g., from medical school

through residency and fellowship). As there appears to be great interest among numerous stakeholders and a need for better tracking data, an overarching recommendation calls for the establishment of a national body to coordinate and evaluate the progress of research training in psychiatry.

**50 studies every psychiatrist should know:** Posttraumatic Play in Children Eliana Gil, 2017-01-31 From leading expert Eliana Gil, this book provides child clinicians with essential knowledge and tools for evaluating and working with posttraumatic play. Such play, which is often repetitive and disturbing, may help resolve traumatic experiences--but can also become toxic. The book guides the clinician to determine what is going on with a given child and intervene sensitively and effectively. Evocative case material is interwoven with up-to-date information on the developmental impact of trauma and ways to facilitate children's natural reparative capacities. A reproducible assessment checklist to help clinicians differentiate between useful and dangerous posttraumatic play can be downloaded and printed in a convenient 8 1/2 x 11 size. ỹ

**50 studies every psychiatrist should know:** Anatomy of an Epidemic Robert Whitaker, 2010-04-13 Updated with bonus material, including a new foreword and afterword with new research, this New York Times bestseller is essential reading for a time when mental health is constantly in the news. In this astonishing and startling book, award-winning science and history writer Robert Whitaker investigates a medical mystery: Why has the number of disabled mentally ill in the United States tripled over the past two decades? Interwoven with Whitaker's groundbreaking analysis of the merits of psychiatric medications are the personal stories of children and adults swept up in this epidemic. As *Anatomy of an Epidemic* reveals, other societies have begun to alter their use of psychiatric medications and are now reporting much improved outcomes . . . so why can't such change happen here in the United States? Why have the results from these long-term studies—all of which point to the same startling conclusion—been kept from the public? Our nation has been hit by an epidemic of disabling mental illness, and yet, as *Anatomy of an Epidemic* reveals, the medical blueprints for curbing that epidemic have already been drawn up. Praise for *Anatomy of an Epidemic* "The timing of Robert Whitaker's *Anatomy of an Epidemic*, a comprehensive and highly readable history of psychiatry in the United States, couldn't be better."—Salon "Anatomy of an Epidemic offers some answers, charting controversial ground with mystery-novel pacing."—TIME "Lucid, pointed and important, *Anatomy of an Epidemic* should be required reading for anyone considering extended use of psychiatric medicine. Whitaker is at the height of his powers." —Greg Critser, author of *Generation Rx*

**50 studies every psychiatrist should know:** Toxic Psychiatry Peter R. Breggin, 2015-12-22 Prozac, Xanax, Halcion, Haldol, Lithium. These psychiatric drugs--and dozens of other short-term solutions--are being prescribed by doctors across the country as a quick antidote to depression, panic disorder, obsessive-compulsive disorder, and other psychiatric problems. But at what cost? In this searing, myth-shattering exposé, psychiatrist Peter R. Breggin, M.D., breaks through the hype and false promises surrounding the New Psychiatry and shows how dangerous, even potentially brain-damaging, many of its drugs and treatments are. He asserts that: psychiatric drugs are spreading an epidemic of long-term brain damage; mental illnesses like schizophrenia, depression, and anxiety disorder have never been proven to be genetic or even physical in origin, but are under the jurisdiction of medical doctors; millions of schoolchildren, housewives, elderly people, and others are labeled with medical diagnoses and treated with authoritarian interventions, rather than being patiently listened to, understood, and helped. *Toxic Psychiatry* sounds a passionate, much-needed wake-up call for everyone who plays a part, active or passive, in America's ever-increasing dependence on harmful psychiatric drugs.

**50 studies every psychiatrist should know:** **50 Studies Every Surgeon Should Know** SreyRam Kuy, Rachel J. Kwon, Miguel A. Burch, Michael E. Hochman, 2017-10-13 *50 Studies Every Surgeon Should Know* presents key studies that have shaped the practice of surgery. Selected using a rigorous methodology, the studies cover topics including: vascular, colorectal, bariatric, abdominal, hernial, and endocrine surgery, surgical outcomes, surgical oncology, trauma and



surgical critical care, and studies of historical interest. For each study, a concise summary is presented with an emphasis on the results and limitations of the study, and its implications for practice. An illustrative clinical case concludes each review, followed by brief information on other relevant studies. This book is a must-read for health care professionals and anyone who wants to learn more about the data behind clinical practice.

**50 studies every psychiatrist should know: 50 Studies Every Ophthalmologist Should Know**

Alan Penman, Kimberley Crowder, William M. Watkins, 2020-04-21 50 Studies Every Ophthalmologist Should Know presents key studies that have shaped the practice of ophthalmology. Selected using a rigorous methodology, emphasis has been placed on landmark studies which have influenced current ophthalmology practice guidelines. For each study, a concise summary is presented with an emphasis on the results and limitations of the study, and its implications for practice. An illustrative clinical case concludes each review, followed by brief information on other relevant studies. This book is a must-read for ophthalmologists, especially those in training or preparing for board review, as well as anyone who wants to learn more about the data behind clinical practice.

**50 studies every psychiatrist should know: The American Psychiatric Publishing**

**Textbook of Psychiatry** Robert E. Hales, 2008 Its previous edition hailed as the best reference for the majority of practicing psychiatrists (Doody's Book Reviews) and a book that more than any other, provides an approach to how to think about psychiatry that integrates both the biological and psychological (JAMA), The American Psychiatric Publishing Textbook of Psychiatry has been meticulously revised to maintain this preeminence as an accessible and authoritative educational reference and clinical compendium. It combines the strengths of its three editors -- Robert Hales in clinical and community psychiatry, Stuart Yudofsky in neuropsychiatry, and new co-editor Glen Gabbard in psychotherapy -- in recruiting outstanding authors to summarize the latest developments in psychiatry and features 101 contributors, 65 of whom are new to this edition. The book boasts a new interior design, with more figures and color throughout to aid comprehension. Each chapter ends with 5-10 key points, 5-10 recommended readings, and helpful Web sites not only for the clinician but also for patients and family members. The book also includes complimentary access to the full text online. Online benefits include powerful searching, electronic bookmarking, and access by username and password from wherever you have Web access -- especially convenient for times when the print copy of your textbook is not where you are. The online version is accompanied by a downloadable PowerPoint presentation, which contains a wealth of material to enhance classroom presentation, study, and clinical use. Among the improvements to this edition's content:

- Of the text's 44 chapters, 23 either feature new topics or have new authors, making this the most completely revised edition yet.
- New basic-science chapters on cellular and molecular biology of the neuron and on neuroanatomy for the psychiatrist conveniently distill essential information on the biological foundations of psychiatric disorders for clinicians.
- A new chapter on human sexuality and sexual dysfunctions, and another new chapter on treatment of gay, lesbian, bisexual, and transgender patients, equips clinicians to address the entire spectrum of sexual issues and their attendant mental health concerns.
- New chapters on nonpharmacological somatic treatments, supportive psychotherapy, and combination psychotherapy and pharmacotherapy augment the section on psychiatric treatments.
- A new chapter on the assessment of dangerousness -- an individual's propensity to commit violent acts -- presents helpful guidelines for appropriately evaluating and minimizing the risk of violence in both outpatient and inpatient settings.

Why The American Psychiatric Publishing Textbook of Psychiatry will be your first choice among comprehensive psychiatry textbooks:

- Complimentary Access to the Full Text Online -- Online benefits include powerful searching, electronic bookmarking, and download to PDA.
- PowerPoint Presentation -- Online version is accompanied by a downloadable PowerPoint presentation, which contains a wealth of material to help you enhance classroom presentation, study, and in clinical use.
- Self-Assessment -- An interactive online Self-Assessment allows you to assess your knowledge of each chapter, with links back to the textbook when more study is needed.
- Summary Points -- Each

chapter ends with 5-10 key points, 5-10 recommended readings, and helpful web sites not only for the clinician but also for referral to patients and family members. • Co-Editor Glen O. Gabbard, M.D. -- As the third Co-Editor, Dr. Gabbard adds depth and perspective to psychotherapeutic approaches. • Chapter Authors -- Partnership of senior and junior faculty brings fresh insights tempered by wisdom and experience. • Peer-Reviewed -- Rigorously peer reviewed and updated to reflect the rapidly changing profession. • Disclosure of Interest Statements -- Disclosure from each chapter author assures you that potential biases have been removed. • Comprehensive But Concise -- Inclusion of essential information eases information overload. • Better Layout -- Larger type for text makes book easier to read and color figures are provided throughout the text. It's no wonder that this text has established itself as both a leading scholarly reference and an indispensable clinical resource. The American Psychiatric Publishing Textbook of Psychiatry is a proven teaching tool and an essential component of every practitioner's library.

**50 studies every psychiatrist should know:** *Mind Fixers: Psychiatry's Troubled Search for the Biology of Mental Illness* Anne Harrington, 2019-04-16 "Superb... a nuanced account of biological psychiatry." —Richard J. McNally In *Mind Fixers*, "the preeminent historian of neuroscience" (Science magazine) Anne Harrington explores psychiatry's repeatedly frustrated efforts to understand mental disorder. She shows that psychiatry's waxing and waning theories have been shaped not just by developments in the clinic and lab, but also by a surprising range of social factors. *Mind Fixers* recounts the past and present struggle to make mental illness a biological problem in order to lay the groundwork for creating a better future.

**50 studies every psychiatrist should know:** *The Book of Woe* Gary Greenberg, 2013-05-02 "Gary Greenberg has become the Dante of our psychiatric age, and the DSM-5 is his Inferno." —Errol Morris Since its debut in 1952, the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders has set down the "official" view on what constitutes mental illness. Homosexuality, for instance, was a mental illness until 1973. Each revision has created controversy, but the DSM-5 has taken fire for encouraging doctors to diagnose more illnesses—and to prescribe sometimes unnecessary or harmful medications. Respected author and practicing psychotherapist Gary Greenberg embedded himself in the war that broke out over the fifth edition, and returned with an unsettling tale. Exposing the deeply flawed process behind the DSM-5's compilation, *The Book of Woe* reveals how the manual turns suffering into a commodity—and made the APA its own biggest beneficiary.

**50 studies every psychiatrist should know:** *The Maudsley Prescribing Guidelines in Psychiatry* David M. Taylor, Thomas R. E. Barnes, Allan H. Young, 2018-07-16 The revised 13th edition of the essential reference for the prescribing of drugs for patients with mental health disorders The revised and updated 13th edition of *The Maudsley Prescribing Guidelines in Psychiatry* provides up-to-date information, expert guidance on prescribing practice in mental health, including drug choice, treatment of adverse effects and how to augment or switch medications. The text covers a wide range of topics including pharmacological interventions for schizophrenia, bipolar disorder, depression and anxiety, and many other less common conditions. There is advice on prescribing in children and adolescents, in substance misuse and in special patient groups. This world-renowned guide has been written in concise terms by an expert team of psychiatrists and specialist pharmacists. The Guidelines help with complex prescribing problems and include information on prescribing psychotropic medications outside their licensed indications as well as potential interactions with other medications and substances such as alcohol, tobacco and caffeine. In addition, each of the book's 165 sections features a full reference list so that evidence on which guidance is based can be readily accessed. This important text: Is the world's leading clinical resource for evidence-based prescribing in day-to-day clinical practice and for formulating prescribing policy Includes referenced information on topics such as transferring from one medication to another, prescribing psychotropic medications during pregnancy or breastfeeding, and treating patients with comorbid physical conditions, including impaired renal or hepatic function. Presents guidance on complex clinical problems that may not be encountered routinely

Written for psychiatrists, neuropharmacologists, pharmacists and clinical psychologists as well as nurses and medical trainees, The Maudsley Prescribing Guidelines in Psychiatry are the established reference source for ensuring the safe and effective use of medications for patients presenting with mental health problems.

**50 studies every psychiatrist should know: Managing the Side Effects of Psychotropic Medications, Second Edition** Joseph F. Goldberg, M.D., M.S., Carrie L. Ernst, M.D., 2018-08-10 This book has been divided into three main sections. Part I deals with global issues that bear on the assessment and formulation of possible adverse effects and with pertinent concepts related to basic pharmacology, physiology, and medical monitoring. The chapters in Part II present information organized by individual organ systems or specific medical circumstances rather than by drugs or drug classes. This approach seems to provide a logical and comprehensible format that allow readers to search out information as referenced by a particular side effect (and its varied potential causes) and to locate a discussion of practical management strategies. Part III focuses on summary recommendations covering all the material presented in the book and is followed by helpful appendixes on self-assessment questions and resources for practitioners. The book is meant to serve as a ready reference that simultaneously provides scientific and scholarly discussion of available treatment options and presents their scientific rationales.--page xx.

**50 studies every psychiatrist should know: The Great Pretender** Susannah Cahalan, 2020-01-02 'Destined to become a popular and important book' Jon Ronson 'Fascinating' Sunday Times In the early 1970s, Stanford professor Dr Rosenhan conducted an experiment, sending sane patients into psychiatric wards; the result of which was a damning paper about psychiatric practises. The ripple effects of this paper helped bring the field of psychiatry to its knees, closing down institutions and changing mental health diagnosis forever. But what if that ground-breaking and now-famous experiment was itself deeply flawed? And what does that mean for our understanding of mental illness today? These are the questions Susannah Cahalan asks in her completely engrossing investigation into this staggering case, where nothing is quite as it seems.

**50 studies every psychiatrist should know: Kaplan & Sadock's Synopsis of Psychiatry** Robert Boland, Marcia Verduin, Pedro Ruiz, 2021-02-09 Accurate, reliable, objective, and comprehensive, Kaplan & Sadock's Synopsis of Psychiatry has long been the leading clinical psychiatric resource for clinicians, residents, students, and other health care professionals both in the US and worldwide. Now led by a new editorial team of Drs. Robert Boland and Marcia L. Verduin, it continues to offer a trusted overview of the entire field of psychiatry while bringing you up to date with current information on key topics and developments in this complex specialty. The twelfth edition has been completely reorganized to make it more useful and easier to navigate in today's busy clinical settings.

**50 studies every psychiatrist should know: The Clozapine Handbook** Jonathan M. Meyer, Stephen M. Stahl, 2019-05-16 Real-world and clinical trial data support that clozapine is the only effective antipsychotic for treatment resistant schizophrenia and other severe mental illnesses. Clozapine also reduces rates of suicidality, psychiatric hospitalization and all-cause mortality. However, clozapine is underutilized for two reasons: misunderstandings of its efficacy benefits and misapprehension of, limited knowledge or misinformation about the management of treatment related risks and adverse effects. In response to worldwide efforts to promote clozapine use, this user-friendly Handbook provides clinicians with evidence-based approaches for patient management, as well as logical approaches to the management of clinical situations and adverse effects. It outlines clearly the rationale for specific management decisions and prioritises the options based on this logic. This Handbook is designed for use by clinicians worldwide and is essential reading for all mental health care professionals.

**50 studies every psychiatrist should know: The Bitterest Pills** J. Moncrieff, 2013-09-15 A challenging reappraisal of the history of antipsychotics, revealing how they were transformed from neurological poisons into magical cures, their benefits exaggerated and their toxic effects minimized or ignored.

**50 studies every psychiatrist should know:** *Your Drug May Be Your Problem* Peter Breggin, David Cohen, 2007-09-07 When first published in 1999, *Your Drug May Be Your Problem* was ahead of its time. The only book to provide an uncensored description of the dangers involved in taking every kind of psychiatric medication, it was also the first and only book to explain how to safely stop taking them. In the time elapsed, there have been numerous studies suggesting or proving the dangers of some psychiatric medications and even the FDA now acknowledges the problems; more studies are under way to determine their long-term and withdrawal effects. In the meantime, this book continues to be ever relevant and helpful. Fully updated to include study results and new medications that have come to market, *Your Drug May Be Your Problem* will help countless readers exert control over their own psychiatric treatment.

**50 studies every psychiatrist should know:** *Psychopharmacology Algorithms* David Osser, 2020-09-22 Algorithms serve an important purpose in the field of psychopharmacology as heuristics for avoiding the biases and cognitive lapses that are common when prescribing for many conditions whose treatment is based on complex data. Unique in the field, this title compiles twelve papers from the Psychopharmacology Algorithm Project at the Harvard South Shore Psychiatry Residency Training Program and presents practical ways to adopt evidence-based practices into the day-to-day treatment of patients. *Psychopharmacology Algorithms* is a useful resource for practicing psychiatrists, residents, and fellows, as well as psychiatric nurse practitioners, psychiatric physician assistants who prescribe, advanced practice pharmacists who prescribe, and primary care clinicians. Teachers of psychopharmacology may find it particularly valuable. Researchers in clinical psychopharmacology may find it helpful in identifying important practice areas that are in need of further study.

**50 studies every psychiatrist should know:** *Cracked* James Davies, 2021-11-15 A "thought-provoking" look at the psychiatric profession, the overprescribing of pharmaceuticals, and the cost to patients' health (Booklist). In an effort to enlighten a new generation about its growing reliance on psychiatry, this illuminating volume investigates why psychiatry has become the fastest-growing medical field in history; why psychiatric drugs are now more widely prescribed than ever before; and why psychiatry, without solid scientific justification, keeps expanding the number of mental disorders it believes to exist. This revealing volume shows that these issues can be explained by one startling fact: in recent decades psychiatry has become so motivated by power that it has put the pursuit of pharmaceutical riches above its patients' wellbeing. Readers will be shocked and dismayed to discover that psychiatry, in the name of helping others, has actually been helping itself. In a style reminiscent of Ben Goldacre's *Bad Science* and investigative in tone, James Davies reveals psychiatry's hidden failings and how the field of study must change if it is to ever win back its patients' trust.

**50 studies every psychiatrist should know:** *Practical Psychopharmacology* Joseph F. Goldberg, Stephen M. Stahl, 2021-04-29 A practical guide translating clinical trials findings, across major psychiatric disorders, to devise tailored, evidence-based treatments.

**50 studies every psychiatrist should know:** *The ISSP Manual of Sports Psychiatry* Ira D. Glick, Stull Todd, Danielle Kamis, 2018-01-19 The ISSP Manual of Sports Psychiatry is the first text describing the role of a sports psychiatrist. Covering both individual as well as team sports, contact and non-contact, from childhood through late adulthood, the manual describes the role of sports in our culture and details the psychiatric interventions associated with players and their teams. The editors take a broad focus, covering topics from neuroscience-psychiatric and psychological aspects, performance enhancement, team chemistry and dynamics, organizational issues to working with medical, orthopedic/surgical and neurologic colleagues to provide comprehensive prevention and treatment to enhance well-being and performance. This text will be invaluable to medical and psychiatric physicians, psychologists and other mental health professionals, as well as athletes, trainers, leagues and their commissioners, sports writers-and even fans anxious to understand what is going on with their teams.

**50 studies every psychiatrist should know:** *Understanding the Complex Phenomenon of*

Suicide: From Research to Clinical Practice Domenico De Berardis, Giovanni Martinotti, Massimo Di Giannantonio, 2018-05-08 Suicide is undoubtedly a worldwide major challenge for the public health. It is estimated that more than 150,000 persons in Europe die as a result of suicide every year and in several European countries suicide represents the principal cause of death among young people aged 14-25 years. It is true that suicide is a complex (and yet not fully understood) phenomenon and may be determined by the interaction between various factors, such as neurobiology, personal and familiar history, stressful events, sociocultural environment, etc. The suicide is always a plague for the population at risk and one of the most disgraceful events for a human being. Moreover, it implies a lot of pain often shared by the relatives and persons who are close to suicide subjects. Furthermore, it has been widely demonstrated that the loss of a subject due to suicide may be one of the most distressing events that may occur in mental health professionals resulting in several negative consequences, such as burnout, development of psychiatric symptoms and lower quality of life and work productivity. All considered, it is clear that the suicide prevention is a worldwide priority and every effort should be made in order to improve the early recognition of imminent suicide, manage suicidal subjects, and strengthen suicide prevention strategies. In our opinion, the first step of prevention is the improvement of knowledge in the field: this was the aim of this present special issue on *Frontiers in Psychiatry*. In this special issue, several papers have contributed to the suicide knowledge from several viewpoints and we hope that this will contribute to improve and disseminate knowledge on this topic.

**50 studies every psychiatrist should know: Saving Normal** Allen Frances, M.D., 2013-05-14 From the most powerful psychiatrist in America (New York Times) and the man who wrote the book on mental illness (Wired), a deeply fascinating and urgently important critique of the widespread medicalization of normality Anyone living a full, rich life experiences ups and downs, stresses, disappointments, sorrows, and setbacks. These challenges are a normal part of being human, and they should not be treated as psychiatric disease. However, today millions of people who are really no more than worried well are being diagnosed as having a mental disorder and are receiving unnecessary treatment. In *Saving Normal*, Allen Frances, one of the world's most influential psychiatrists, warns that mislabeling everyday problems as mental illness has shocking implications for individuals and society: stigmatizing a healthy person as mentally ill leads to unnecessary, harmful medications, the narrowing of horizons, misallocation of medical resources, and draining of the budgets of families and the nation. We also shift responsibility for our mental well-being away from our own naturally resilient and self-healing brains, which have kept us sane for hundreds of thousands of years, and into the hands of Big Pharma, who are reaping multi-billion-dollar profits. Frances cautions that the new edition of the bible of psychiatry, the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5), will turn our current diagnostic inflation into hyperinflation by converting millions of normal people into mental patients. Alarming, in DSM-5, normal grief will become Major Depressive Disorder; the forgetting seen in old age is Mild Neurocognitive Disorder; temper tantrums are Disruptive Mood Dysregulation Disorder; worrying about a medical illness is Somatic Symptom Disorder; gluttony is Binge Eating Disorder; and most of us will qualify for adult Attention Deficit Disorder. What's more, all of these newly invented conditions will worsen the cruel paradox of the mental health industry: those who desperately need psychiatric help are left shamefully neglected, while the worried well are given the bulk of the treatment, often at their own detriment. Masterfully charting the history of psychiatric fads throughout history, Frances argues that whenever we arbitrarily label another aspect of the human condition a disease, we further chip away at our human adaptability and diversity, dulling the full palette of what is normal and losing something fundamental of ourselves in the process. *Saving Normal* is a call to all of us to reclaim the full measure of our humanity.

**50 studies every psychiatrist should know: The Myth of Mental Illness** Thomas S. Szasz, 2011-07-12 "The landmark book that argued that psychiatry consistently expands its definition of mental illness to impose its authority over moral and cultural conflict." — New York Times The 50th anniversary edition of the most influential critique of psychiatry ever written, with a new preface on

the age of Prozac and Ritalin and the rise of designer drugs, plus two bonus essays. Thomas Szasz's classic book revolutionized thinking about the nature of the psychiatric profession and the moral implications of its practices. By diagnosing unwanted behavior as mental illness, psychiatrists, Szasz argues, absolve individuals of responsibility for their actions and instead blame their alleged illness. He also critiques Freudian psychology as a pseudoscience and warns against the dangerous overreach of psychiatry into all aspects of modern life.

**50 studies every psychiatrist should know: Gabbard's Treatments of Psychiatric Disorders** Glen O. Gabbard, 2014-05-05 The definitive treatment textbook in psychiatry, this fifth edition of Gabbard's *Treatments of Psychiatric Disorders* has been thoroughly restructured to reflect the new DSM-5® categories, preserving its value as a state-of-the-art resource and increasing its utility in the field. The editors have produced a volume that is both comprehensive and concise, meeting the needs of clinicians who prefer a single, user-friendly volume. In the service of brevity, the book focuses on treatment over diagnostic considerations, and addresses both empirically-validated treatments and accumulated clinical wisdom where research is lacking. Noteworthy features include the following: Content is organized according to DSM-5® categories to make for rapid retrieval of relevant treatment information for the busy clinician. Outcome studies and expert opinion are presented in an accessible way to help the clinician know what treatment to use for which disorder, and how to tailor the treatment to the patient. Content is restricted to the major psychiatric conditions seen in clinical practice while leaving out less common conditions and those that have limited outcome research related to the disorder, resulting in a more streamlined and affordable text. Chapters are meticulously referenced and include dozens of tables, figures, and other illustrative features that enhance comprehension and recall. An authoritative resource for psychiatrists, psychologists, and psychiatric nurses, and an outstanding reference for students in the mental health professions, Gabbard's *Treatments of Psychiatric Disorders*, Fifth Edition, will prove indispensable to clinicians seeking to provide excellent care while transitioning to a DSM-5® world.

**50 studies every psychiatrist should know: Psychiatric Ethics** Sidney Bloch, Paul Chodoff, 1984 Consideration of ethics has established a firm place in the affairs of psychiatrists. An increased professional commitment to accountability, together with a growing consumer movement has paved the way for a creative engagement with the ethical movement. *Psychiatric Ethics* has carved out a niche for itself as a major comprehensive text and core reference covering the many complex ethical dilemmas which face clinicians and researchers in their everyday practice. This new edition takes a fresh look at recent trends and developments at the interface between ethics and psychiatric practice. For this edition, Sydney Bloch and Paul Chodoff are joined by Stephen Green, a clinical professor in ethics and psychiatry at Georgetown University, in leading 29 of the finest scholars in the field from around the world. Eleven new contributors join the team of authors. They include Drs. Beauchamp, Gutheils, Sabin, McGuffin, Szmulter, Gabbard and Holmes. Since the second edition, the editors have observed several emerging aspects of psychiatric practice requiring coverage. As a result, six new chapters have been added covering the ethical aspects of community psychiatry, managed care, psychiatric genetics, resource allocation, codes of ethics and boundary violations. All other chapters have been fully revised and updated. The book will continue to be essential reading for psychiatrists and other mental health professionals, as well as of interest to ethicists, policy makers, managers and lawyers.

**50 studies every psychiatrist should know: Bipolar Disorder** Stephen M. Strakowski, Caleb M. Adler, David E. Fleck, Melissa P. DelBello, 2020 This book was written specifically with new psychiatrists and mental health practitioners in mind to facilitate their ability to understand and care for patients with bipolar disorder.

**50 studies every psychiatrist should know: Desperate Remedies** Andrew Scull, 2022-05-17 A Telegraph Book of the Year A Washington Post Notable Work A Times Book of the Year A Hughes Award Finalist "An indisputable masterpiece...comprehensive, fascinating, and persuasive." —Wall Street Journal "Brimming with wisdom and brio, this masterful work spans the history of psychiatry. Exceedingly well-researched, wide-ranging, provocative in its conclusions, and magically compact, it

is riveting from start to finish. Mark my words, *Desperate Remedies* will soon be a classic.” —Susannah Cahalan, author of *Brain on Fire* “Compulsively readable...Scull has joined his wide-ranging reporting and research with a humane perspective on matters that many of us continue to look away from.” —Daphne Merkin, *The Atlantic* Scull's fascinating and enraging book is the story of the quacks and opportunists who have claimed to offer cures for mental illness...Madness remains the most fascinating—arguably the defining—aspect of *Homo sapiens*. —Sebastian Faulks, *Sunday Times* “I would recommend this fascinating, alarming, and alerting book to anybody. For anyone referred to a psychiatrist it is surely essential.” —*The Spectator* For more than two hundred years disturbances of the mind have been studied and treated by the medical profession. Mental illness, some insist, is a disease like any other, from which one can be cured. But is this true? From the birth of the asylum to the latest drug trials, *Desperate Remedies* brings together a galaxy of mind doctors working in and out of institutional settings: psychologists and psychoanalysts, neuroscientists and cognitive behavioral therapists, as well as patients and their families desperate for relief. Surprising, disturbing, and compelling, this passionate account of America's long battle with mental illness challenges us to revisit some of our deepest assumptions and to confront the epidemic of mental illness so visible all around us.

**50 studies every psychiatrist should know:** Rearview Barry B. Perlman, 2021-04-23 In *Rearview: A Psychiatrist Reflects on Practice and Advocacy in a Time of Healthcare System Change* Dr. Barry B. Perlman, a graduate of Yale Medical School, offers an overview of his career in medicine. From his first inklings of interest in mental health tied to his grandmother's bouts of severe depression and his mother's volunteer work with persons discharged from psychiatric hospitals, to his summer jobs in hospitals, through to closing his practice and retirement, Perlman recounts the entire arc of his psychiatric and medical career. Through recalled anecdotes Perlman brings readers along by writing about experiences from medical school and his psychiatric residency. He describes his first professional experiences with dying, his cadaver, and clinical rotations such as neurosurgery and psychiatry. He experienced the English National Health Service when taking his OB/GYN clerkship in London. Readers will be introduced to several of his dedicated professors and their eccentricities. Other chapters introduce topics central to the practice of psychiatry. They include consideration of suicide, violence, poverty, and electroconvulsive therapy. One chapter is revealingly illustrated with art done by patients and ponders the question of what makes art, art. Many of the chapters include interesting case presentations. Dr. Perlman, an activist psychiatrist, served as president of the New York State Psychiatric Association. He was appointed by NYS Governor George Pataki as chair of the NYS Mental Health services Council and to the State Hospital Review and Planning Council. Based in participation, he describes the process and tensions involved in shaping public policy. Readers of *Rearview* will be taken on a tour of the multidimensional life of an activist psychiatrist whose professional life encompassed provision of direct clinical care, running a psychiatric department under challenging circumstances, and trying to improve the lives of persons serious mental illness.

**50 studies every psychiatrist should know:** Primary Care Institute of Medicine, Committee on the Future of Primary Care, 1996-09-05 Ask for a definition of primary care, and you are likely to hear as many answers as there are health care professionals in your survey. Primary Care fills this gap with a detailed definition already adopted by professional organizations and praised at recent conferences. This volume makes recommendations for improving primary care, building its organization, financing, infrastructure, and knowledge base—as well as developing a way of thinking and acting for primary care clinicians. Are there enough primary care doctors? Are they merely gatekeepers? Is the traditional relationship between patient and doctor outmoded? The committee draws conclusions about these and other controversies in a comprehensive and up-to-date discussion that covers: The scope of primary care. Its philosophical underpinnings. Its value to the patient and the community. Its impact on cost, access, and quality. This volume discusses the needs of special populations, the role of the capitation method of payment, and more. Recommendations are offered for achieving a more multidisciplinary education for primary care

clinicians. Research priorities are identified. Primary Care provides a forward-thinking view of primary care as it should be practiced in the new integrated health care delivery systems—important to health care clinicians and those who train and employ them, policymakers at all levels, health care managers, payers, and interested individuals.

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