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KAPLAN & SADOCK'S  
**SYNOPSIS OF  
PSYCHIATRY**

TWELFTH EDITION



**Robert Boland, M.D.**  
**Marcia L. Verduin, M.D.**

CONSULTING EDITOR

**Pedro Ruiz, M.D.**



Wolters Kluwer



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# KAPLAN & SADOCK'S SYNOPSIS OF PSYCHIATRY

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To my wife, Susan, who contributed to this work—and everything else—in more ways than she will ever know. Also to my sons, Rich and Greg—perhaps I helped encourage you once but now you are both my inspiration.

—RB

To my husband, Jonathan, and my children, Max and Sarah—for their encouragement, support, and inspiration in all that I do.

—MV





## Preface

---

“No one can replace him, Sir; I am only his successor.”

Thomas Jefferson would routinely say this when asked if he was replacing Benjamin Franklin as Minister to France. Although not quite the same historical scale, this aptly describes our feelings about taking over as editors for *Kaplan & Sadock's Synopsis of Psychiatry*.

*The Synopsis* was one of the first psychiatry books we encountered and was our “Bible” during our respective training years. As we became educators, it was the book that we recommended to our students and residents. In our roles as editors of the Psychiatry Resident-In-Training Examination®, administered by the American College of Psychiatrists to virtually all trainees in the United States, the *Synopsis* was the book we would most often turn to when deciding whether a given question on the test was within the accepted body of knowledge for all psychiatrists.

As we approach the book again from this new perspective, the time we have spent editing and revising the book has only given renewed respect for this fantastic work. The previous authors have done an incredible job of creating a book that is comprehensive, approachable, and frankly enjoyable to read.

Much of our approach to this new edition has been careful, and we have preserved much of the previous editions, often verbatim. Our edits have been either to incorporate discoveries in our rapidly growing field or to reorganize the book in a way we think practical for a new generation of psychiatrists. We have emphasized the clinical material upfront. The underlying science and theory of the field have been moved later in the book. This reorganization does not reflect any value or order of importance; it is meant to be practical: one can imagine a busy trainee grabbing the book during the day to answer a crucial question about the diagnosis or management of a patient, and later that day, with, hopefully, more time for reflection, sitting down and reading further to understand their patient more deeply.

Whenever we could, we grouped disorders syndromally. Thus, we first discuss the various depressive disorders' phenomenology as a group before discussing diagnosis and, eventually, treatment. This approach was a strategic choice as much modern research no longer groups patients by clinical diagnoses, and many incorporate larger groupings: depressed patients or psychotic patients, for example. That said, in deference to Emerson, we did not let our desire for organization and consistency become so rigid as to be foolish, and in cases where the disorders within a chapter are fundamentally different, we did create separate sections for each.

We realize that some may worry that our “practical” approach might take away some of the artistry of this book. Indeed, we no longer include many paintings, creative photos, and other artistic touches that were a defining part of previous volumes. These are personal choices reflecting on our personal approaches. We certainly do not wish to wring out all of the personality from the book, and we hope that our preservation of much of the prose, case histories,

and historical references keep some of what made the previous volumes special.

The other philosophy we bring to this work is that mental health is part of physical health, and one cannot discuss psychiatric disease except within the context of all medicines. Even the term “mind—body” seems obsolete and implying a divide that does not exist. We were frequently reminded of this as we edited during the COVID-19 pandemic and witnessed in our patients, faculty, and trainees how a simple virus can wreak such havoc on the psyche.

### HISTORY

This textbook evolved as a condensation of the *Comprehensive Textbook of Psychiatry*. That book is an extensive, two-volume work with many contributions by experts in the field. It helps those who require an exhaustive, detailed, and encyclopedic survey of the entire field. That work aims at all levels of expertise in the field who desire an up-to-date work that is as comprehensive as possible. This textbook is aimed more at the trainee, who needs a brief and more condensed statement of the field of psychiatry. Although, in essence, this book derives from the *Comprehensive Textbook of Psychiatry*, different purposes for each work result in a divergence. However, although we have reworked some sections of this book and written new content, we still owe an outstanding debt of gratitude to the more than 2,000 contributors to the current and previous editions of the *Comprehensive Textbook of Psychiatry*, all of whom have allowed us to synopsise their work. At the same time, we must accept responsibility for the modifications and changes in the new work.

### COMPREHENSIVE TEACHING SYSTEM

This textbook forms one part of a comprehensive system developed to facilitate the teaching of psychiatry and the behavioral sciences. At the head of the system is the *Comprehensive Textbook of Psychiatry*, which is global in depth and scope; it is designed for and used by psychiatrists, behavioral scientists, and all workers in the mental health field. *Synopsis of Psychiatry* is a briefer, highly modified, and current version useful for medical students, psychiatric residents, practicing psychiatrists, and mental health professionals. Two special editions derived from the *Synopsis*, *Concise Textbook of Clinical Psychiatry* and *Concise Textbook of Child and Adolescent Psychiatry*, contain descriptions of all psychiatric disorders, including their diagnosis and treatment in adults and children, respectively. They will be useful for clinical clerks and psychiatric residents who need a succinct overview of the management of clinical problems. Another part of the system, *Study Guide and Self-Examination Review of Psychiatry*, consists of multiple-choice questions and answers; it is designed for students of psychiatry and for clinical psychiatrists who require a review of the behavioral sciences and general psychiatry in preparation for a variety of examinations. The



questions are consistent with the format used by most standardized examinations. Other parts of the system are the various editions of the pocket handbooks: *Pocket Handbook of Clinical Psychiatry*, *Pocket Handbook of Psychiatric Drug Treatment*, *Pocket Handbook of Emergency Psychiatric Medicine*, and *Pocket Handbook of Primary Care Psychiatry*. Those books cover the diagnosis and treatment of psychiatric disorders, psychopharmacology, psychiatric emergencies, and primary care psychiatry, respectively, and are designed and written to be carried by clinical clerks and practicing physicians, whatever their specialty, for a quick reference. Finally, *Comprehensive Glossary of Psychiatry and Psychology* provides written definitions for psychiatrists and other physicians, psychologists, students, other mental health professionals, and the public. Together, these books create multiple approaches to the teaching, study, and learning of psychiatry.

## CLASSIFICATION OF DISORDERS

### DSM-5

The American Psychiatric Association published the fifth edition of the *American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders* in 2013; it is commonly called the DSM-5. It contains the official nomenclature used by psychiatrists and other mental health professionals in the United States, and many other countries also use the manual. The psychiatric disorders discussed in the textbook are consistent with and follow that nosology. We have chosen not to directly reproduce the DSM-5 criteria in either prose or table form. We expect that most psychiatrists and trainees already have access to the DSM-5; if not, we do highly recommend it. We include some tables outlining the primary symptoms, time courses, and other criteria associated with the major diagnoses to aid the reader with diagnostic reasoning.

### ICD-10

Readers also should be aware of a parallel classification system developed by the World Health Organization (WHO) called the *International Statistical Classification of Diseases and Related Health Problems* (ICD-10). There are textual differences between DSM and ICD, but according to treaties between the United States and the WHO, the diagnostic code numbers are identical to ensure uniform national and international psychiatric statistics. ICD diagnoses and numerical codes are accepted by Medicare, Medicaid, and private insurance companies for reimbursement purposes. ICD-10 is a comprehensive list of all medical diagnoses, not just psychiatric. It tends to be descriptive and allows more judgment than the DSM-5, which contains fixed numbers of criteria. ICD-10 is also older than DSM-5 and contains diagnoses no longer included in the newer manual. ICD-11 is currently available in draft form and is online at the WHO's website. The ICD-11 is more aligned with DSM-5. The WHO plans for this new edition of the ICD to go into effect in 2022. As much of the world still uses ICD-10 (including the United States, especially for billing purposes), we include it in our tables devoted to diagnostic reading. The reader will note the many similarities between DSM-5 and ICD-10 in those tables, as well as some interesting differences.

## CASE HISTORIES

Case histories are an integral part of *Synopsis*. They are used extensively throughout the text to add clarity and bring life to the clinical disorders described. Cases come from various sources. Many are

from the Sadocks' hospital colleagues or the Sadocks' own experience at Bellevue Hospital in New York. We have preserved most of these case studies as we believe that they expertly illustrate the sometimes abstract concepts described, and we thank the many contributors of those cases for allowing the Synopsis to use these cases in past and future editions.

## REFERENCES

Each section in *Synopsis* ends with several citations that include reviews of the literature and references in addition to relevant chapters in our more extensive textbook, *Comprehensive Textbook of Psychiatry*. References are limited in number; in part, this was to conserve space, but more importantly, we are mindful that modern-day readers consult Internet databases such as *PubMed* and *Google Scholar* to stay abreast of the most current literature, and we encourage that trend.

## ACKNOWLEDGMENTS

We sincerely appreciate the work of our distinguished Editorial Assistant, Arya Shah, M.D., who helped us to update much of the work, including epidemiology and much other research. Dr. Shah also took on the challenge of reviewing DSM-5 and ICD-10 to create the diagnostic comparative tables, which are new to this edition.

We also wish to thank our colleagues and friends at our respective departments. This impressive group includes the members of the Department of Psychiatry at the Brigham and Women's Hospital. A special thanks to David Silbersweig, M.D., the Chair of Psychiatry at the Brigham and Women's, who offered invaluable advice and mentorship throughout the creation of this work, and to Deborah German, M.D., the Vice President for Health Affairs and Dean of the College of Medicine at the University of Central Florida, for her support, encouragement, and mentorship.

We would also thank our many friends in psychiatry and medicine who live throughout the country. One of them, Josepha Cheong, M.D., at the University of Florida, has dubbed us an "Invisible College," and this is an apt description of the loose network of dear friends, many of them leaders in their fields, who are available at any time to offer advice, counsel, critique, and perspective, all delivered with an infectious sense of humor.

We want to take this opportunity to acknowledge those who have translated this and other *Kaplan & Sadock* books into foreign languages, including Chinese, Croatian, French, German, Greek, Indonesian, Italian, Japanese, Polish, Portuguese, Romanian, Russian, Spanish, and Turkish, in addition to a special Asian and international student edition.

A special thanks to the editorial team at Wolters Kluwer, who were patient with us as we took on this work. We put their patience to the test during the pandemic, and the editorial team was both supportive and encouraging as we helped manage the ramifications of the disease on our respective home fronts while we worked on this edition. Particular thanks go to Chris Teja, our Acquisitions Editor; Anne Malcolm, the Associate Director for Content Development; Ariel Winter, our Development Editor; Ashley Pfeiffer, our Editorial Coordinator; Karan Rana, our Project Manager and Bridgett Dougherty, the Vendor Manager.

Our most tremendous thanks go to Benjamin and Virginia Sadock. Sadly, the pandemic has required that we only know them through their reputations and electronic communication. We do thank them for trusting us with their brainchild. We cannot replace them, but we hope we can still do them proud.



## INTERVIEW

### Our Meeting with the Sadocks

In planning for this book, we were hoping to visit Benjamin and Virginia Sadock. However, like so many things, the pandemic made that impossible. We settled for a Zoom meeting. We wished to hear some of the book's history and get some advice from the experts. We also wanted to understand the goals and values that motivated them to take on this monumental task. Most of all, we just wanted to meet the people who were responsible for this fantastic work. So we joined the video call with great anticipation, not knowing what to expect.

Meeting people you have only known by reputation can play out in various ways. In this case, the experience was a lovely one. Ben and Virginia turned out to be a warm and friendly couple who were very gracious. They were a smart and energetic pair who played well off each other, at times reflective, other times witty, and always surprisingly humble. They were also happy to tell us about their life's work. They explained that the history of the *Synopsis* began with the *Comprehensive Textbook*, first published in 1967. It was initially about 1,000 pages, with about 200 contributors, edited by Harold Kaplan and Benjamin. Now, of course, it is closer to 5,000 pages with thousands of contributors. Still, even then, it was a massive book, so eventually, they had the idea to try to condense it into something that could be used by medical students and residents. They explained that they did a "cut and paste" of the more extensive book for the first edition of the *Synopsis*. We asked them to clarify and found that they meant a *literal* cutting up of portions of the *Comprehensive Textbook* with an X-ACTO knife, which they then pasted together to form the first edition, calling it the *Modern Synopsis of the Comprehensive Textbook of Psychiatry*. Several editions later, they shortened the title. They explained that as they continued to write new editions of the *Synopsis*, the authors felt that simply extracting bits from the *Comprehensive Textbook* read poorly. They gradually translated the grander work into their words while keeping some of the original book's prose until it became the hybrid between a multiple-contributor and consistently authored work that exists today.

They recalled that, sadly, Harold Kaplan died in 1998 while working on the seventh edition of the *Synopsis*, which is when Virginia became an official author. Benjamin clarified "official," as she had long been unofficially contributing to the book. Virginia noted that, among other things, she helped to add a female perspective to the book—a critical perspective: she was, she noted, only one of eight women in her class at New York Medical College.

They felt that an important goal for them in writing the *Synopsis* was to address their growing concern with the rise of technology and corporate medicine and their dehumanizing effect on medical education. Medical students, they felt, were trained to be "robotic

physicians." This dilemma is a problem all academic physicians still worry about as we heap more checklists, protocols, and electronic record-keeping on physicians. They hoped that their book could help to restore some humanism in psychiatric education.

Thus, although there has always been much science and groundbreaking research in the book, they have always kept the practicing physician in mind, which was easy for them as they continued to treat patients as they wrote the book. Indeed, the book is enormously popular among practicing psychiatrists. However, they related their surprise when they found that many nonpsychiatrists were also buying the book, including psychologists, various therapists, and many other professionals involved in treating patients with mental illnesses.

The Sadocks noted that there had been specific challenges, such as keeping up to date with the many revisions of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM). Although they acknowledge the occasional competition between these two popular books, they see the DSM and the *Synopsis* as complementary, with the DSM defining and their book explaining.

Much of their advice involved the aesthetics of the work. We were impressed with Virginia and Ben's careful thought to details such as the layout, the color scheme, and even the quality of paper used. Their advice helped us appreciate the importance of the work as a whole, including the book's look and feel.

In discussing the book's more than 50-year history, it was clear that the Sadocks rightly took a great deal of pride from their masterpiece. They described being somewhat critical about their first edition, and each time working to make the book better. They felt that their most recent 11th edition was as near to perfect as they could make it. Clearly, the book has grown from the "cut-and-paste" work of the first edition into a thoughtful work with an engaging style and a humanistic approach that incorporates art, history, philosophy, and many case studies. It also grew from a work that, as they related, was initially difficult to interest a publisher in, to become one of the most popular books in psychiatry. Most importantly, they rightfully took great pride in achieving their original goals of creating a work that moves beyond the checklist and outline style that defines many references, to a work that reflects both the art and science of medicine, emphasizing the whole patient.

The meeting ended with their blessing and good wishes. For us, it was a revelation and a great chance to gain some insight into the passion that goes into creating great work. We can only hope that we can learn from their advice and work and try our best to continue the book in the rich tradition that they have built. We also hope that they remain in the excellent health and spirits we encountered when we virtually met and that we can meet in person sometime soon.

Bob Boland and Marcy Verduin. 10/16/2020.





# Contents

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<b>A Clinical Psychiatry</b> .....	<b>1</b>
1. Examination and Diagnosis of the Psychiatric Patient.....	1
1.1 The Adult Patient.....	1
1.2 Children and Adolescents.....	74
1.3 Geriatric Patients.....	87
2. Neurodevelopmental Disorders and Other Childhood Disorders.....	93
2.1 Intellectual Disability.....	93
2.2 Communication Disorders.....	107
2.3 Autism Spectrum Disorder.....	122
2.4 Attention-Deficit/Hyperactivity Disorder.....	131
2.5 Specific Learning Disorder.....	141
2.6 Motor Disorders.....	149
2.7 Feeding and Eating Disorders of Infancy or Early Childhood.....	162
2.8 Trauma- and Stressor-Related Disorders in Children.....	167
2.9 Depressive Disorders and Suicide in Children and Adolescents.....	174
2.10 Early-Onset Bipolar Disorder.....	181
2.11 Disruptive Mood Dysregulation Disorder.....	185
2.12 Disruptive Behaviors of Childhood.....	186
2.13 Anxiety Disorders of Infancy, Childhood, and Adolescence: Separation Anxiety Disorder, Generalized Anxiety Disorder, and Social Anxiety Disorder (Social Phobia).....	194
2.14 Selective Mutism.....	201
2.15 Obsessive-Compulsive Disorder in Childhood and Adolescence.....	203
2.16 Early-Onset Schizophrenia.....	207
2.17 Adolescent Substance Use Disorders.....	211
3. Neurocognitive Disorders.....	224
3.1 Delirium.....	226
3.2 Dementia (Major Neurocognitive Disorder).....	233
3.3 Major or Minor Neurocognitive Disorder due to Another Medical Condition (Amnesic Disorders).....	245
3.4 Neurocognitive and Other Psychiatric Disorders due to a General Medical Condition.....	249
3.5 Mild Cognitive Impairment.....	262
4. Substance Use and Addictive Disorders.....	269
4.1 General Features of the Substance-Related Disorders.....	269
4.2 Alcohol-Related Disorders.....	275
4.3 Cannabis-Related Disorders.....	288
4.4 Opioid-Related Disorders.....	291
4.5 Sedative-, Hypnotic-, or Anxiolytic-Related Disorders.....	298
4.6 Stimulant-Related Disorders.....	302
4.7 Tobacco-Related Disorders.....	308
4.8 Caffeine-Related Disorders.....	312
4.9 Hallucinogen-Related Disorders.....	317
4.10 Inhalant-Related Disorders.....	325
4.11 Anabolic-Androgenic Steroid Use.....	327
4.12 Gambling Disorder.....	330
4.13 Other Disorders Related to the Addictive Disorders.....	332
5. Schizophrenia Spectrum and Other Psychotic Disorders.....	337
6. Bipolar Disorders.....	365
7. Depressive Disorders.....	379
8. Anxiety Disorders.....	401
9. Obsessive-Compulsive and Related Disorders.....	415
10. Trauma- and Stressor-Related Disorders.....	429
11. Dissociative Disorders.....	438
12. Somatic Symptom and Related Disorders.....	451
13. Feeding and Eating Disorders.....	469
14. Elimination Disorders.....	481
15. Sleep-Wake Disorders.....	486
16. Human Sexuality and Sexual Dysfunctions.....	517



- 17. Gender Dysphoria, Gender Identity, and Related Conditions . . . . . 547
- 18. Disruptive, Impulse-Control, and Conduct Disorders . . . . . 553
- 19. Personality Disorders . . . . . 560
- 20. Other Conditions that May be a Focus of Clinical Attention . . . . . 580

## **B Treatment Across the Lifespan . . . . . 591**

- 21. Psychopharmacology . . . . . 591
  - 21.1 Antipsychotics . . . . . 608
  - 21.2 Antidepressants . . . . . 624
  - 21.3 Mood Stabilizers . . . . . 648
  - 21.4 Anxiolytics . . . . . 668
  - 21.5 Drugs Used to Treat Sleep Disorders . . . 679
  - 21.6 Stimulants . . . . . 682
  - 21.7 Drugs Used to Treat Substance Use Disorders . . . . . 686
  - 21.8 Drugs Used for Cognitive Enhancement . . . . . 696
  - 21.9 Drugs Used to Treat Sexual Disorders . . . 699
  - 21.10 Drugs Used to Treat the Side Effects of Psychotropic Drugs . . . . . 701
  - 21.11 Nutritional Supplements and Related . . . 710
- 22. Other Somatic Therapies . . . . . 729
- 23. Psychotherapy . . . . . 745
- 24. Psychiatric Rehabilitation and Other Interventions . . . . . 792
- 25. Consultation to Other Disciplines . . . . . 799
  - 25.1 Consultation-Liaison Psychiatry . . . . . 799
  - 25.2 Geriatric Psychiatry . . . . . 804
  - 25.3 Psychiatric Emergencies . . . . . 809
- 26. Level of Care . . . . . 825

## **C Other Issues Relevant to Psychiatry . . . 829**

- 27. Ethics and Professionalism . . . . . 829
- 28. Forensic and Legal Issues . . . . . 836
- 29. End-of-Life Issues and Palliative Care . . . . . 847
  - 29.1 Death, Dying, and Bereavement . . . . . 847
  - 29.2 Palliative Care . . . . . 853
  - 29.3 Euthanasia and Physician-Assisted Suicide . . . . . 863
- 30. Community Psychiatry . . . . . 867
- 31. Global and Cultural Issues in Psychiatry . . . . 875

## **D Contributions from the Sciences and Social Sciences to Psychiatry . . . . 883**

- 32. Normal Development and Aging . . . . . 883
  - 32.1 Infant, Child, and Adolescent Development . . . . . 883
  - 32.2 Adulthood . . . . . 905
  - 32.3 Old Age . . . . . 913
- 33. Contributions from the Neurosciences . . . . . 922
- 34. Contributions from the Behavioral and Social Sciences . . . . . 1007
  - 34.1 Contributions from the Psychosocial Sciences . . . . . 1007
  - 34.2 Normality and Mental Health . . . . . 1034
  - 34.3 Contributions from the Sociocultural Sciences . . . . . 1040
  - 34.4 Theories of Personality and Psychopathology . . . . . 1057
- 35. A Brief History of Psychiatry . . . . . 1096

Glossary of Terms Relating to Signs and Symptoms 1135

Index 1147