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Since the publication of the Institute of Medicine (IOM) report Clinical Practice Guidelines We Can Trust in 2011, there has been an increasing emphasis on assuring that clinical practice guidelines are trustworthy, developed in a transparent fashion, and based on a systematic review of the available research evidence. To align with the IOM recommendations and to meet the new requirements for inclusion of a guideline in the

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National Guidelines Clearinghouse of the Agency for Healthcare Research and Quality (AHRQ), American Psychiatric Association (APA) has adopted a new process for practice guideline development. Under this new process APA's practice guidelines also seek to provide better clinical utility and usability. Rather than a broad overview of treatment for a disorder, new practice guidelines focus on a set of discrete clinical questions of relevance to an overarching subject area. A systematic review of evidence is conducted to address these clinical questions and involves a detailed assessment of individual studies. The quality of the overall body of evidence is also rated and is

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summarized in the practice guideline. With the new process, recommendations are determined by weighing potential benefits and harms of an intervention in a specific clinical context. Clear, concise, and actionable recommendation statements help clinicians to incorporate recommendations into clinical practice, with the goal of improving quality of care. The new practice guideline format is also designed to be more user friendly by dividing information into modules on specific clinical questions. Each module has a consistent organization, which will assist users in finding clinically useful and relevant information quickly and easily. This new edition of the practice guidelines

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on psychiatric evaluation for adults is the first set of the APA's guidelines developed under the new guideline development process. These guidelines address the following nine topics, in the context of an initial psychiatric evaluation: review of psychiatric symptoms, trauma history, and treatment history; substance use assessment; assessment of suicide risk; assessment for risk of aggressive behaviors; assessment of cultural factors; assessment of medical health; quantitative assessment; involvement of the patient in treatment decision making; and documentation of the psychiatric evaluation. Each guideline recommends or suggests topics to include during an initial

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psychiatric evaluation. Findings from an expert opinion survey have also been taken into consideration in making recommendations or suggestions. In addition to reviewing the available evidence on psychiatry evaluation, each guideline also provides guidance to clinicians on implementing these recommendations to enhance patient care.

The history of psychiatry is complex, reflecting diverse origins in mythology, cult beliefs, astrology, early medicine, law religion, philosophy, and politics. This complexity has generated considerable debate and an increasing outflow of historical scholarship, ranging from the

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enthusiastic meliorism of pre-World War II histories, to the iconoclastic revisionism of the 1960s, to more focused studies, such as the history of asylums and the validity and efficacy of Freudian theory. This volume, intended as a successor to the centennial history of American psychiatry published by the American Psychiatric Association in 1944, summarizes the significant events and processes of the half-century following World War II. Most of this history is written by clinicians who were central figures in it. In broad terms, the history of psychiatry after the war can be viewed as the story of a cycling sequence, shifting from a predominantly biological to a psychodynamic

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perspective and back again -- all presumably en route to an ultimate view that is truly integrated -- and interacting all the while with public perceptions, expectations, exasperations, and disappointments. In six sections, Drs. Roy Menninger and John Nemiah and their colleagues cover both the continuities and the dramatic changes of this period. The first four sections of the book are roughly chronological. The first section focuses on the war and its impact on psychiatry; the second reviews postwar growth of the field (psychoanalysis and psychotherapy, psychiatric education, and psychosomatic medicine); the third recounts the rise of scientific empiricism

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(biological psychiatry and nosology); and the fourth discusses public attitudes and perceptions of public mental health policy, deinstitutionalization, antipsychiatry, the consumer movement, and managed care. The fifth section examines the development of specialization and differentiation, exemplified by child and adolescent psychiatry, geriatric psychiatry, addiction psychiatry, and forensic psychiatry. The concluding section examines ethics, and women and minorities in psychiatry. Anyone interested in psychiatry will find this book a fascinating read.

Alcohol use disorder (AUD) is a

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major public health problem in the United States. The estimated 12-month and lifetime prevalence values for AUD are 13.9% and 29.1%, respectively, with approximately half of individuals with lifetime AUD having a severe disorder. AUD and its sequelae also account for significant excess mortality and cost the United States more than \$200 billion annually. Despite its high prevalence and numerous negative consequences, AUD remains undertreated. In fact, fewer than 1 in 10 individuals in the United States with a 12-month diagnosis of AUD receive any treatment. Nevertheless, effective and evidence-based interventions are available, and treatment is

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associated with reductions in the risk of relapse and AUD-associated mortality. The American Psychiatric Association Practice Guideline for the Pharmacological Treatment of Patients With Alcohol Use Disorder seeks to reduce these substantial psychosocial and public health consequences of AUD for millions of affected individuals. The guideline focuses specifically on evidence-based pharmacological treatments for AUD in outpatient settings and includes additional information on assessment and treatment planning, which are an integral part of using pharmacotherapy to treat AUD. In addition to reviewing the available evidence on the use of AUD

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pharmacotherapy the guideline offers clear, concise, and actionable recommendation statements, each of which is given a rating that reflects the level of confidence that potential benefits of an intervention outweigh potential harms. The guideline provides guidance on implementing these recommendations into clinical practice, with the goal of improving quality of care and treatment outcomes of AUD.

Erik H. Erikson's way of looking at things has contributed significantly to the understanding of human development and the nature of man. This collection of his writings reflects the evolution of his ideas over the course of 50

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years, beginning with his earliest experiences in psychoanalysis in Vienna. The papers cover a wide spectrum of topics, from children's play and child psychoanalysis to the dreams of adults, cross-cultural observations, young adulthood and the life cycle. The text also contains reminiscences about colleagues such as Anna Freud and Ruth Benedict who played important roles in Erikson's life and work.

Developed by experts on schizophrenia and exhaustively reviewed by APA members, the "American Psychiatric Association Practice Guideline for the Treatment of Patients With Schizophrenia" provides

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therapists with a set of patient care strategies that will aid their clinical decision making. The guideline describes the best and most appropriate treatments available to patients with schizophrenia, including psychopharmacological treatments, ECT, and psychosocial and community interventions. It delineates the process of treatment planning and identifies areas in which research may improve our understanding and management of this condition. This guideline will also help managed care organizations develop more scientifically based and clinically sensitive criteria for the utilization and reimbursement of psychiatric services. Armed with these

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guidelines, clinicians can improve the care of their patients with schizophrenia and enable them to lead happier and more productive lives.

Four sections address topics such as the history of the TGNC experience, mental health factors particular to the TGNC community, physical health -- including hormones -- of TGNC individuals, gender-affirming surgical procedures, and nonsurgical interventions.

Summarizing key points and review questions are included at the end of each chapter.

Poverty, substandard medical care, social neglect or withdrawal, unhealthy lifestyle -- these are

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Just some of the contributors to the substantial morbidity of patients with severe mental illness. Medical deteriorations are often unexpected and severe, and particularly difficult to evaluate in the context of psychotic disorders. For this new edition, the Handbook of Medicine in Psychiatry has been updated and streamlined to provide a realistic approach to the medical issues encountered in psychiatric practice by helping clinicians answer whether their patient: Is at risk of dying or becoming severely disabled. Requires an immediate therapeutic intervention for a potentially life-threatening condition. Needs to be transferred to an emergency medicine setting. Requires urgent

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changes made in the current medication regimen. Clinical vignettes for each chapter illustrate the complexity of the presentation of abnormal vital signs and somatic disorders in psychiatric settings, including fever, hypertension, seizures, and nausea and vomiting. The guide also provides risk stratification for major complications -- from abnormal thyroid function and acute kidney injury to myocarditis and venous thromboembolism -- enabling readers to determine the need for a transfer of the patient to an emergency medicine setting. A brand-new section features thorough discussions of topics requiring interdisciplinary collaboration with geriatricians,

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neurologists, anesthesiologists, addiction medicine, and adolescent medicine specialists. Clinicians working in today's busy inpatient and outpatient psychiatric settings will find in these pages a cognitive framework and knowledge base that will aid them in accurate decision making in the conditions of uncertainty created by potentially major medical deteriorations of the vulnerable populations under their care.

From Aaron T. Beck and colleagues, this is the definitive work on the cognitive model of schizophrenia and its treatment. The volume integrates cognitive-behavioral and biological knowledge into a comprehensive

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conceptual framework. It examines the origins, development, and maintenance of key symptom areas: delusions, hallucinations, negative symptoms, and formal thought disorder. Treatment chapters then offer concrete guidance for addressing each type of symptom, complete with case examples and session outlines. Anyone who treats or studies serious mental illness will find a new level of understanding together with theoretically and empirically grounded clinical techniques.

The author's approach to depression, anxiety, and obsessive-compulsive disorder demonstrates how to strengthen

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sections of the brain connected to spiritual well-being through exercise, meditation, and breathing techniques.

Widely recognised as the standard text for trainee psychiatrists, the Shorter Oxford Textbook of Psychiatry stands head and shoulders above the competition. The text has been honed over five editions and displays a fluency, authority and insight which is not only rarely found but makes the process of assimilating information as smooth and enjoyable as possible. The book provides an introduction to all the clinical topics required by the trainee psychiatrist, including all the sub-specialties and major psychiatric

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conditions. Throughout, the authors emphasize the basic clinical skills required for the full assessment and understanding of the patient. Discussion of treatment includes not only scientific evidence, but also practical problems in the management of patients their family and social context. The text emphasizes an evidence-based approach to practice and gives full attention to ethical and legal issues. Introductory chapters focus on recognition of signs and symptoms, classification and diagnosis, psychiatric assessment, and aetiology. Further chapters deal with all the the major psychiatric syndromes as well as providing detailed coverage of

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pharmacological and psychological treatments. The book gives equal prominence to ICD and DSM classification - often with direct comparisons - giving the book a universal appeal. The Shorter Oxford Textbook of Psychiatry remains the most up-to-date secondary level textbook of psychiatry available, with the new edition boasting a new modern design and greater use of summary boxes, tables, and lists than ever before. The extensive bibliography has been brought up-to-date and there are targeted reading lists for each chapter. The Shorter Oxford Textbook of Psychiatry fulfils all the study and revision needs of psychiatric trainees, but will also prove useful to medical students, GPs,

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qualified psychiatrists, and those in related fields who need to be kept informed with current psychiatric practice.

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