

understanding, treatment, and management of patients with eating disorders, particularly the part of their treatment that is best described as medical. It is concerned primarily with AN, because it has the most serious medical manifestations, the greatest and longest morbidity, and the highest mortality rate among all eating disorders. However, relevant issues relating to other eating or dieting disorders are also discussed. The intended audience are predominantly medical practitioners, psychiatrists, physicians, paediatricians, and general practitioners who are responsible for the

physical health of the eating disorder patients. But this book will also be helpful to other health care professionals involved with these patients, particularly nurses, dietitians, welfare workers, teachers, and psychologists.

M Lam, FHKAM (Psychiatry), FHKCPsych  
Kwai Chung Hospital, Hong Kong  
DTS Lee, FHKAM (Psychiatry), FHKCPsych  
Department of Psychiatry, The Chinese University of Hong Kong, Shatin, Hong Kong

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## Practice guidelines for the treatment of psychiatric disorders: compendium 2004

*American Psychiatric Association, 1000 Wilson Boulevard, Arlington, VA 22209-3901, United States*  
USD\$83.50, pp 1104, ISBN 0 89042 375 X (hardcover)  
USD\$67.00, pp 1104, ISBN 0 89042 376 8 (paperback)

The practice guidelines published by the American Psychiatric Association (APA) comprise a set of recommendations on the treatment of psychiatric disorders based on available evidence and clinical consensus. In publishing the guidelines, the APA has made a timely response to the rapid advances in scientific knowledge in the last few decades, also to the need to establish a consensus concerning the best treatments and options available and to concerns about quality and cost of health care.

The APA has developed the guidelines following requirements set by the American Medical Association and the Institute of Medicine. Under the direction of a Steering Committee, it set up work groups consisting of clinicians, academicians, and researchers with special knowledge and experience of the particular topic. The literature is comprehensively reviewed and the evidence base derived from research studies. Successive drafts are reviewed by APA components and members and other psychiatrists with special interest in the topic. The strength of the evidence base is indicated by a coding system which helps readers form their own judgement as to the usefulness of the recommendations. To keep readers updated on each guideline, it is intended to publish new developments on the APA website ([www.psych.org](http://www.psych.org)) after the publication of the guidelines.

The 2004 compendium contains 11 practice guidelines covering the following diagnostic categories: dementia (1997), panic disorder (1998), delirium

(1999), major depressive disorder (2000), eating disorders (2001), borderline personality disorder (2001), bipolar disorder (2002), and schizophrenia (2004).

A practice guideline on acute stress disorder and post-traumatic stress disorder (2004) not in the compendium is available free on the APA website, as also are all the other guidelines. The practice guideline for substance use disorders published in 1995 has been withdrawn but a second edition is planned for 2006. A practice guideline for obsessive compulsive disorder is expected to be published in 2006.

Each practice guideline follows a standardised format for systematic presentation and ease of reference, and generally the more recent the publication the better the presentation. The guidelines for bipolar disorder, schizophrenia, acute stress disorder, and post-traumatic stress disorder are especially instructive. Speculative theories are avoided. There is a slant towards the biological approach with, for example, more emphasis on the value of electroconvulsive therapy. Possibly less useful to clinicians in Hong Kong is the detailed practice guideline for HIV/AIDS.

The practice guidelines achieve their purpose of helping psychiatrists make clinical decisions. Equally important they identify areas where knowledge is lacking—useful to clinicians and researchers

alike. They make psychiatry more evidence-based and therefore more scientific, credible, and acceptable.

The practice guidelines are user-friendly, clear, and concise. They give detailed recommendations concerning practical issues in the implementation of treatment, such as treatment-resistant illness, side-effects, co-morbid disorders, complicating socio-cultural factors, and concurrent general medical conditions. They are essential reading for psychiatrists from specialists to trainees. They are approved by the American Board of Psychiatry and Neurology for Continuing Medical Education (CME) for maintenance of certification. Psychiatrists of different persuasions will find value in them. They are also of value to other mental health and medical professionals as well as health care providers concerned about cost, and are of interest to the general public.

The APA practice guidelines achieve a commendable synthesis of scientific knowledge in the treatment of psychiatric disorders. Although practice guidelines are being developed by other groups and organisations,

the APA guidelines remain more authoritative.

It is also important to emphasise how not to use such practice guidelines. They must not play the dominant role in clinical decision-making: this belongs to the physician. Guidelines should always only guide, not lead. In making clinical decisions, the physician takes into account more than knowledge from guidelines or any scientific literature. He needs to also consider those aspects of the patient that are unique and not covered by any textbook or documentation. To such uniqueness of the patient, he adds his own uniqueness as physician in experience, aptitude, and interest which he applies to problem-solving. A guideline must therefore remain an aid. There is a danger that this may be forgotten as with inevitable advances in knowledge, increasingly authoritative guidelines are produced, and reliance may be placed on them in medical negligence claims.

K Singer, FRCP, FRCPsych  
Room 1105, New World Tower  
16-18 Queen's Road Central  
Hong Kong

## **Answers to CME Programme *Hong Kong Medical Journal* February 2005 issue**

Hong Kong Med J 2005;11:7-11

### **I. Laparoscopic nephrectomy: an early experience at Queen Mary Hospital**

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|---|---------|----------|----------|----------|----------|
| A | 1. True | 2. True  | 3. False | 4. False | 5. False |
| B | 1. True | 2. False | 3. False | 4. True  | 5. False |

Hong Kong Med J 2005;11:13-9

### **II. Screening of dementia in Chinese elderly adults by the clock drawing test and the time and change test**

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|---|----------|---------|----------|----------|----------|
| A | 1. False | 2. True | 3. False | 4. False | 5. False |
| B | 1. False | 2. True | 3. True  | 4. False | 5. True  |