

BOOKS, THE CHILDREN OF THE BRAIN

'Acquainted With the Night'

For a view of mental illness from a parent's perspective and a view of our profession from the outside, psychiatrists may wish to read Paul Raeburn's "Acquainted with the Night: A Parent's Quest to Understand Depression and Bipolar Disorder in His Children" (New York: Broadway Books, 2004).

The book begins with the events that preceded the first psychiatric admission of Alex, the author's second son. It describes surprise, fear, impotence, and many other emotions as the author struggles to follow an ambulance taking his son to a psychiatric hospital 40 miles from his home. It also introduces the sense of failure that permeates most of the rest of the book.

Although this opening makes dramatic sense, a clinician would prefer to learn the story from the beginning. This is the account of the tribulations of a family affected by mental illnesses complicated by alcoholism and marital conflict. The father and all three of his children have tempers that lead to confrontations, which, on occasion, are physical and public.

One of his sons, Alex, eventually reports his use of cocaine, hallucinogens, mushrooms, Percocet, and codeine.

Liz, the mother, and Alicia, the only daughter, abuse alcohol and are treated for depression.

Matt, the older son, although not suffering a mental illness, becomes estranged from the family.

Alicia shows anorexic and bulimic behavior, uses marijuana and alcohol, and cuts herself severely: "Her shoulders were crisscrossed with short, jagged, irregular marks, like the scribbles of an infant with a crayon," Mr. Raeburn writes. "It was heartbreaking to look at them."

When Alex starts to display temper tantrums, the clash of tempers becomes dangerous, as in this incident, set in the family's bathroom: "Desperately fighting the urge to hit him, I grabbed him by the shoulders, pushed him back toward the

toilet, and shoved him down onto the seat," the author says. "The toilet bowl cracked, and a jet of water shot across the bathroom floor."

Mr. Raeburn eventually begins to recognize the toll his anger is taking, and he is finally able to make connections that psychiatrists consider relevant: "It was not until I began to work on this book that I realized how much this anger was a part of me, how much it had been since I was a child," he writes. "And it occurred to me that there was some parallel with Alex's illness. Anger is one of its hallmarks. Where did that anger come from? Could I have been the source of the genetic bits that gave rise to his bipolar disorder?"

In time, the bitterness, fighting, and lack of communication escalated to the point where the marriage couldn't be saved. By the end of the book, the parents are divorced, the children are doing better on medications that are known to help depression and bipolar disorder, and the father is gaining insight. The experience leaves the family with negative opinions about psychiatry.

Their problems, however, have less to say about psychiatry and more about how managed health care deals with psychiatric disorders. The family had health insurance through an HMO, and it's clear that they were frequently exposed to what can be described as mangled, truncated, or mutilated health care.

Examples abound:

► Seemingly, no one ever made an attempt to carefully investigate, organize, verify, and use information about the family. Diagnoses and treatments were therefore unsatisfactory and incomplete.

► The many psychiatrists the family saw provided brief, limited, and infrequent interventions. Their ideas, rationales, and strategies were a mystery to the family. And the medications they prescribed were often clearly inappropriate. Why should a depressed boy be started on Mellaril (thior-

idazine)? Or Ritalin (methylphenidate)?

► The psychiatrists failed to interact with counselors, therapists, and others involved in the patients' care. They did not even regularly share information when one of the children would go into and out of hospitals, or when several professionals were seeing different members of the family.

► Furthermore, the nonsystem of mangled (not managed) care failed to respond to difficult situations and crises. No program seems to have been in place to offer rapid and effective intervention when problems started at home, at school, or

credentials, "Acquainted with the Night" is utterly disappointing. It contains generalizations that defy available evidence, misstatements of fact, and plainly incorrect information. I will mention only two of the many problems.

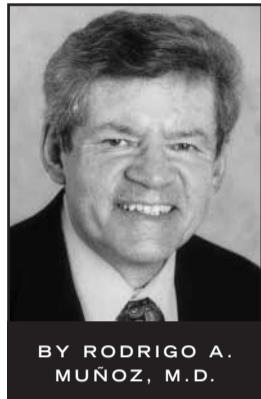
One statement that may reflect the author's frustration, rather than any research or scientific evidence, is his lament about "the steep decline of American psychiatry during the past half century." We are actually quite proud of the enormous progress in diagnosis and in the evaluation of verbal and somatic treatments during this period. Solid evidence shows that psychiatric strategies have advanced to the point where their reliability and validity are comparable to strategies in other branches of medicine. The catastrophes brought about by managed care do not justify a shotgun attack on psychiatry—itself a victim of managed care.

Out of the blue, Mr. Raeburn inveighs against international medical graduates (IMGs), supposedly because we (I proudly include myself among the ranks of IMGs) do not know the culture. He might be surprised to learn that much research on cultural issues in medicine has been undertaken by IMGs.

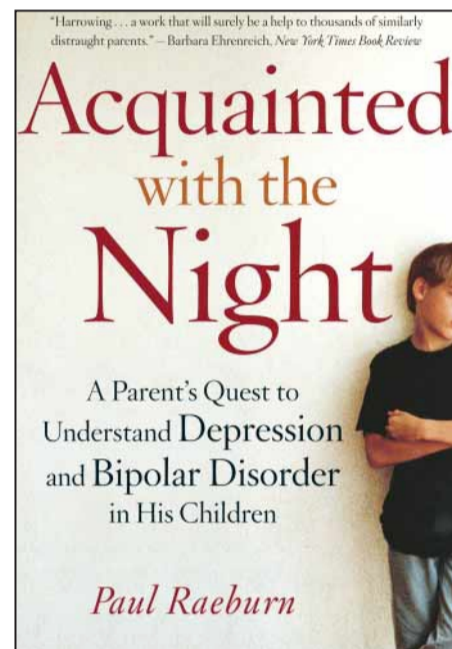
And which culture is it that we IMGs are supposed to be ignorant of? What would Mr. Raeburn do about Miami, where most of the current population was born abroad? What about a state like California, where minorities make up a majority of the population? A major national award is being given this year to a Latino mental health activist in Connecticut, Mr. Raeburn's home state. I think the evidence shows that dedicated and properly trained IMGs are not part of the problem: They're part of the solution.

Despite my criticisms, I do plan to use this book as an object lesson to teach my students about the enormous problems we psychiatrists have in getting a fair hearing, even from those who, as in the case of this family, finally benefit from our efforts. ■

Dr. Muñoz is a psychiatrist in private practice in San Diego. He can be reached at cpnews@elsevier.com.



BY RODRIGO A. MUÑOZ, M.D.



The family's problems say less about psychiatry than about managed care.

with people close to one of the patients—every one a missed opportunity.

A breakthrough came when Mr. Raeburn met Paul J. Fink, M.D., who guided him to look for better care away from the HMO.

Mr. Raeburn is an award-winning science journalist; during the events described in this book, he was a senior writer and editor at Business Week, and served as president of the National Association of Science Writers. Research for this book, he writes, led him to talk to "countless parents, children, psychiatrists, researchers, and therapists." Given these

Prenatal, Maternal Factors Tied to Later Suicidal Behavior

BY SHARON WORCESTER
Tallahassee Bureau

Certain prenatal and maternal factors may be associated with attempted or completed suicide in offspring, according to Ellenor Mittendorfer-Rutz and her colleagues at the Karolinska Institute, Stockholm.

In a large cohort study involving more than 713,000 young adults born in Sweden between 1973 and 1980 and followed through 1999, a total of 563 committed suicide, and 6,676 at-

tempted suicide. A significantly increased risk for attempted suicide was found in those with gestational age-adjusted short birth length, defined as length between 39 and 47 cm (hazard ratio 1.29), as well as in those born fourth or later in birth order (hazard ratio 1.79).

They also found this increased risk in those born to mothers with a low educational level, defined as fewer than 9 years of education (hazard ratio 1.36), and in those born to a teenage mother (hazard ratio 2.09).

Significant predictors of completed suicide included gestational age-adjusted low birth weight, defined as birth weight below 2,500 g (hazard ratio 2.23) and being born to a teenage mother (hazard ratio 2.30), the investigators found (Lancet 2004;364:1135-40).

They acknowledged that the study is limited by the fact that some patient registers exclude those who were not admitted after a suicide attempt, and by the upper patient age of 26 in this study, which suggests the findings

may not apply to older individuals. But they also noted that their findings are in accord with those from earlier studies suggesting a link between low birth weight and various mental disorders, as well as between maternal education level and attempted suicide; teenage motherhood and attempted and completed suicide; and multiparity of at least four and major suicide risk factors.

The findings open a new line of inquiry regarding the relationship between intrauterine and perinatal conditions and other contrib-

utors, which might lead to clarification of the determinants of the heritability of suicidal behavior, Maria Oquendo, M.D., and Enrique Baca-Garcia, M.D., said in an accompanying editorial (Lancet 2004;364:1102-3).

The effects of the risk factors identified in the study are mild, and less than the risks conferred by family history of suicidal behavior, but the findings do aid in the construction of a model for understanding—and thus possibly preventing—suicidal behavior, they said. ■