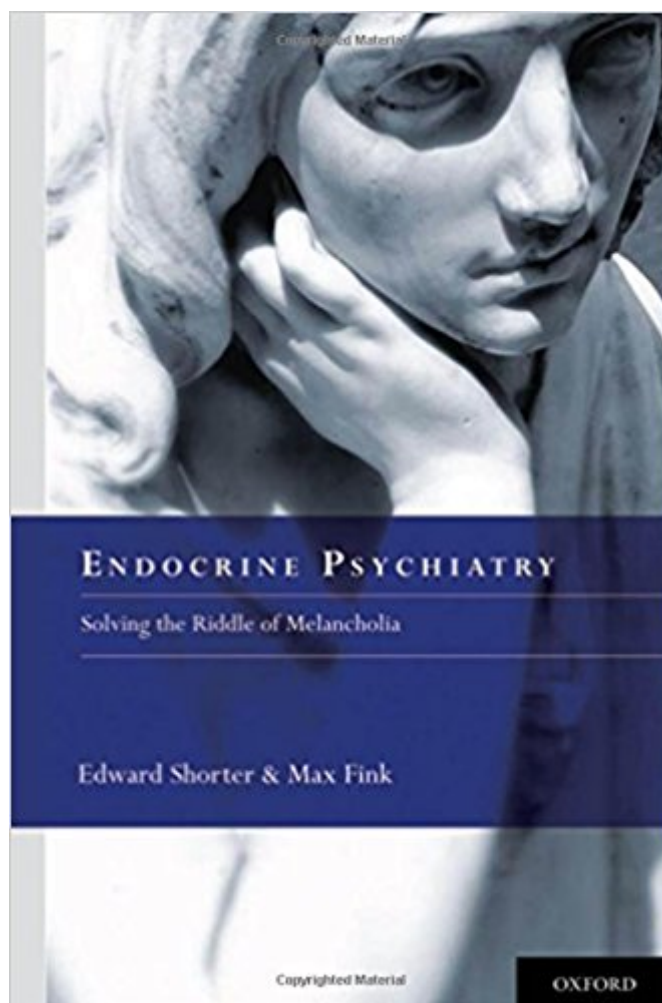


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# Endocrine Psychiatry: Solving The Riddle Of Melancholia



## Synopsis

The riddle of melancholia has stumped generations of doctors. It is a serious depressive illness that often leads to suicide and premature death. The disease's link to biology has been intensively studied. Unlike almost any other psychiatric disorder, melancholia sufferers have abnormal endocrine functions. Tests capable of separating melancholia from other mood disorders were useful discoveries, but these tests fell into disuse as psychiatrists lost interest in biology and medicine. In the nineteenth century, theories about the role of endocrine organs encouraged endocrine treatments that loomed prominently in practice. This interest faded in the 1930s but was revived by the discovery of the adrenal hormone cortisol and descriptions of its abnormal functioning in melancholic and psychotic depressed patients. New endocrine tests were devised to plumb the secrets of mood disorders. Two colorful individuals, Bernard Carroll and Edward Sachar, led this revival and for a time in the 1960s and 1970s intensive research interest established connections between hormone dysfunctions and behavior. In the 1980s, psychiatrists lost interest in hormonal approaches largely because they did not correlate with the arbitrary classification of mood disorders. Today the relation between endocrines and behavior have been disregarded. This history traces the enthusiasm of biological efforts to solve the mystery of melancholia and their fall. Using vibrant language accessible to family care practitioners, psychiatrists and interested lay readers, the authors propose that a useful, a potentially live-saving connection between medicine and psychiatry, has been lost.

## Book Information

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## Customer Reviews

"Is the timing right for this sort of publication? Probably. As the title implies a fall has occurred so it is hard to say whether it will be of interest. In reality I would say rise, fall, another rise with the concept of CRH antagonists for depression in the 1990s and in the past couple of years (peaking now) another all because they don't work for depression. Dr. Fink is an internationally known expert on ECT. . . . I would buy a copy and enjoyed reading the chapters provided." --E. Sherwood Brown, M.D., P.h.D Associate Professor, Director, Psychoneuroendocrine Research Program, Department of Psychiatry, University of Texas Southwestern Medical Center Dallas, TX"Dr. Max Fink is one of the originators of modern psychiatric therapeutics, and his historical perspectives would be of interest. I personally would buy this book." --Owen M. Wolkowitz, MD Professor of Psychiatry, UCSF School of Medicine San Francisco, CA"With a strategic organization, the book effectively provides the necessary introduction in the first several chapters, while the latter chapters present the challenges and shortcomings of endocrine psychiatry." --Doody's

Edward Shorter, PhD Professor of the History of Medicine Hannah Chair in the History of Medicine Professor of Psychiatry Faculty of Medicine University of Toronto Max Fink, MD Professor of Psychiatry and Neurology Emeritus School of Medicine State University of New York at Stony Brook New York, NY

I discovered this monograph unexpectedly at the local university library while looking for books on the thyroid. Having hypothyroidism and DSM, Axis-1 diagnoses (ocd/bipolar 2), client-side experience in psychotherapy as well as a history degree and some affective neuroscience and psychology exposure, I found this book personally and academically edifying! It's interesting and exciting to learn of professionals who are interested in the link between hormones, central nervous system abnormalities, and psychopathology. I suppose being hypothyroidic and suffering from depression and anxiety primed me to accept the obvious hypothesis that the endocrine system is implicated in patho(psycho)physiology. The authors write technically, but somewhat accessibly for the diligent layman, while elucidating the muddled tango of endocrinology and psychiatry. A central thesis of the book is the dexamethasone suppression test (DST) as a clinically useful measure for melancholia and catanoia that psychiatry has misunderstood and misinterpreted in light of the vague classification of depression in the APA's Diagnostic and Statistical Manual (DSM). The authors seem sincerely interested in both a renewal of psychoneuroendocrinology and a more scientific basis for the field of psychiatry. The hope for a medically-modeled test that would help in

psychiatric treatment protocols is advocated and exemplified in the DST. Sprinkled with interviews, history, research studies, and educated opinion, "Endocrine Psychiatry" also touches upon the human person as patient and the aspiration that relief and recovery will arise from a more scientifically-informed psychiatry. For that to happen, the authors argue, it is time for psychiatry to have another look at endocrinology. I recommend this work and hope that professionals will not be benefited.

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