A Tale Of Two Countries
by Bruce L. Rollman and Herbert C. Schulberg

Reinventing Depression: A History of the Treatment of Depression in Primary Care, 1940–2004
by Christopher M. Callahan and German E. Berrios
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The development of effective treatments for primary care patients who present with depressive symptoms has been the subject of intense research efforts and growing public interest for at least the past four decades. Those entering the mental health services research field in recent years might take for granted our knowledge of depression's clinical epidemiology in primary care practice—that is, a point prevalence rate of 6–10 percent for Diagnostic and Statistical Manual (DSM) major depression and a similar rate for either minor depression or dysthymia. Newcomers to the field might also think little of how their predecessors developed such research instruments as the Hamilton Rating Scale for Depression to track the severity of mood episodes; how they formulated the landmark 1993 Agency for Health Care Policy and Research (AHCPR) Clinical Practice Guideline report, which recommended best treatment practices based on then-available evidence; or how they conducted the dozen or so well-designed clinical trial studies that conclusively established the effectiveness (and cost-effectiveness) of these guidelines when delivered in primary care settings. Nevertheless, it is important that today's investigators and policymakers be familiar with the journey traveled by their predecessors and how we have arrived at our present state of knowledge so that future efforts capitalize on this history.

With this aim of helping readers develop a broader perspective regarding "where we are, how we got here, and where we need to go," Christopher Callahan, a U.S. primary care physician and mental health services researcher, and German Berrios, a Cambridge historian, have written this highly commendable volume, which analyzes recent developments in primary care treatments for depression and offers a view of the field's future. Their work admirably describes how an increasingly sophisticated field of scientific endeavor achieved its present state. It is replete with interesting, related anecdotes on penicillin, syphilis, public health, cardiovascular disease, the sometimes accidental development of various psychoactive medications, and references from Catch-22, Brave New World, Mark Twain, and other literary sources. The authors offer insights into the public's evolving views of mental illness, and they highlight key clinical trials that have advanced our understanding. Another interesting feature of this volume is its frequent comparison of the U.S. mental health care system and the U.K. National Health Service (NHS), which in certain ways is the more progressive of the two.

The book is meaningfully divided into three parts. In the first, the authors employ excerpts from contemporaneous reports and speeches to show that the "good old days" before Medicare, managed care, and the NHS weren't always as good as some people care to remember and that primary care physicians were as har-

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ried as they are today.

For readers already familiar with these arguments and the depression-specific treatment trials conducted in primary care settings over the past decade, the book’s second part on the origins of the current treatment model is perhaps the most informative. Here the authors describe how World War II spurred changes in psychiatry from its focus on the severely mentally ill and those institutionalized toward preventing psychiatric casualties among soldiers and the needs of community populations afflicted with “neuroses” and other poorly characterized symptoms. The authors then make a succinct case for how our current treatment paradigm rests on four pillars: (1) new diagnostic criteria for emotional disorders leading to a shared common language for defining who is “sick”; (2) new measures of severity to validly gauge recovery; (3) a disease-specific biomedical framework; and (4) a better understanding of the clinical epidemiology of emotional disorders in primary care. With this framework in place, the field rapidly advanced in the 1990s, particularly through a series of effectiveness trials, which demonstrated that treatments developed in the specialty mental health sector could successfully be transferred to primary care.

Yet, as the authors emphasize in their volume’s third and final part, we are not at “the end of history.” The field must now solve the critical dilemma of how best to deliver and to pay for high-quality depression treatment in routine practice settings. Intriguingly, the authors pose a dilemma and use public health models to explain why, given all of the clinical advances and resources devoted to recognizing and treating depression in primary care, the prevalence of depression in the community has not declined as it has for certain other conditions (such as hypertension). In their final chapter the authors summarize several recurring themes and present their informed insights about where the field is headed and how it must advance with primary care physicians playing key leadership roles.

Callahan and Berrios do not address the question of whether increased attention to the impact of depression on such prevalent comorbid medical problems as diabetes, hypertension, tobacco cessation, or chronic pain syndromes could have sped acceptance of treatment for depression by patients and primary care physicians. Also unaddressed is why primary care physicians have not devoted more attention to the treatment of anxiety disorders, given the recognition of various stress-related neuroses during World War II; the pharmaceutical industry’s development of meprobamate, diazepam, and other minor tranquilizers well before the “modern” selective serotonin reuptake inhibitor (SSRI) antidepressants; and the rapid acceptance of these drugs into many Anglo-American homes. Indeed, refinements in caring for anxiety disorders have lagged far behind depression despite their similar prevalence, impact on functioning, high degree of comorbidity (50 percent), and overlap with treatments for depression. Finally, a more detailed comparison of the fragmented U.S. mental health care system to that of the U.K. NHS could have usefully informed future research and policy decisions.

Despite these omissions, mental health service researchers interested in primary care who read this book will surely deepen their understanding and appreciation of how depression is diagnosed and treated in this caregiving sector; the contributions of earlier investigators, many of whom remain highly productive; and how they may contribute to the fields’ continued growth as they write their first career development award or cutting-edge clinical trial.