any systematic review on earlier study of the treatment process or outcomes in therapeutic community models for psychoses. This lack prevents or limits the extensive rebirth or rediscovery of the therapeutic community model in treating psychoses.

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Treating Bulimia Nervosa and Binge Eating: An Integrated Metacognitive and Cognitive Therapy Manual. By M. Cooper, G. Todd and A. Wells. (Pp. 264; £22.99; ISBN 9781583919453 pb.) Taylor & Francis: UK. 2008.

Although there is strong evidence that CBT is effective in a proportion of individuals (about 40% of people with bulimia nervosa), there is naturally interest in trying to find methods to help the group that fails to find any benefit. This is the group that responds poorly in the beginning phase of standard CBT-BN and does not appear to benefit from the educational and self-monitoring elements. Often individuals who respond poorly have additional co-morbidity and have experienced significant trauma in their lives. Cooper and colleagues have a different cognitive model than more standard approaches in that they include the positive impact that bingeing may have for the individual. This model is clinically useful as it opens up an investigation into the unmet needs for which food is being used as a substitute. In many cases this is a problem with emotional regulation. The metacognitive strategies described in this book can be particularly helpful for guiding individuals to develop more adaptive strategies to manage emotions. The use of imagery (starting with the tiger test) to work with emotions is illustrated. This book includes many clinical illustrations and has an appendix packed with resources and is therefore an invaluable mine of information for those in clinical practice who need a variety of tools to match the needs of their patients.

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Mood Disorders in Later Life, 2nd edn. Edited by J. M. Ellison, H. H. Kyomen and S. Verma. (Pp. 368; $199.95; ISBN 9781420053296.) Informa Healthcare, USA, Inc.: New York. 2008.

A number of volumes, both single-authored and edited, have appeared in recent years which focus upon late-life mood disorders (usually depression). Therefore, a reviewer of yet another volume must ask the question, 'How is this volume unique or especially valuable to the reader?' Given the list price of nearly $200.00, this question is especially relevant.

The volume under review is the 41st of the Medical Psychiatry Series published by Informa Healthcare (some such as this volume are second editions). The volume is edited by clinicians at McLean Hospital and many of the chapters are authored by their faculty. However, other noted experts in the field have made contributions. These include George Alexopoulos, Jeffrey Lyness, Helen Lavretsky, Ben Liptzin, Sidney Zisook, and Charles Reynolds. From a quick thumb through of the volume, one unique characteristic does emerge. This is a thoroughly referenced volume and therefore offers an excellent source for delving into the extant literature on late-life mood disorders for those who are writing dissertations and writing grants.

The volume consists of nineteen chapters with the usual topics evident: diagnosis, epidemiology, suicide, neurobiologic aspects, vascular depression, medical illness and depression, bereavement, pharmacological treatment; and psychotherapeutic treatment. A second unique characteristic of the volume is the chapters which are not the usual suspects in such an edited volume and for this the authors are to be commended. I will comment on three of these unique chapters.

First, Lavretsky and Lyness provide a comprehensive, up-to-date, and useful chapter on subsyndromal depression in the elderly, including dysthymia. The topic of subsyndromal psychiatric conditions has increased in importance with each new edition of the Diagnostic and Statistical Manual since the Third Edition. A paradox has emerged from clinical and community-based studies. On the one hand, some have criticized the DSM for being over-inclusive, casting its net far too wide and capturing over 25% of the population as suffering from a psychiatric disorder. On the other hand, empirical studies have emerged which document that psychiatric symptoms which do not meet the threshold of a DSM diagnosis such as major depression lead clearly to both increased risk of more severe symptons over time and a decline in functional status. Subsyndromal depression in late