

Book reviews

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Psychotherapy for Children and Adolescents: Evidence Based Treatments and Case Examples. By J. R. Weisz. (Pp. 540; £35.00; ISBN 0521576725 pb; pp. 540; £75.00; ISBN 0521571952 hb.) Cambridge University Press: Cambridge, UK. 2004.

This book, written by John Weisz, a leading child clinical psychologist in Los Angeles, USA is a highly readable account summarizing the current 'state of the art' treatments for common emotional and behavioural disorders in childhood and adolescence. Weisz sets out the task he undertakes neatly and clearly in his introductory chapter entitled 'the lay of the land'. He confines this volume to the evidence-based treatments for the DSM-IV categories of anxiety, depression, ADHD and conduct disorders. He organizes the structure of each chapter into three components, describing a fictional case, outlining in detail the treatments available and describing how they would be used in the 'case' and detailing the evidence base to support the use of treatments. This has the effect of making each chapter readily available for clinician and researcher alike. Clinicians will find an introduction to research trials methods, their application and success and failure, in each of the chapters. Researchers will see how their efforts to construct 'manualized' reliable and valid methods of treatment in research settings may or may not succeed in the real world of clinical practice. Each chapter is complete within itself and any reader interested in their clinical topic, say the treatment of conduct disorders, can dip in and find a comprehensive account without having to read the whole volume. Likewise if someone is interested in knowing how a treatment modality, say cognitive behaviour therapy has been investigated, they will be able to see in which clinical disorders this has been tried, how the therapy has been used, and the relative degree of success that has been achieved. A final chapter takes

us into the looking-glass future with the 'issues and prospects' summary. Here the author reminds us that there is a world of difference between developing efficacious treatments in the well-resourced enthusiastic research university clinic with young staff ambitious to obtain a trial 'result' and attendant publication, and the reality of the clinical service world. Treatment trials researchers feature their successes in lectures, seminars, tutorials and 'how to do' manuals, but widespread dissemination, training and education of the clinical workforce is seldom achieved. As the author wryly comments on page 458 'the researcher gives a party but most clinicians stay at home'. He alludes in this final chapter to a key need to focus the next generation of treatment trials not only on crucial aspects of the trial itself (sample size, influence of co-morbidity, clinic and community-based interventions rather than selected university-based studies) but also on what can be described as the science of delivery. Making things that are efficacious in principle become effective in everyday practice.

There are inevitable shortcomings in a smallish volume (some 470 pages of readable text) covering these disorders. I expect that dedicated researchers will be turning to technical papers and more specialized texts and likewise clinicians will want to obtain more 'how to do' manuals and training videos and CD-ROMs. I judge overall that the author has done an exceptionally good job and recommend this volume highly to all clinicians who want to understand the principles underpinning clinical trials and how these have informed clinical practice to date. The author is completely honest in spelling out in the last chapter the marked shortcomings of research studies to date and gives us the scientific and clinical signposts of where we must do better in the future. In this regard he is to be commended for not pushing his personal choice treatment agenda. I have four quibbles. First, the book is almost exclusively about North American research and practice and European, UK and other worldwide studies receive virtually

no mention. Second, there is no specific discussion of treatments for common emotional and behavioural disorders that occur as comorbid (concurrent or sequential) components of other primary disorders such as autism or in the learning disabled child. Third, the focus is on out-patient type treatments and their application in residential settings is not discussed. Fourth, there is no mention of psychoanalytic treatments even where there are evidence-based findings. These are not impediments to this splendid text and the reader interested in dealing with my concerns will find the text by Fonagy and colleagues (2002) a highly useful companion. I thoroughly recommend this excellent book by John Weisz to all clinicians and clinician researchers in child and adolescent mental health services. Do not wait to find the one library copy being absent without leave when you most want it – buy your own!

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Reference

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Somatoform Disorders: A Medicolegal Guide.
By M. Trimble. (Pp. 266; £50; ISBN
0521811082 hb.) Cambridge University Press:
Cambridge. 2004.

Hysteria, functional somatic symptoms, psychogenic illness, medically unexplained symptoms – use these labels on any UK medical ward and people will know what you mean. On the other hand, mention somatoform disorders and you are likely to receive a look of bemusement. Introduced into DSM-III in 1980, nearly 25 years ago, somatoform disorders comprise a number of specific diagnoses including somatization disorder, hypochondriasis, conversion disorder and psychogenic pain disorder, all of which are united by a tendency to present somatic complaints in the absence of significant organic pathology. However, in the UK this diagnostic category has been an abject failure as it is rarely used and gives little guidance for treatment. In primary and secondary care, speciality-specific diagnoses such as irritable

bowel syndrome, fibromyalgia, and chronic fatigue syndrome are more commonly used, and seem more acceptable to both doctors and their patients. This is largely because a somatoform diagnosis implies that the patient has a mental rather than physical disorder, and is likely to end up with an unwanted referral to a psychiatrist.

Doctors continue to find these illnesses difficult to treat and patients are often left dissatisfied with the treatment they do receive, yet a continuing interest in somatoform disorders is evidenced by an expanding research base. In recent years there have been a number of books summarizing this research but also reflecting on somatoform disorders from contrasting perspectives (Halligan *et al.* 2001; Malleon, 2002; Manu, 2004). This text is one of the latest and the author's extensive experience and bibliography raises expectations. Michael Trimble is Professor of Behavioural Neurology and Neurosurgery at Queen's Square, London. His predecessors include Harold Merskey and Eliot Slater both of whom wrote extensively on hysteria, Slater scathingly describing the diagnosis as 'a disguise for ignorance and a fertile source of clinical error'. In contrast, Professor Trimble frequently drops the label somatoform disorder, which he considers to be an unhelpful masquerade, in favour of hysteria. An advantage of a single-author text is that one can expect a consistency of style and message. However, this book disappoints largely, I think, because of the mixed target audience. The subtitle, 'a medicolegal guide', indicates that the book is aimed at both psychiatrists and lawyers. The author acknowledges this as a potential difficulty and the blurred focus does lead to an uneven tone. Anyway, do lawyers involved in personal injury claims really want to read a textbook on somatoform disorders? Surely they work with case precedents or simply hire an expert witness, such as Professor Trimble himself?

Somatoform Disorders begins with what has become the *sine qua non* of books about hysteria, the historical overview. This leads on to classification, followed by what I considered to be the three most interesting chapters on clinical presentations, memory disorders, and malingering. They reflect the author's considerable expertise and are thoughtful, well written, and not lacking in wit. They also contain much

useful practical information, in contrast to the chapter on management that summarizes the rather limited evidence base for treatment of medically unexplained syndromes with the usual nod to cognitive behavioural therapy. I think that of much greater interest would be an insight into how this particular author actually engages and treats such patients but no secrets of the consulting room are revealed here. The remainder of the book focuses on somatoform disorders in the legal context, highlighting the differences in perspective of medical and legal thinking with particular regard to causation. There is also a lengthy and severe critique of Lord Woolf's reforms of the English civil justice system that in essence aim to minimize the use and costs of expert witnesses. This chapter seems to have crept in from another book altogether.

Somatoform disorders are associated with disproportionate use of health-care services and increased costs, yet despite the combination of near-panic about rising disability payments and the increasing use of managed care within the UK National Health Service they remain an afterthought on the health service agenda. If books such as this one cast more light on this grey area of medicine and provide guidance for clinicians (and in particular, non-psychiatrists) then so much the better. However, should this book go to a second edition, I would suggest that a change of title may lead to better sales and a wider audience.

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Medical Management of Eating Disorders. By C. Laird Birmingham and P. Beumont. (Pp. 289; £35.00, ISBN 0521546621 pb.) Cambridge University Press. 2004.

It was with some trepidation that I agreed to do this review as one of its authors, Pierre

Beumont, a major figure in eating disorders for many years, has sadly recently died. I need not have worried. This is a very good book and one I am delighted to review and pleased to keep.

The front sheet lays out clearly what the authors have tried to achieve. This is to be a practical handbook for health-care professionals and a guide to the medical complications and treatment of anorexia nervosa and related eating disorders. We are promised a user-friendly style and guidance on history taking, physical and laboratory examinations as well as principles and practice of treatment, both physical and psychological. There is also particular attention to categories of patient such as prepubertal children, adolescents, males and pregnant women. The book is intended to be suitable for all health-care professionals looking after these patients with special information for general practitioners, nursing staff, family carers and patients. Clearly a tall order. So to what extent have the authors succeeded?

A major strength is the quality and breadth of the information provided. The authors acknowledge contributions from approximately a dozen other experts in the field and these plus their own obviously considerable strength in depth and breadth make for an unusually informative volume. The book also scores highly on user-friendliness. I happened to have it with me when a couple of nurses on my own unit asked me questions I could not answer and I was able to point them to the right sections with ease. We flicked through, looking up areas that we hoped would be useful. Refeeding syndrome, nutritional deficiencies, psychological sequelae of malnutrition, all were easy to find and useful. Rather than being an opportunity to reproduce all that the authors know on the subject, this was clearly written with the reader in mind.

This book is enormously strong in relation to the medical aspects of anorexia nervosa and if anything exceeds its claims in this area. In contrast the psychological sections were more basic in their nature and would provide a useful introduction for practitioners who might then choose to look elsewhere for more detail. One of the very few areas in which I found myself at odds with the authors was concerning family therapy, and perhaps family involvement more generally. While quite rightly there is a need to respect autonomy and confidentiality there is

also a need to see the patient in their wider (including family) context and I feel this could have been given a stronger emphasis. I have only one other criticism, again rather minor in nature. Although there is useful information about bulimia and other eating disorders, as the authors say the book is mostly about anorexia nervosa and to this extent the title could be seen as a little misleading.

So would I recommend this book? Yes, I would. I will be suggesting it as valuable reading to all staff new to the field of eating disorders, to the medical and nursing staff of my in-patient eating disorder unit, to interested general practitioners and practice nurses, to paediatric services, to dieticians, to keen medical students, and to some patients and parents. Can't be bad!

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Late-Life Depression. Edited by S. P. Roose and H. A. Sackeim. (Pp. 388; \$89.50; ISBN 0195152743.) Oxford University Press: New York, 2004.

Depressive conditions in older adults are a major public health problem, causing enormous suffering and disability for patients, families, and society. These tolls will increase further in the coming years with the 'graying' demographic shift of Western populations. In response to these issues, international calls to attention over the past 10–15 years have led to an explosion of empirical studies, helping us better understand depression from perspectives ranging from epidemiology to phenomenology to disease mechanisms to treatment strategies. So it is surprising to realize that this book is among the first devoted to a comprehensive overview of geriatric depressions for the clinician and the researcher.

And an excellent book it is. The editors, themselves well-known contributors to the scientific literature, have assembled a first-rate cast of authors who collectively represent a remarkably high 'sampling rate' of U.S. leaders in the field. (The perspective is largely an American one, but clearly will be of great interest to readers worldwide.) The writing style and content of the chapters are of uniformly high quality. Each

chapter can stand alone quite well. Yet reading the book through is a worthwhile experience, testimony to its organization and to the usefulness of the editors' thoughtful section introductions and epilogue, which add a sense of cohesion and 'point of view.' Among many points worth praising, I note that each chapter presents accurate and thorough material that is thoughtfully critiqued and placed into a larger context. There are frequent and excellent summaries of key points. Many chapters include very useful tables summarizing key investigations.

The section titles give a good sense of the overall flow and content. Part I, 'Epidemiology and the Burden of Illness', includes chapters on the epidemiology and social and financial burden of geriatric depression. Part II, 'The Phenomenology and Differential Diagnosis of Late-Life Mood Disorders', pays explicit attention to unipolar depression, bipolar depression, dysthymic disorder, other 'nonmajor' depressions, mixed cognitive and depressive syndromes, and suicide. Part III assembles chapters on 'The Psychobiology of Late-Life Depression', with foci including neuropsychological assessment, brain imaging, the 'vascular hypothesis', and the HPA axis and other neuroendocrinological functioning. Part IV naturally follows with 'Treatment', with a number of chapters addressing multiple aspects of psychopharmacology, and others devoted to electroconvulsive therapy, psychotherapy, and treating depression in residential care settings. The final Part V, 'Depression Co-Morbid with Other Illnesses', examines depression in the context of ischemic heart disease, stroke, substance abuse, basal ganglia diseases, and Alzheimer's disease. The resulting book is both a useful compendium even for the most experienced in the field, and a wonderful introduction for clinicians or researchers who want to delve into geriatric depression in more depth than can be provided in the single chapters found in many fine but more general textbooks.

The show business adage that the best performances 'leave the audience wanting more' applies equally well to educational endeavors. So it is to the book's credit that it indeed stimulates thoughts about additional topics worth including in (one may hope) future editions. Clinicians might appreciate more concrete recommendations for patient evaluation, work-up,

and management (particularly for ‘treatment-refractory’ patients), and more references to existing clinical practice or expert consensus treatment guidelines. Additional attention might be paid to the roles of a variety of psychosocial factors – from personality to family systems to culture – although several such topics do arise in many chapters. It would be useful to further consider health services delivery and public health perspectives on interventions, including collaborative care models in primary care or other educational or community-based approaches to improving patient and population outcomes. The presence of a section on depression co-morbid with other illnesses well reflects the nature of later life depressions, which might be fruitfully expanded to include additional clinical topics (e.g. pain, cancer, end-of-life care). I also think it would be helpful for the chapters to explicitly cross-reference each

other, tracing areas of ‘planned redundancy,’ e.g. cognitive and neuropsychological deficits in depression, and depression in Alzheimer’s disease and other dementias.

But these possibilities do not obscure the outstanding quality of the book. It is a major achievement, a worthy summation of the maturation of the field since, for example, the NIH Consensus Conference of the early 1990s (Schneider *et al.* 1994). This volume will help many clinicians and researchers today, and should serve as a signpost for the advances to be made over the coming decade.

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