

Book reviews

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Ageing and Older Adult Mental Health: Issues and Implications for Practice. Edited by P. Ryan and B. J. Coughlan (Pp. 296; £21.99; ISBN 978-0-415-58290-2 pb). Routledge, Taylor & Francis Group. 2011.

The best method of learning about a new field is to review it for the use of others. In this sense Ryan and Coughlan have done a sterling job: Most (nine) of the fifteen chapters of this multi-author collection appear to be written by one or more graduate students (mainly reading DCLinPsych in Limerick) with some support from a senior colleague, most notably one of the editors. The trainers are to be congratulated for their initiative, which no doubt has profited their students in more than one way.

As a reader one is aware of the tendency of the chapters to start from first principles which somewhat limits the distance that can be travelled. There is frequent quoting from standard textbooks, occasional howlers, such as ‘the MMSE offers a brief assessment of mood’ and ‘Phonetic [*sic*] engineering ... involves taking cells from a person’s body, altering them genetically so as to ameliorate ageing mechanisms, and then re-planting those cells to the person of origin.’ There is lots of well-meaning p.c. stuff: ‘Taking a person-centred holistic approach to assessment is a positive proactive step and preferable to the more traditional reactive one.’ Some sentiments are encouraging: ‘The myths [*sic*] shared by many older people, professionals and policy makers are that ageing and mortality are synonymous,’ others alarming: ‘Electroconvulsive therapy should be used extremely cautiously because of the risk of cardiac complications; delirium and the fact that the individual is actually receiving so many volts [*sic*] of electricity into his/her body.’ Other insights are so long in the tooth that they must come from one of the supervisors: ‘[John Stuart] Mill failed to foresee the potential consequences of pursuing happiness of the greater number of people ... this ethical principle was to become a warrant for the inhumanity of Leninist-Marxism [*sic*], Maoism, Naziism [*sic*] and Fascism’ – Poor John Stuart! I remember cramming from similar encyclopaedic booklets produced by trainees for trainees. They are helpful as long as the reader remembers that they are not authoritative and that sometimes reading the sources is necessary to clear up any puzzlement arising from the lecture. The selection of themes, which range from ‘Treatment of mental

health issues: Reality versus best practice’ to ‘The paradox of ageing: Why do older people look so happy?’ are presumably aimed at participants on a DCLinPsych course, other ‘mental health workers’ may prefer to seek their information elsewhere.

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Behavioral and Psychopharmacologic Pain Management. Edited by M. Ebert and R. Kerns. (Pp. 506; \$99; ISBN 978-0521884341.) Cambridge University Press: Cambridge, UK. 2011.

Hitherto many textbooks, mainly intended for psychiatrists, focused either on psychological or psychopharmacological treatments for chronic pain. This left a gap for a pragmatic resource providing a more global approach to the multi-disciplinary specialists involved in the care of patients in a comprehensive pain clinic, i.e. a bio-psychosocial perspective on chronic pain management. The reader immediately feels that the editors have the essential qualities for this publication: they emanate from a specialized pain and psychiatric background, and are actively involved in the reform of pain and psychiatry fellowship training programs in the USA. They convened an impressive group of specialists (spanning from psychologists and nurses to anesthetists, psychiatrists, neurologists, and physical medicine specialists) who expertly outline the best uses of behavioral, psychotherapeutic and psychopharmacological approaches for chronic pain relief. This comprehensive overview, which fully embraces the complexity of the interactions between pain and psychiatric co-morbidity, is quite novel.

The book is organized in five sections. The short first section presents the bio-psychosocial perspective on chronic pain, explaining the current knowledge on the interactions between pain perception and psychological state or socio-cultural factors, and providing convincing evidence to support the use of psychological approaches in this context. The second section details pain assessment strategies and tools. Overall, the complexities of measuring a subjective perception are clearly discussed, along the necessity to assess eventual psychiatric co-morbidity and potential emotional consequences of pain. Interesting clinical vignettes illustrate the intricacies between

pain and psychiatric conditions. The standardized scales, behavioral observations and psychophysiological measurements at hand are made available in a practical format, both for clinicians using them in their practice and researchers selecting outcome measures for clinical trials. The third section discusses the principles underlying the use of behavioral, psychopharmacological and psychotherapeutic therapies, as well as issues regarding the integration of these different components of treatment. Psychotherapeutic approaches and neuromodulatory techniques are presented, along case examples. Regarding the pharmacological approaches, the major classes of psychotropic drugs and non-opiate analgesics are covered briefly including their mechanism of action and the major caveats in their use. An interesting chapter is devoted to the crucial issues in chronic opioid therapy. The fourth section describes specific pain syndromes' pathophysiology, along with guidelines for evidence-based psychological and pharmacological interventions. These chapters focus on spinal and neuropathic pain, fibromyalgia, headache, arthritis, as well as pain in palliative, geriatric and pediatric contexts. Further editing could have helped to keep these syndrome-specific chapters tighter and to group the general discussions in a clearer order in the relevant parts of section 3, as there are some overlaps. However, since the textbook could be equally used as reference manual, and not necessarily read in continuity, this is a minor issue. Finally, the brief fifth section outlines new research possibilities in the field of interdisciplinary pain therapy, as well as policy and ethical issues involved in the treatment of pain in the USA.

Throughout the book, a very laudable effort is made by all authors to remind the reader about the multifaceted approach one should aim for, e.g. 'medical therapy should be but one component of a comprehensive multidimensional treatment plan' (p. 135). Pragmatic advice is given on how to integrate different therapeutic modalities. The specific chapters on the different pain syndromes provide further assistance by outlining treatment algorithms and underlining specific diagnostic and therapeutic considerations. The book's only shortcoming, in my view, is the absence of a perspective from non-US healthcare structures and specialists. Perhaps the editors will seize a future edition as an opportunity to expand on that topic.

In summary, this textbook fully meets its goal to inform an interdisciplinary team on the delivery of integrative care for patients suffering from chronic pain by incorporating behavioral, psychotherapeutic and pharmacological treatments. It allows specialists with backgrounds in different disciplines to update themselves on important psychological and

pharmacological aspects that should complete their therapeutic toolbox. Along the way, the authors provide many tables that can guide practice (e.g. prioritized goal-oriented management plan table, p. 136, or pharmacological treatment table p. 332), as well as thought-provoking paragraphs that can nurture deeper reflections, for example on the qualities required by the practice of pain medicine (p. 129), or on novel research designs (chapter 27). Given this special combination, I believe that most readers, whatever their level of expertise or background, will turn towards this book repeatedly.

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Anxiety Disorders: Theory, Research and Clinical Perspectives (Cambridge Medicine), 1st edition. By H. Blair Simpson, Y. Neria, R. Lewis-Fernández and F. Schneier. (Pp. 394; \$99.00; ISBN-13: 978-0521515573.) Cambridge University Press. 2010.

This book is a collection of 31 chapters, grouped into four sections, written by well known faculty members of Columbia University. As the authors state, this book 'could just as well be called *The Columbia Guide to Understanding and Treating Anxiety Disorders*'. After reading it, another alternate title came to mind: *What you have always wanted to know about anxiety (but were afraid to ask)*. This book indeed provides a very comprehensive overview of pathological anxiety in the simplest and clearest manner.

The first section focuses on different conceptual frameworks within which anxiety has been studied. It is interesting to note that in our contemporary scientific world, since the advent of DSM and its non-theoretical framework, there is much less debate about possible competing frameworks and researchers and clinicians often tend to work within their usual framework without leaving their comfort zone. This section speaks to that, by covering a broad range of theoretical frameworks and their implications in anxiety nosography. Thus, it expands, for example, upon the psychodynamic and evolutionary concepts of the development of anxiety.

The second section addresses the issues surrounding the diagnosis of pathological anxiety. Again, many of the chapters in this section address recent controversies in anxiety research beyond DSM-IV framework. After 17 years, the reign of this version of DSM is about to come to an end. However, a whole