



reviews

The Alcohol and Drug Wildcard. Substance Use and Psychiatric Problems in People with HIV

By Joan E. Zweben & Patt Denning.
UCSF AIDS Health Project
Monograph Series Number Two.
1998. 98 pp. \$9.95 (pb)
ISBN 1-879168-02-2

This monograph looks at 'triple diagnosis' concentrating on the complications the additional diagnosis of substance misuse brings to those people already diagnosed with HIV and mental health problems.

The book examines the ways in which the mercurial influence of substance use may be better managed if treated as a primary disorder rather than by way of handling the other two conditions. It centres its arguments around three neatly packaged case studies which offer all the variations of the triple diagnosis which life is likely to throw at a carer. From here, there are concise chapters addressing assessment, diagnosis and addiction treatment. The book tries to integrate the management of the three conditions simultaneously, accepting that few carers are adequately trained to do so. Unfortunately, this very dilemma is reflected in the book's own infrastructure. The authors seem comfortable with the concept of the dual diagnosis of alcohol misuse and mental illness, but need to keep reminding themselves, and us, of the inconvenient addition of an HIV diagnosis.

Treatment, they advise, should always be accompanied by group or individual psychotherapy as "evidence points to an improvement in socialisation and a reduction of relapse". What this evidence is, we are not told.

The authors are over-inclusive in their attempt to improve our understanding of the three conditions and only manage to critically review the addiction problem.

For those with severe mental illness, they recommend a highly structured programme of low intensity – including an evaluation of support networks. Ways of funding these programmes are not discussed and money is not mentioned at all, the lack of which may trump all attempts to treat triple diagnosis, however wild the card.

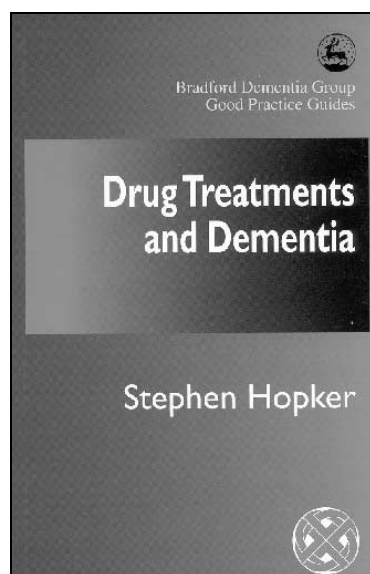
Much is made of the conflict between total abstinence and harm minimisation. Various alternatives to classical therapies are discussed, even programmes in which a patient may 'rebirth a new life', reflecting, perhaps, the book's bias towards the USA market. None of the resources mentioned is based over here.

Overall, the book is well written and easy to follow. It offers a succinct overview of the complexities of comorbidity and is to be welcomed for this.

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Drug Treatments and Dementia (Bradford Dementia Group, Good Practice Guides; 1)

By Stephen Hopker. London:
Jessica Kingsley Publishers. 1999.
128 pp. £12.95 (pb)
ISBN 1-85302-760-X



Drug Treatments and Dementia is the first of a series of good practice guides from the Bradford Dementia Group. It is a tribute to the late Professor Tom Kitwood, holder of the Alois Alzheimer Chair at the University of Bradford, who was a strong advocate of helping the person suffering from dementia, rather than just treating the disease itself. It is written in good size print and is relatively compact considering the subject at hand. Hopker writes in an easy to read conversational style, explains technical terms and uses case studies to highlight particular areas of importance.

Hopker recommends understanding the underlying reasons for the problem behaviour or the presenting symptoms in the context of the 'person' and the social environment. He warns about losing sight of the person when using structured assessment, and promotes a common sense approach of trying other interventions, such as environment modification before considering pharmacotherapy.

There is discussion about the problem of untreated and under-treated depression in dementia and a review of the evidence for the efficacy of antipsychotic, antidepressant, anxiety and antidementia drugs.

Overall, I could not help feeling that Hopker has presented a somewhat pessimistic view of the various drugs used in dementia, with some repetition about the pitfalls of current research. I agree with the author that studies on the new treatments in dementia need to include measures like activities of daily living and quality of life. He has used number needed to treat (NNT) to show modest efficacy for new treatments in various trials. For example, five patients need to be treated with donepezil to achieve an effect in one.

I think there is a danger of the real person being lost under the weight of evidence-based medicine (EBM). EBM may be important, but one must remember 'today's evidence can be tomorrow's myth' and that medicine would not have advanced if the researchers and clinicians of the past had restricted themselves to the evidence available at the time.

This is a stimulating book and I recommend it to all professionals involved in the care of patients suffering from dementia. It should be especially useful to general practitioners, junior doctors and carers from different backgrounds, including interested informal carers.

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Overcoming Barriers: Theory and Practice in Disability

By R. M. Hodapp. Cambridge:
Cambridge University Press. 1999.
£75.00 (CD-ROM). ISBN 0-521-64827-0

On the surface, 18 books for £75 would seem good value when the paper version could cost over £300. The publishers also extol the virtues of the CD-ROM being 300 times more compact and therefore easy to transport between work and home. Despite this, and other advantages of the CD-ROM, the printed word is far from dead.

Overcoming Barriers offers four books on developmental disabilities, three about Down's syndrome, three about deafness, one on blindness, two about autistic spectrum disorders, two concerning the use of computers in disabilities, one focusing on mental disorders, one on rehabilitation and one about behaviour disorders. Authors include Hugh Morgan,