

This is a passionate, ambitious and deeply impressive book. Tom Burns has a nice clear writing style and he has managed to cover a vast amount without being dull or over-inclusive. There is an excellent glossary and index. It is very opinionated and no psychiatrist will agree with all of it, but that is also its great strength. At a time when most writing in psychiatry is partisan, highly specialised and narrowly focused, it is refreshing to read such a thoughtful, wide reaching, broad minded and earnest book. I thoroughly recommend this book to all psychiatrists and anyone else interested in psychiatry.

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*Essentials of Psychiatric Diagnosis*. Edited by Allen Frances (218pp.; ISBN 978-1462510498). The Guilford Press: New York, 2013.

Few people are better qualified to write a guide to psychiatric diagnosis than Dr Allen Frances. Now emeritus professor of psychiatry in Duke University, Dr Frances was the chair of the task force that wrote the DSM-IV, published in 1994. He has been called 'the guy who wrote the book on mental illness', a description that is as close to literally true about him as it is about anyone living.

Latterly, Dr Frances has acquired a level of post-retirement celebrity as a result of a highly public critique of the DSM-5, conducted through interviews and prolific writings, including an op-ed in the *New York Times* ('Diagnosing the DSM') and a book (*Saving Normal*). Dr Frances argues that changes in the new edition (additional diagnoses, which he sees as untested and 'fuzzy'; a broadening of diagnostic criteria, such as the loss of the grief exclusion in major depression) are bound to lead to a narrowing of what psychiatry considers normal behaviour – another way of saying an over-pathologizing of the general population. He writes in his introductory chapter 'How to use this book' that the DSM-5 has 'opened the floodgates to worsened diagnostic inflation and to excessive medication use'.

Knowing this background, and seeing that *Essentials of Psychiatric Diagnosis* is subtitled 'Responding to the Challenge of DSM-5<sup>®</sup>', one might expect to find oneself reading as much of a polemic as a clinical text, but in fact *Essentials of Psychiatric Diagnosis* largely leaves the well-rehearsed arguments about the DSM-5 to one side.

The book is actually an eminently readable, chatty, and thoroughly practical assistant to diagnosis, based on 40 years of experience as a psychiatric interviewer.

The author certainly strives for clarity throughout (one suspects that 'fuzzy' is the worst form of insult he can muster). He writes about almost every diagnosis in the DSM-5, although noting 'I have omitted a few that do not seem useful'.

Dr Frances introduces each diagnosis with a screening question such as 'Do you ever get so depressed that you can't function?' for major depression, or 'Are you comfortable with your physical appearance?' for body dysmorphic disorder. These are largely intuitive and helpful, albeit I wouldn't be comfortable with some of the screening questions: for bipolar disorder, he suggests asking 'do you sometimes have mood swings – sometimes way up, other times way down?'

My own experience is that the overused term 'mood swings' can mean anything and doesn't come close to capturing the experience of manic depression. The DSM-IV's own suggestion as a screen for mania – 'Have you ever had a period of time when you were feeling so good or hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?' – is the question I'll continue to use.

Dr Frances then provides a prototypical description of each diagnosis 'rather than complex and cumbersome criteria sets that are often ignored'. This is a great idea, with a caveat, and indeed chimes with some recent research in *JAMA Psychiatry* on prototype diagnosis in mood and anxiety disorders. The descriptions provided are clear, crisp, and coherent, if, by necessity, neater than real life.

In particular, the personality disorders section is a good read for anyone left struggling (as I admit I often am) to count up almost indistinguishable DSM diagnostic criteria. He paints mini-portraits of Axis II syndromes, such as dependent personality disorder ('These are people who feel stupid and weak'), histrionic personality disorder – (She is a Blanche DuBois), or schizoid personality disorder – 'These individuals basically just want to be left alone'.

Of course any prototype approach to diagnosis has to be used cautiously – or not at all, in the absence of complementary criteria. There's an obvious risk of over-diagnosis in matching people to paragraph-length prototypical descriptions, and these prototypes haven't been tested for validity or reliability.

So here we have to be clear about what Dr Frances' book does. He has not provided a substitute to criterion-based diagnosis. He has provided a memorable description of the typical presentation of each diagnosis, a question to be asked to begin the process of making each diagnosis, and a set of important differential diagnoses.

I would recommend this book to any student or NCHD struggling to make sense of the myriad lists of symptoms that populate the ICD-10 and the DSM-IV. I'd recommend it for any psychiatrist at any level who enjoys a read of bracing clarity, personality, and authority. I will keep this book in my office, close to hand, and I will refer to it often. But I won't delete the DSM from my phone just yet.

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*Late Life Mood Disorders*. Edited by Helen Lavretsky,  
Martha Sajatovic and Charles F. Reynolds III  
(729pp.; ISBN-10: 0199796815, ISBN-13: 978-0199796816).  
Oxford University Press: USA, 2013.

With advances in medical treatments people are living longer, healthier and more productive lives than ever before. With this burgeoning elderly population, however, comes an increased prevalence of the illnesses to which they are prone. Disorders of mood in later life fall into this category and are the focus of this book's attention.

The publication of this compendium is indeed timely as clinicians strive to manage late-life mood disorders as primary or co-morbid problems and family caregivers struggle with the burden of their caring role. It draws on a wide expertise of 110 International Specialists in Mental Health of the Older Person to provide a comprehensive over-view of the course, treatment, prognosis and prevention of late-life mood disorders.

Of particular interest to clinicians such as myself is its detailed review of up-to-date research in the field including advances in our understanding of the pathogenesis and aetiology of geriatric mood disorders. As such this book will appeal to a wide audience varying from students and the lay public to clinicians and researchers working in the area. It achieves in its aim of accessibility by the logical manner in which the book is laid out. It is divided into five broad sections and within each section are individual chapters. In this way the more serious reader can tackle the book as a unified and coherent whole while students may choose to focus on individual chapters for study or reference.

Section 1 includes five introductory chapters covering the most up-to-date epidemiological studies of late-life mood disorders, research priorities for the future, a discussion of disease burden and an analysis of diagnostic classification systems.

New information is provided on changes to be introduced in the Diagnostic and Statistical Manual, 5th edition (DSM-5) and the International Classification of Disorders, 11th edition (ICD-11). It is disappointing to see that to date, there is no plan to include a status of 'late onset' to mood disorders in DSM-5.

Very helpfully, however, the author reviews suggestions of ways to lobby for the inclusion of the 'late-onset' status either in DSM-5 or further editions of the manual.

Section 2 is by far the most ambitious of the sections. It focuses on the diagnosis and treatment of all the major subtypes of mood disorder seen in the elderly population. I am delighted to see the inclusion of a chapter on Non-major depression that is increasingly recognised as having a significant impact on health-related quality of life and successful ageing. The challenging areas of depression in dementia, vascular depression and complicated grief are also thoroughly over-viewed.

As if all this were not enough, this section proceeds to explore the complex interaction between affective disorders in the elderly and co-morbid physical illness, including neurological conditions and chronic pain syndromes. The suffering endured by such patients is significant and I welcome the further learning this book provides in these areas.

Section 3 provides an overview of treatment modalities in late-life mood disorders including literature reviews for newer more novel approaches such as transcranial magnetic stimulation. Detractors of ECT would do well to read the relevant chapter in this section where evidence of its efficacy in late-life unipolar and bipolar depression is clearly laid out.

We are often asked by our patients about complementary or alternative medicine approaches for treating late-life depression and the inclusion of a chapter on this topic is welcome. Personally, I found the chapter on treatment resistant depression to be the most useful as this is the patient group with which I most struggle. I also like the inclusion in this section of a chapter on depression prophylaxis in the elderly – arming our elderly with preventative strategies is very empowering.

The settings in which late-life mood disorders occur are certainly not homogenous and this is recognised in Section 4. Different chapters explore depression in primary care, long-term care and hospice settings and the different factors pertaining in each. Care delivery pathways are discussed including a thought-provoking chapter on delivering care to depressed home-bound elders. As technology literacy increases we will see an increase in internet-based interventions and telepsychiatry. The final chapter in this section deals with the potential advantages of such treatment platforms but also the potential pit-falls, both for practitioners and patients.

Section 5 (Neurobiology and biomarkers) has research as the main focus, looking at the use of biomarkers