

Book reviews

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Electroconvulsive Therapy, 4th edn. By
R. Abrams. (Pp. 328; £49.50.) Oxford Uni-
versity Press: Oxford. 2002.

When people learn that we perform ECT, a common reaction from non-medical and medical professionals alike is ‘Do they still do that?’. Indeed, ECT is alive and well. This is good news for our patients, since ECT remains the most effective antidepressant treatment available and frequently works even when psychopharmacological strategies fail. Abrams has been a major contributor to the field of ECT, through key publications including his textbook *Electroconvulsive Therapy*, now in its 4th edition. This is an authoritative, practical, comprehensive and extensively referenced compendium of the history and modern medical science of ECT, which is relevant to both clinicians and researchers alike. Nowhere else will one find a more colourful or interesting account of the history of ECT. An engaging storyteller, Abrams chronicles the tale of an effective treatment that almost succumbed to threats from scientology and political and legislative pressures were it not for the major contributions of Dr Max Fink. Sadly, these threats are not only confined to the ‘history’ of ECT, but rather they reflect a modern day reality. The field needs more champions, such as Drs Laura Fochtmann, William Reid, Harold A. Sackeim, Richard Weiner and Susan Whery, to name just a few, and many others across the world who have been active in testifying and lobbying legislative bodies to protect the future availability of this life-saving treatment.

Perhaps the best defence against the personal testimony employed by anti-ECT forces is rigorously collected and clearly presented scientific evidence for the safety and efficacy of ECT. This textbook amply supplies both, and is careful to separate clinical lore from the results of randomized clinical trials. Evidence for the relative medical safety of ECT, even in elderly

patients with multiple medical co-morbidities, is thoroughly presented and convincing. Nevertheless, while ECT is a comparatively low risk procedure, there is no need to claim it is ‘no’ risk. Unless we acknowledge that some patients experience some degree of lasting memory deficits following ECT, we will remain vulnerable to the criticism that we are denying clinical reality.

Another defence against the threats to the availability of ECT is the education of our colleagues regarding best ECT practices. Abrams points out the benign neglect that has been paid to ECT in the training of psychiatrists in the USA – a curiosity considering that ECT is the most highly effective antidepressant strategy available. Performing ECT is not a simple matter of pushing a button. Rather than treating the ECT device as a ‘black box’, Abrams invites the reader to look inside the ECT stimulus by providing a very clear and straightforward explanation of the basic physics underlining this treatment, and illustrates how the various parameters that define the electrical stimulus differ in their efficiency in eliciting seizure. A sophisticated approach to stimulus dosing can only improve an already highly effective treatment. The recommendations presented for ECT instruction for psychiatrists in training are sound and should be widely adopted. In an attempt to improve standards for ECT training, the Association for Convulsive Therapy now offers a certification examination to supplement hands-on training offered in post-graduate Continuing Medical Education courses on ECT, which are typically a week in duration.

This book highlights several striking contradictions that exist in the field of ECT: ECT is the most effective antidepressant available and yet it is underutilized or not available at all in some part of the world; ECT induces a seizure and yet it raises the threshold for subsequent seizures; ECT deepens rather than reverses baseline deficits in prefrontal blood flow and metabolism in depressed patients; ECT is a powerful antidepressant and yet it also is effective in treating mania; the practice of ECT requires

significant hands-on training and yet most physicians graduate medical school without exposure to ECT and most psychiatrists graduate from their training programmes with inadequate or no training in ECT. Perhaps the most concerning contradiction is this: ECT has come under attack from groups that seek to limit or abolish its use, and yet the field, small though it is, has permitted ideological differences to divide its ranks. When we ECT psychiatrists fight among ourselves, it is surely our patients who lose.

Abrams takes a definite stand on each of the controversies that has been a focus of heated debate in the field: 'Is it necessary to determine the threshold for seizure induction to provide safe and effective treatment with ECT?'; 'Is the electrical dosage relative to the threshold for seizure relevant in the efficacy and/or side-effects of ECT?'; 'Should antidepressant medications be given during a course of ECT?'; 'Can animal studies teach us anything meaningful about how ECT works?'; and, 'Does ECT cause any degree of permanent memory loss?'. Abrams answers each of these questions with an unequivocal 'No!' and defends his position with extensively cited arguments. While some topics are extensively reviewed, other topics such as relevant animal studies, new developments in neuroscience relevant to antidepressant action, and functional neuroimaging studies on the neural circuitry underlying depression and the actions of ECT in comparison to other antidepressants, receive limited coverage. We are pleased to see that ECT is a topic that distinguished medical scientists care enough about to engage in heated debates, and it is precisely through such debate and rigorous well-designed studies that we can move closer to discovering the truth. But these polemics should not distract us from the ultimate purpose of a textbook on ECT, which is not to win a debate but to teach the field how to provide the best possible evidence-based care to our patients and set a research agenda for future improvements to the treatment.

Instead of engaging in a point by point debate, we will focus on a single and more global viewpoint expressed in the preface: 'I do not see this millennium bringing any new advances in ECT instrumentation or technique ... I view this as a satisfactory state of events for patients

everywhere'. We could not disagree more strongly. Even if it is not immediately apparent what these advances will be, a complacent approach will not lead to innovation and advances in the medical treatment of major depression. We must not be so enamoured with our treatment that we lose sight of the patient receiving it. If one were to extrapolate on the record of advances in ECT technique so aptly presented in this book (from the introduction of anaesthesia, to the replacement of sine wave with brief pulse stimulation, to variations in electrode placement, to more efficient stimulus configurations, to the recognition that higher electrical dosages are required for the efficacy of unilateral ECT), one would see the advances are monotonically increasing. Why this track record of steady progress should suddenly come to a halt is unclear. This viewpoint significantly overlooks the possibility of technological developments in the engineering of ECT machines and electrodes, as well as the overwhelming scientific explosion in imaging techniques that will advance our understanding of psychiatric disorders and guide the precise application of electrical brain stimulation in their treatment.

Much of what we thought we knew about ECT has now been reversed as a result of controlled research. For example, we now know that the induction of a seizure is not sufficient for clinical response, and the duration of the seizure is not a useful index of therapeutic efficacy. Given that 'old dogma' has had to be rejected in the face of new data, we should be wary of 'new dogma' and keep an open mind about what future generations of ECT researchers may teach us. As Elbert Hubbard said: 'The world is moving so fast these days that the person who says it can't be done is generally interrupted by someone doing it'. New discoveries and technological advances change our ideas, concepts and applications of scientific knowledge. As an example, despite his disavowal of the utility of animal studies, Abrams highlights the exciting discovery that electroconvulsive shock (ECS) increases the birth of new neurons and the sprouting of new synaptic connections in the hippocampus of rodents (Vaidya *et al.* 1999; Madsen *et al.* 2000), and discusses possible relevance of these effects to antidepressant action. We have found evidence that hippocampal

cellular proliferation and mossy fibre sprouting are also increased by ECS in non-human primates (Lisanby *et al.* 2003). Also, Abrams' decision to include a thorough review of the fields of transcranial magnetic stimulation (TMS) and Magnetic Seizure Therapy (MST) indicates that, at the end of the day, he remains open to the prospect that new developments may ultimately expand the available treatment options. We applaud Abrams for seeing past the false competition between the ECT and TMS fields by pointing out that the fields may be mutually informative regarding basic mechanisms of action of brain stimulation, there may be ways to combine the two, and the success of one does not necessitate the demise of the other.

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Assessment and Treatment of Childhood Problems, 2nd edn.: A Clinician's Guide. By C. S. Schroeder and B. N. Gordon. (Pp. 594; \$60.00.) Guilford Publications: New York, 2002.

This well-structured, evidence-based, and practice-oriented guide to assessment and intervention of childhood problems focuses on common behavioural and emotional problems that occur in children in the age range of 2–12 years. It is written for professionals working with such children and is appropriate for a wide range of clinicians. The book is organized in three main sections. The first general section focuses on normal development, risk factors, protective factors, parenting styles and prevention, and

provides the reader with a systematic framework for the multiple steps involved in the process of assessment and intervention. The second section consists of nine chapters, each dedicated to a specific childhood problem: eating problems, toileting (training, enuresis, and encopresis), habits and tics, sleep, sexuality and sexual problems, fears and anxieties, depression, disruptive behaviour, and attention-deficit/hyperactivity disorder. The final section of the book is dedicated to the management of three stressful life events: siblings, divorce, and death.

This book has several strengths. Every chapter follows the general framework outlined in the first section of the book. Starting with general information about the childhood problem (classification, prevalence, co-morbidity, developmental course, aetiology), the assessment and intervention processes are described. This clear structure makes the book easy to use, and the authors are quite comprehensive in the literature they review. Additionally, the inclusion of a specific case-study within each chapter will greatly help clinicians to apply the information directly in daily practice.

A second forte of this book is the theory-driven, evidence-based approach that the authors promote. For example, since the multimodal treatment study for ADHD (MTA) has shown that systematic evaluation of methylphenidate is more effective than 'regular' titration (starting with a low dose and working upward), the authors recommend using a double-blind placebo-controlled protocol for methylphenidate in clinical settings.

Finally, the addition of an appendix describing commonly used assessment instruments in child clinical practice provides a helpful starting point for clinicians and researchers. In addition, the authors include some assessment instruments that can be photocopied and used by clinicians, meaning that the book itself can be used as a practical tool for assessment in some cases.

Although the many strengths of this revised volume far outweigh the weaknesses, there are still some gaps in the current edition. Although the chapters on eating problems, depression, and AD/HD were added for this second edition, the third edition would be further improved by including learning disorders, mental retardation and pervasive developmental disorders. The

complete absence of information on specific learning disorders other than two pages devoted to language development is particularly striking, and suggests that this text would be more appropriately titled 'Assessment and Treatment of Childhood *Behavioural Problems*'. Finally, in contrast to the thorough and up-to-date coverage of behavioural interventions, the sections on pharmacological interventions leave much to be desired. For example, pemoline (Cylert) is still included among the medications most frequently used for treating AD/HD despite the insistence by the Food and Drug Administration and the manufacturer in 1996 that patients undergo blood tests every 2 weeks as long as they are on this medication because of the risk of serious liver toxicity which has been lethal in a number of cases. Likewise, although it is difficult to stay abreast of rapidly changing developments in the pharmaceutical industry, the authors make no mention of the increasing availability of extended release preparations. A large number of extended-release stimulant medications have recently been marketed in the US, and in combination, they are now prescribed more frequently than immediate-release stimulant preparations for a wide range of reasons including decreased stigma of taking medication at school, decreased likelihood of rebound return of symptoms, and decreased risk of diversion or abuse.

Despite these reservations, we recommend this guide to the assessment and intervention of childhood behavioural problems as a useful resource for clinicians ranging from counsellors, school psychologists, psychiatric social workers, clinical psychologists, general psychiatrists, paediatricians, paediatric neurologists, and child and adolescent psychiatrists. Since all such clinicians must be generalists to some extent, this book will provide them with a thorough and balanced, yet concise, background regarding common childhood behavioural problems. The authors provide some of the tools needed to assess those problems, and they furnish valuable advice on how to initiate treatment and prevent further complications. The one caveat we emphasize is that clinicians should also consult alternative sources regarding medication treatments.

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Telepsychiatry and E-mail Health. Edited by R. Wooton, P. Yellowlees and P. McLaren. (Pp. 368; £24.95.) Royal Society of Medicine Press: London. 2003.

This is the fourth book in the Royal Society of Medicines' telemedicine series. Described by the editors as an 'eclectic collection of essays', the book describes how telemedicine is being used in psychiatry and mental health services. It has been written by leading experts from Australia, Canada, Europe and the USA.

I had assumed that the book would focus on the relatively esoteric technique of using a video-link to interview patients. But I was wrong, it does cover this area in great detail but it also has major sections on computerized treatment programs, the Internet, the quality of online information; on-line self-help groups, email therapy, the dangers of the Internet and health economics.

In terms of authorship there can be no denying the expertise that the editors have managed to bring together to produce the book and the amount of work done by the individual authors. The chapters are extremely well referenced, giving the whole book a total of just under 900 references.

What did I learn from the book? I was surprised at the amount of video-conferencing that is being used in mental health services around the world, but particularly in North America and Australia. For example, in Canada there are 140 telehealth sites in Alberta and 40 sites in Toronto. This technology is used much less in Europe, presumably the smaller distances between communities makes it easier to meet face to face. It was also interesting to read that in Britain the law courts and forensic services are leading the way in video-conferencing. My attention was particularly drawn to a chapter that describes the extensive use of Telepsychiatry by Kaiser Permanente, the largest non-profit health maintenance organization in the USA. Many readers will remember the paper by Feacham *et al.* (2002), which claimed that this organization was more clinically and cost effective than the British NHS. The chapter suggests that telehealth is one of the factors that has contributed to the organization's efficiency. The British Department of Health has invested a great deal

into the delivery of information and the use of informatics in health care. It will be interesting to see if this investment results in improved services. Finally, I was challenged by the finding that many people seem to prefer talking to a mental health professional over a video-link rather than a face-to-face consultation. We have long recognized the value of domiciliary consultations as a means of seeing people in their natural surroundings. The technologies described in this book may in time enable more people to consult their doctor from the security of their own home.

This book is a mine of information; it presents us with a substantial academic review of the current state of Telepsychiatry. It is therefore, an excellent resource for people who want to become more informed about this subject. My only gripe was to question the wisdom of placing a technical chapter at the beginning of the book. Just as I was settling down to a good read I was confronted with information about CODECS, packet switching, routers and the relative merits of the H.320 and H.323 protocols. I am sure there are people out there who just love this kind of thing, but I am not one of them. I would have preferred this technical stuff to be at the end of the book or better still for it to have been in an appendix.

In conclusion, anyone who is interested in video-conferencing, or who wants to set up a health related website might benefit from this book.

MARTIN BRISCOE

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Psychotherapy and Counselling in Practice: A Narrative Framework. By D. Tantam. (Pp. 317; £21.95.) Cambridge University Press: Cambridge, 2003.

Digby Tantam sets himself a laudable aim in writing this book. He wishes to set out

the fundamental elements of any successful psychotherapy, regardless of the model practiced by the therapist. He starts off by covering what he considers to be the four essential elements: addressing the concerns of the client, respecting their values, recognizing that people are guided by their emotions and binding these into a coherent narrative. However, I found that the last of these elements was exactly what this part of the book lacked, a coherent narrative. Even the first chapter, which attempts to define 'what is a concern?' covers such a broad spectrum of psychology and philosophy that I had to read it twice to pick up the main points. It is as if the author can leave no stone unturned and frequently digresses into areas that are not essential to the narrative. It is over inclusive and the text is often dense and difficult to follow. I would certainly not recommend it to a psychiatrist or psychologist in training, as the author does in his preface. I fear a beginner would become hopelessly confused without a good grounding in at least one model of psychotherapy. With such a grounding, it is possible to enjoy the digressions, consider the ideas offered, and either reject them or integrate them with one's previous knowledge. As a beginner, hungry for the basics, I would have been put off and probably never finished the book.

That would be a shame, as the second half of the book is easier to follow and does offer a way of thinking about the meaning of symptoms, and about how to help people in psychological distress, which is ideal for a beginner to psychiatry. The chapters cover procedures for gaining relief, resolving problems, helping people through changes and surmounting crises. These later chapters are easier to read and there is a wealth of clinical detail that makes the book come alive.

Overall, I found the book somewhat disappointing. I admire the author for his conviction that the type of psychotherapy that one practices has to be consistent with ones own values and beliefs, and that there is no right model for all therapists or all situations. However, I feel that this is a realization, which one has to come to with time and experience, after trying out a few models and seeing which one feels right, rather than something to be taught to a beginner. I would recommend this book only to a more experienced therapist who is seeking

to integrate what they have learned from various therapeutic models into their own unique model.

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