

Book reviews

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Psychoneuroendocrinology: The Scientific Basis of Clinical Practice. Edited by O. M. Wolkowitz and A. J. Rothschild. (Pp. 606; \$73.95; ISBN 0-88048-857-3 pb.) American Psychiatric Publishing, Inc.: Arlington, Virginia, 2003.

This volume ‘aims to fill an important niche: to show how the principles and important findings of psychoneuroendocrinology can inform modern clinical practice and lead to new breakthroughs in future practice’. Unfortunately, this book fails to achieve that aim.

By and large, the editors have rounded up the usual suspects to contribute chapters, giving them a mandate to highlight the clinical significance of recent work and, where appropriate, to provide clinical guidelines for the management of patients. This goal is achieved by only a minority of the authors. In some chapters it is not even approached. Part of the responsibility for this unevenness rests with the editors’ decisions about the structure of the book. When, as here, the material is organized around individual hormones, then the integrated discussion of clinical problems suffers.

To illustrate: the book lacks a presentation of the multiple hormonal responses to acute stress, including the dimension of time, and of the transition from acute stress to either adaptation or chronic stress. John Mason elaborated these constructs over 35 years ago but the younger generation seems to have forgotten them, along with the importance of controllability of stress (Jay Weiss, also 35 years ago), genetic determinants of the stress response, and developmental factors. Likewise, any student seeking enlightenment on the endocrinology of anxiety states will be discouraged. The opportunity was missed for a discussion of endocrine variables in the differentiation of anxiety from hypertension from pheochromocytoma, to say nothing of the endocrine profiles of spontaneous panic attacks, behaviourally induced panic, hypnosis-induced

panic, and chemically induced panic. The same criticism applies to the book’s treatment of a classical psychoendocrine syndrome like anorexia nervosa. There are ten index entries for this disorder, only one of which would be of any conceivable help to a psychiatry resident coming to terms with his/her first case. Astoundingly, none of them deals with gonadotropins in anorexia nervosa; none explains why these patients have extraordinarily high urinary-free cortisol excretion; and none deals with the endocrinology of re-feeding.

The editors display, in other ways, their limited awareness of what would be needed to create the kind of volume they intended. For example, it is remarkable that two of today’s major clinical concerns, atypical antipsychotic drug-associated glucose intolerance and obesity, are not addressed. Overall, discussion of the endocrine side-effects of psychotropic drugs is patchy. This topic is covered best by far in the chapters that deal with thyroid function. A major omission is discussion of psychotropic drug effects on the vasopressin system, which could have led to suggestions for use of endocrine measures in the differential diagnosis of polyuric, polydipsic, hyponatraemic, and hypo-osmolar states: psychogenic polydipsia *versus* drug-induced syndrome of inappropriate antidiuretic hormone secretion (SIADH) *versus* diabetes insipidus. Psychiatry residents learning to treat elderly patients with antidepressant drugs and mood stabilizers regularly encounter this problem.

Many chapters fail the test of usefulness to clinicians because they make no effort to translate research findings into the quantitative terms that clinicians understand. Chapter after chapter rehearses litanies of clinical studies of hormone X in disorder Y and comes to a conclusion about ‘statistically significant’ differences, or not, without indicating such basic dimensions as effect size. The entire volume is innocent of Bayesian concepts of conditional probability. Many chapters also are marked by a perverse innumeracy. For example, would it

be asking too much to expect the chapter on Cushing disease to provide data on HPA axis hormone values typically found in Cushing disease, Cushing syndrome and pseudo-Cushing states like depression and obesity? How do the means and distributions compare? What do receiver operating characteristic analyses tell us? Which measures are of most help in the diagnosis? Which provocative tests of the axis are preferred and why? The same criticism applies to the chapter on imaging the pituitary and the adrenal gland. It applies especially to the chapter on laboratory evaluation of neuroendocrine systems, which is a major disappointment. The most successful individual chapters focus on well-defined clinical issues rather than on individual hormones. David R. Rubinow and Peter J. Schmidt contribute a fine, lucid, and well-illustrated discussion of behavioural disorders associated with the menstrual cycle and the menopause. A psychiatry resident looking for guidance will find informative case studies, clear diagrams, helpful tables, well-summarized experimental studies, and sound clinical judgement. Likewise, the chapter written by Lisa S. Weinstock and Lee S. Cohen on postpartum psychiatric disorders is close to exemplary. The chapter written by Harrison G. Pope and David L. Katz on exogenous anabolic-androgenic steroids also is very useful.

Special mention must be given to the chapter on stress, allostasis and disease contributed by Bruce S. McEwen. Unlike, say, the chapter on neuropeptides, which is a simple recitation of past studies with negligible analysis, McEwen's chapter conveys the intellectual excitement of the field. McEwen thinks like a scientist, which allows him to write like a scientist and perhaps to inspire some psychiatry residents to enter the field.

The overall production of this book calls for comment. The publisher has not done a very good job with the Index. For example, the term neurosteroid is missing from the Index, even though the concept of neurosteroids is discussed in several chapters. Considering that neurosteroids is Dr Wolkowitz's 'bag', this omission comes as a surprise. There is also the matter of editing. The journal *Nature* recently ran a humorous commentary on The Editor as Postman, rather than judge, i.e. collecting manuscripts from authors and mailing them to

the publisher without critical oversight. Did an editor pass on a sentence like 'Each adrenal gland lies bilaterally in the perirenal space'?

One of the blurbs printed on the cover of this book proclaims 'As a landmark compendium of psychoneuroendocrinology, this is a terrific book. I would buy it and make sure that all my senior residents had a copy so that they would be up-to-date on this material.' This commenter's senior residents would do well to save their money. Something better is bound to come along.

Finally, comment is needed on the matter of declaring competing financial interests, a topic that has received wide attention in other domains of academic publishing. Book chapters are the last frontier in this respect, completely unregulated. Does it matter? It always matters when the author of a scientific review discusses a topic in which he/she has a competing financial interest: the opportunity for bias is real. In this volume, Dr Rothschild displays bias in his discussion of the glucocorticoid receptor blocker mifepristone for treatment of psychotic depression. In point of fact, none of the trials of this agent in psychotic depression has produced statistically significant results. Not disclosed to the reader is Dr Rothschild's significant financial interest in Corcept Therapeutics, the start-up company that hopes to market mifepristone for psychiatric indications. One hopes that American Psychiatric Publishing, Inc., a subsidiary of the American Psychiatric Association, will take the lead to institute standards of ethical disclosure for volume editors and authors of chapters to match what the field has developed in respect of original research reports and journal-based review articles.

BERNARD J. CARROLL

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Clinical Trials in Psychiatry. By B. Everitt and S. Wessely. (Pp. 189; £27.50; ISBN 0-19-852642-3.) Oxford University Press: Oxford. 2003.

This book provides up-to-date information on planning, design and analysis of randomized clinical trials in psychiatry, a topic of great relevance to most clinical researchers working in

psychiatry. It provides a concise but thorough overview of clinical trials in psychiatry which will be invaluable to those seeking solutions to numerous problems relating to design, methodology and analysis of such trials. The experience of both authors in this area gives the book a very pragmatic approach grounded in reality, with theoretical overviews invariably being followed by practical examples and applications. However, ethical dilemmas, such as whether informed consent is always needed to participate in such a trial or when is it ethical to use a placebo as a control, are also considered in a measured way. Chapters are carefully laid out, with an emphasis on psychological as well as pharmacological trials, and written very much with the clinical psychiatrist participating in clinical trials research in mind.

This book is introduced by a brief historical overview of treatments, with particular reference to psychiatry, from the dogmatism of Galen to the scientific questioning that led to the development of the first clinical trials. This is followed by a description of the rationale behind clinical trials, including randomization and blinding, with particularly useful sections on ethics and suggested approaches to improve patient interest and compliance.

The core of this book is in the four chapters devoted to trial design and statistical analysis. After individual trial designs and methods of randomization are introduced, the authors discuss the important issue of how to conduct a clinical trial with acceptable statistical power, making the very valid point that psychiatry is riddled with underpowered and over-analysed studies. Specific problems relating to conducting clinical trials in psychiatry are discussed in detail. The authors particularly focus on a major criticism of clinical trials in psychiatry to date, namely that findings are often not generalizable to real-life clinical situations, by advocating the use of more pragmatic trials with fewer exclusion criteria and the use of better though fewer outcome measures.

The statistical analysis chapters are necessarily brief, but provide useful references for further reading. I found the sections dealing with analysis of longitudinal data and missing longitudinal data helpful. Furthermore, they also provide a useful overview of newer developments in analysis such as random-effects

models for longitudinal data and complex economic evaluation of treatment which is becoming increasingly important in service planning and development. The theoretical analysis chapter is greatly enhanced by being followed by a step-by-step analysis of a typical clinical trial with the statistical approaches used being described in detail. The analysis section concludes with a description of meta-analysis, highlighting problems such as publication bias and heterogeneity and again giving practical examples at the end of the chapter. This book concludes by arguing powerfully for excellence in future research by focusing on pragmatic trials and developing larger but simpler trials.

There is much to recommend this book but probably the most useful feature to the clinical researcher is the practical problem-solving approach which also includes advice on appropriate websites and software programs for design and analysis. The appendices outlining how to design and report clinical trials, I suspect, will be put to good use by many writing grant proposals and papers in the future.

The authors are unashamed advocates of randomized clinical trials seeing them as the 'gold standard' in psychiatric research, which some engaged in epidemiological or clinical outcome research, not always amenable to such approaches, might take issue with. However, this book will be an invaluable companion to anyone involved in, or contemplating undertaking, clinical trials research.

NOEL KENNEDY

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Technology in Counselling and Psychotherapy: A Practitioner's Guide. Edited by S. Goss and K. Anthony. (Pp. xx + 217; £16.99, ISBN 1-4039-0060-4 pb.) Palgrave Macmillan: Basingstoke. 2003.

It commonly takes 30 or more years before inventions give rise to technology that becomes sufficiently friendly, widespread and cheap to the point where it can ease or enrich everyday life and where some of its drawbacks become evident. We seem to be approaching this point with telephones, videophones and computers

in counselling and psychotherapy. This book is a fine and sensible introduction to the subject by experts from the UK, USA and Australia. It is timely. The British developer of the internet has just been knighted, and the National Institute for Clinical Excellence is now reviewing its 2002 guidance concerning computer-aided self-help for anxiety and depression. Most of the book is refreshingly simple to read. It has clear explanations of technical terms with informative case examples and verbatim extracts of interviews.

The Chair of the British Association for Counselling and Psychotherapy (BACP) says in his preface that already by 1997 students frequently made more and deeper disclosures about themselves in emails to their counsellors than they seemed able or willing to do in actual counselling sessions. Rosenfeld writes (p. 98) from Australia that self-disclosure often occurs sooner in phone rather than face-to-face sessions as people talk more freely when they feel they are not being judged and they feel safe, therefore fewer phone than face-to-face sessions are then needed to achieve therapy goals. The editors work with the BACP and point out (p. 8) that whether therapists like it or not, some clients prefer to work on their problems without having to spend hours in the company of a therapist. Technology enables professionals to use new tools to communicate their skills and experience to clients. Computer-aided psychotherapy when appropriately programmed can convey empathy, warmth and understanding without direct human contact.

The book discusses many of the advantages various technologies may confer over traditional face-to-face help. It can widen clients' access to experts. Access at home to such help by telephone (live or by interactive voice response) or videophone or the internet lessens clients' need to travel to a therapist if that poses problems due to distance, disability, or fear of unfamiliar environments (e.g. in agoraphobics or social phobics or assault victims). It can afford greater anonymity, privacy and confidentiality, and might lessen the danger of stigma. Patients' control is enhanced when, more easily than leaving the consulting room prematurely, they can terminate an interview early by putting the phone down, moving out of videophone camera range, or exiting software (p. 198). Email chat-

rooms can put patients in ready contact with fellow sufferers, e.g. self-help/mutual aid groups for sex-abuse survivors. Technology can widen clients' choice of therapists from a similar background, or away from their home locality if embarrassment is feared. Virtual reality allows patients to experience environments not otherwise readily available except in imagination or pictures, e.g. a classroom with distracting stimuli to study the concentration and needs of children with attention deficit hyperactivity disorder, or cheering and then jeering audiences for someone learning to overcome public-speaking phobia. One wonders, though, whether it might be as therapeutic and less expensive to help phobics imagine such scenes in guided fantasy aided by photos, paintings or videos than to use virtual reality.

Professionals, too, can benefit from technology. It avoids their need to travel to widely dispersed clinics. Therapists can save much time by delegating repetitive aspects of screening and therapy to appropriate computer self-help systems. Such time-saving enables them to manage more patients than is possible without the systems, an important issue when most anxious/depressed sufferers identified in community surveys are untreated and the training of enough therapists to meet the demand is unrealistically costly. Some systems could automatically monitor patients' progress to allow quality control of therapy on a hitherto impossible scale. Technology can facilitate supervisors' tracking of what many trainees are doing. Therapists can reply to patients by voicemail as time permits.

Almost any technology brings problems as well as gains, and the book hints at some. Despite the use of passwords, confidentiality might be breached on the internet and mobile phone conversations have been snooped on. Instead of supporting suicidal people out of their despair, some websites and chatrooms instead encourage suicide and show how to do it. Communication across time zones raises time-scheduling issues. Giving therapy to sufferers in different cultures and jurisdictions raises cultural, legal and licensing problems. Many practices in the young field of distance therapy still lack an empirical basis. More training of therapists is needed in using distance methods. Lack of proper funding to deliver the technologies on national scales is a ubiquitous barrier to dissemination that

remains to be solved by the politicians, funders and administrators who shape health services.

This open-minded volume is an excellent guide to start learning about the complex issues arising as the use of technologies spreads in counselling and psychotherapy.

ISAAC MARKS

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The Concepts of Psychiatry: A Pluralistic Approach to the Mind and Mental Illness. By S. Nassir Ghaemi. (Pp. 384; \$49.95; ISBN: 0-801-873770.) The Johns Hopkins University Press: Baltimore. 2003.

This wide-ranging book is organized into three parts. In the first, entitled 'Theory: What Clinicians Think and Why', the author – a young American-trained psychiatrist widely read in philosophy and history – reviews the conceptual foundations of psychiatry. This section contains one of the strongest chapters of the book – a loving and lucid summary of Jaspers' monumental work *General Psychopathology* (Jaspers, 1963). He also addresses philosophical issues in psychiatric ethics and nosology. In the second section, entitled 'Practice: What Clinicians Do and Why?' Ghaemi covers another wide array of topics broadly relevant to psychiatric practice including the integration of psychotherapy and pharmacotherapy, the status of psychoanalysis and existential psychotherapy and brief reviews of the three major syndromes of psychosis, depression and mania. This section also contains a thoughtful review of issues of psychopharmacological 'Calvinism' and 'enhancement' (i.e. making people 'better than well'). In the third and briefest section of the book, entitled 'After Eclecticism', the author attempts to review and expand on what he regards as the main themes of the book.

His central thesis – reflected in the title of book – is the need in psychiatry for the adoption of what he terms 'principled methodologic pluralism'. By this, Ghaemi means a conceptually rigorous and pluralistic explanatory perspective – a willingness to consider critically and then attempt to integrate biological, genetic, psychological and social etiologic influences. He contrasts this approach with the standard

'biopsychosocial model'. He characterizes this model as a form of 'lazy eclecticism' which has resulted in 'abjuring all talk of theories and methods ...'. He also discusses at some length in the final section the 'integrationist perspective', as most recently articulated by Kandel (Kandel, 1998), that attempts to integrate mental and biological viewpoints while avoiding the 'hard reductionism' that reduces all mental events to 'plain biology'.

There is a good deal to admire about this book. After the narrow confines of most psychiatric writing, it is refreshing to read an author who can quote knowingly from both Seymour Kety and William James and who can competently discuss topics as diverse as the mind-body problem and the relevance for psychiatry of Epicurus and Sufism. This book is a reminder of the rich banquet of conceptual and philosophical issues that are of relevance to our field but rarely make it into the standard literature. The book's central thesis – the need for rigorous pluralism – is well articulated and convincingly argued. Similarly persuasive is his call for a greater engagement of psychiatric researchers and clinicians with the deep conceptual issues involved in trying to understand human mental processes and behavior. Ghaemi argues with effect that the 'biopsychosocial model' has come to mean little beyond the obvious and has ceased to serve as a dynamic intellectual framework for psychiatric thought and practice.

However, this book is not without its limitations. The main difficulty is with the wide diversity of subjects examined. It reads as if the author felt a need to 'pack everything in'. This results in uneven coverage, distraction from the main themes, and a reduction in the overall coherence of the work. Some of the chapters are quite challenging (especially to readers unpracticed in 'philosophy-speak') while others – for example his brief reviews of the diagnostic categories of psychosis, depression and mania – are at the level appropriate for medical students. By doing less, Ghaemi might have done more. At a few points in the book Ghaemi lets his enthusiasm for the subject get the best of him. For example, in citing possible lessons of psychiatry from Sufism, he suggests that we as a field could profitably 'focus on Sufi views regarding the ill effects of many desires and attachments on human existence'. In general,

psychiatry is probably best advised to keep focused on our central areas of competence – the diagnosis and treatment of mental disorders – and avoid the broad array of fascinating issues better suited for philosophy or religion.

In reading this book, I found myself pondering the question ‘to whom would I recommend this and why?’ My conclusion is that this book is best suited to the unusually inquisitive trainee or younger practitioner who wants an introduction to the wide array of conceptual and philosophical issues of potential relevance to psychiatry.

For them, this book could serve as an entree to what, in the best of circumstances, would be years of further reading in primary sources. This book would also serve as a ‘refresher’ course for the more experienced psychiatric teacher or researcher, reminding them of the breadth of questions that can be usefully pondered as we attempt to practice this rather extraordinary and often perplexing field of psychiatry.

KENNETH KENDLER

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Malingering and Illness Deception. Edited by P. W. Halligan, C. Bass and D. Oakley. (Pp. 382; £35.00; ISBN 0-19-851554-5.) Oxford University Press: Oxford. 2003.

Everyone knows it is out there, everyone knows it is common, everyone has been tempted to adopt its guise, everyone has suspicions about its presence, yet no one will talk about it! In a land where GPs willingly admit to signing sickness certificates for illness that does not exist, where at least £2 billion a year of welfare benefit is lost to fraud, and where a civil compensation system exists which rewards claimants for alleged injury in courts, where judges hardly ever

utter the ‘M’ word and yet 7% of the population admit to making fraudulent insurance claims, it is surprising that the topic of this book has not been much more widely examined over the years. And yet there are very few texts devoted entirely to what here is euphemistically referred to as illness deception, and if this opens up a wider debate it is to be welcomed.

It is a compilation of chapters, from writers in diverse fields, from which few conclusions can be reached. Individual contributors put forward their own models of explanation, some more Whiggish than others, and several chapters contain useful facts and figures to quote in support of the widespread nature of deception generally, and not only with respect to illness. Wessely, summing up an historical perspective, notes the central enduring theme namely, that it is lying, deceit, and the question was, and is, who is in the best place to detect it. Contrary to the belief of many, DSM-IV does give criteria for it, as does ICD-10, but there is no consensus in this book that it should be the role of the physician, let alone the psychiatrist, to diagnose it. The alternative, that it is a legal matter, is also side-stepped by the lawyers, who note that it is so rarely judged as such in the courts since it represents fraud and thus perjury, opening up a complete can of legal worms.

Modern science takes us little further. Can monkeys do it? Do children do it? Can brain-imaging techniques distinguish the voluntary from the involuntary? Such topics are interesting contributions to the overall theme, as are the shades of illness deception, such as exaggeration, factitious illnesses and the like.

This is an essential text for anyone involved in medico-legal work, but it is unlikely to be produced much in the courtroom. There are too few conclusions that emerge with conviction for it to be of use, much better to opt for Andrew Maleson’s *Whiplash and Other Useful Injuries* (McGill-Queen’s University Press, Quebec, 2002) for a real compilation of mendacity.

I seem to have got through this review without actually using the M word, quite unintentionally. Come on, let’s call a spade a spade!

MICHAEL TRIMBLE