

Book reviews

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Generalized Anxiety Disorder: Advances in Research and Practice. Edited by R. G. Heimberg, C. L. Turk and D. S. Mennin. (Pp. 446; \$55.00; ISBN 1572309725.) Guilford Press: New York. 2004.

Given the rocky historical development of Generalized Anxiety Disorder (GAD) from its original residual diagnostic status to the gradual recognition of this highly prevalent condition and its associated functional impairment, it is a delight to see a volume dedicated to this thus-far neglected syndrome. *Generalized Anxiety Disorder: Advances in Research and Practice* brings together in one volume the major theoretical models and treatment approaches that have been developed in the last 25 years since GAD's inception, organized into four major sections.

Part I (Generalized Anxiety Disorder in the Clinic and in the Community) consists of three introductory chapters containing background information on GAD. Chapter 1 provides a thorough historical perspective on the development of this clinical entity, from its roots in Freud's 'anxiety neurosis', to the creation of GAD as a residual diagnostic category separate from panic disorder in the Research Diagnostic Criteria and Diagnostic and DSM-III, to its further refinement in subsequent diagnostic manuals, highlighting both its initial shortcomings and its increasing validity, reliability, and credibility with each stage of refinement. This chapter also reviews its essential clinical features, including differential diagnosis and clinical co-morbidity. Finally, it devotes a section to the key concept of worry, which, theoretically and nosologically, lies at the heart of the psychopathology of GAD.

The two epidemiologists who have performed the lion's share of research into the epidemiology of GAD review its prevalence, comorbidity, course, sociodemographic correlates, impairment, and patterns of treatment seeking in chapter 2. They go a long way towards

dismissing early scepticism of the validity of GAD as a diagnostic entity by presenting empirical data relating prevalence to diagnostic criteria, disentangling the effects of help-seeking on co-morbidity estimates, and emphasizing the impairing nature of GAD in its own right, regardless of co-occurring conditions such as major depression.

Chapter 3 summarizes the diverse literature on the relationship between anxious temperament, development, and the risk for anxiety disorders. After a brief overview of genetic findings, it provides a broad summary of studies examining the predictive effects of childhood temperament, attachment, parental behaviours, and life events on the development of these conditions. Unfortunately, as acknowledged by the authors, almost all of what is known about these relationships is not specific to GAD, making tentative any models that attempt to elaborate its aetiological pathways.

Part II of *Generalized Anxiety Disorder: Advances in Research and Practice* (Theoretical and Empirical Approaches) covers the psychological, neurocognitive, and neurobiological theories underlying GAD and their implications for treatment. Chapter 4 provides a thorough exposition of worry and its functions in patients with GAD, serving as a basis for subsequent chapters in this section. The authors, who originated some of the early research on the connections between worry and anxiety, do a splendid job integrating for the reader theories of classical and operant conditioning together with the empirical data showing that (1) worry serves as a mechanism of cognitive avoidance for GAD patients, (2) verbal-cognitive activity such as worry (as opposed to fear imagery) elicits little of the physiological response necessary for extinction to occur, and (3) patients' beliefs about the value of worry to anticipate and thus avoid future threats. This provides a basis for worry as a process of negatively reinforced cognitive avoidance that leads to the chronicity of GAD and its relative treatment resistance. With this understanding, the authors present

their cognitive-behavioural treatment (CBT) approach to GAD and contrast it with more traditional CBT methods.

In chapter 4, the authors summarize the diverse body of experimental data that suggests that patients with GAD are characterized by the operation of cognitive biases that selectively favour threat-related information with inability to control this bias. Chapter 5 was written by a research group whose main area of investigation has explored the role that intolerance of uncertainty might play in the aetiology and maintenance of GAD and the use of this knowledge in designing specific treatment protocols. A model emphasizing meta-cognitions in GAD, i.e. the beliefs patients hold about their worry-prone cognitive style, and its implications for treatment, is the subject of chapter 6. Chapter 7 reviews the potential neurobiological basis of GAD via studies of neurotransmitter abnormalities, brain activation patterns, and physiological responses of patients, although many of the findings are, thus far, unreplicated or non-specific for GAD compared with anxiety pathology in general.

Part III of this volume, Assessment and Treatment, summarizes the extant literature in this area of GAD. Chapter 9 is a highly useful reference source of most of the research- and clinically-relevant instruments that assess anxiety symptoms and disorders as well as the range of more specialized interviews and questionnaires for worry and GAD. In chapter 10, the authors present a rigorous meta-analytic review of CBT trials for GAD. They provide details of each study together with calculated effect sizes, as well as summaries of findings in various domains of findings (CBT *versus* other psychological therapies, CBT medication comparisons, etc.).

The next three chapters in Part III are each devoted to a particular therapeutic modality for GAD. Chapter 11 outlines an example of a modern CBT protocol for treating GAD that integrates theoretical and empirical knowledge of this condition by targeting the range of pathological cognitions and behaviours that are specific to patients with this condition. It provides detailed interventions in its treatment plans that make it a highly useful reference for cognitive-behavioural psychotherapists learning to treat GAD. This is nicely balanced in

chapter 12 by an exposition of the merits and application of supportive-expressive therapies in GAD, contrasting this approach with CBT. Chapter 13 expands the therapeutic arsenal for GAD further by offering the rationale for augmenting CBT with interpersonal psychotherapeutic interventions, providing examples of therapist-patient interactions that illustrate this strategy. Finally, the authors of chapter 14 cover the pharmacological treatment of GAD. They review the extant clinical trial literature for GAD and provide tables for use of the various agents. A typographical error in their Table 14.2 switches the daily dosage ranges for venlafaxine and mirtazapine, but this is unlikely to cause confusion for any practising psychopharmacologist.

The editors had the wisdom to address special populations in Part IV, often neglected in the literature. Chapter 15 briefly summarizes all of the critical areas of interest for GAD in children and adolescents, with sections on history, diagnostic criteria, clinical features, co-morbidity, epidemiology, developmental course, and diagnosis and treatment. GAD in older adults is the subject of chapter 16, with a bit less emphasis on description and treatment but greater attention to theoretical and conceptualization of worry and anxiety in this population.

In summary, *Generalized Anxiety Disorder: Advances in Research and Practice* gives both a broad and, many times, in-depth coverage of the major advances in research and treatment of GAD that have come to light in the 25 years since its creation as a diagnostic syndrome. While researchers have made important strides in understanding the aetiological and theoretical underpinnings of GAD and have begun to translate these into treatment strategies, there is still more work to do. This volume provides a useful overview of these advances, making it useful for clinicians and researchers alike. In particular, with its emphasis on psychological theories and therapeutic approaches to GAD, this book is most suited to readers who either specialize in research on aetiology and treatment of anxiety disorders, or who spend a good part of their clinical practice treating these conditions, particularly via psychotherapeutic modalities.

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Mood Disorders: Recognition and Treatment.
Edited by P. R. Joyce and P. B. Mitchell.
(Pp. 508; AU\$59.95; ISBN 0868404470.)
UNSW Press: Sydney. 2004.

It was a pleasant surprise to read a psychiatry book that described patients and their illnesses rather than DSM-IV and ICD-10 criteria and statistical findings. Even though, I started off with a view of critically reviewing the book, somewhere on the way I lost my critical perspective and ended up enjoying the book and learning from it.

Contrary to the rather restrictive title, the 56 contributors comprehensively cover almost every aspect of affective disorders in the 40 chapters. The editors have almost fully succeeded in keeping the chapters mutually exclusive and collectively exhaustive, although some repetition is inevitable.

The first section provides a view of mood disorders from the patients' perspective. The section on phenomenology and classification appears to describe real patients, problems, fallacies and pitfalls. Not only clinicians, but also patients and carers would find parts of these two sections helpful in understanding the illness. I and a member of a patient's family were very relieved to read 'Sometimes family are confused by the good appearance a depressed patient presents to strangers, while the family see the irritability, lethargy and anhedonia'.

In the aetiology and pathophysiology section, the contributors have explained the basic sciences and normative data before embarking on pathology. This helps avoid the senior clinicians' feeling smothered by the latest technological advances in basic sciences. For many these techniques did not exist when they were training.

The section on management was most impressive. It is a marked improvement on, and in contrast to, the British practice of prescribing an antidepressant and referring to the psychotherapy waiting list anyone who 'can't cope'. The 15-page chapter on pharmacogenetics was unexpected, but impressive. This again started off with explaining the very basic principles.

The section on co-morbidity covers personality disorders, substance misuse, anxiety disorders,

medical illnesses and eating disorders. The next section covers mood disorders across the life-cycle. The last section is on outcome, impact and burden. I felt a bit alienated by the last two chapters, i.e. Public and professional understanding of depression; and Mood disorders and the global burden of disease; they were almost exclusively non-British in their content.

There seems to be a general aversion to diagrams and tables. There were a few occasions when I felt deprived of references. A description of Kraepelin's mixed affective states was noticeably absent.

Throughout the book there is a feeling of being in a clinical setting, with a personal touch and a sense of a live discussion. It is written in such a way as if senior clinicians are teaching juniors at the bedside. The emphasis on explaining in simple terms the basic principles of specialist fields will prevent both the novice and the 'too busy to keep up to date with' senior clinicians from feeling intimidated by the 'high-tech'.

Overall, this is a very well written, readable and informative book. I would confidently recommend this book to all mental health professionals, junior and senior. Every psychiatric library must have a copy.

ALBERT MICHAEL

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CANE: Camberwell Assessment of Need for the Elderly. Edited by M. Orrell and G. Hancock. (Pp. 208; £80.00; ISBN 1904671063.)
Gaskell: London. 2004.

The concept of need is a tricky one, as Sir John Grimley Evans points out in his introduction to this book. There are several available definitions of 'need', though even these do not seem to do justice to the finer detail. In addition, 'need' is a verb as well as a noun. There are different things that we may need in different ways – for example, the way in which we need air or water is a matter of survival, whereas our need for a new car is much more a matter of fashion. Recent interpretations of 'need' attempt to tighten the definition by considering the individual's ability to benefit from the need being met. This may increase reliability but remains subjective to

some extent as there must be an underlying assumption about what constitutes such benefit. This approach is followed by the CANE, where a need is defined as ‘a problem with a potential remedy or intervention’.

The CANE is an assessment tool for older people, evolved from the earlier Camberwell Assessment of Need (CAN). The CAN was designed for younger adults with severe mental illness and the CANE uses a similar structure tailored for the older population. The CANE has 24 topics which may be potential needs, as well as two topics relating to carers (carer distress; carer’s need for information). Each topic can be rated according to the perspective of the service user, staff member(s), carer or the rater themselves. Each topic is rated as to whether there is no need, a need that is being met or an unmet need. It is possible to assign a numerical value (0, 1 or 2) to each rating and therefore to produce a total score, although this needs to be interpreted with caution.

The comprehensive span of the CANE is definitely a strength, as is the recording of multiple perspectives. The topics range widely, including accommodation, food, self-care, various physical and mental symptoms, alcohol, intimate relationships, benefits and so on. Enquiry is also made into what type of help the person is receiving and whether this is appropriate or adequate to meet the need. It must be said that some variables lend themselves more readily to this approach than others. For example, it is relatively easy to ask about food – does the person have difficulty getting the right kind of food to eat, and if they need help, is this enough for their needs? But for issues like physical health, where someone may have several chronic conditions, or for memory, some of these questions seem contrived. An individual may need help with their memory, not as an end in itself, but as a means to performing various tasks (self-care, shopping, money, etc.), so the question as to whether their need for assistance with memory is being appropriately met becomes rather abstract.

This volume acts as a handbook for the CANE. After explaining how the CANE was developed, most of the text is a series of chapters evaluating the use of the CANE in various settings, from primary care to long-term care, not just in the UK but also in Germany and

Spain. The last chapter, the most substantial, is the CANE instruction manual. Finally, there are three appendices, with the full version of the CANE, a short version (CANE-S) and a series of overhead slides that can be used for training purposes. Most users of the system are likely to read the instruction manual and the scales: this is not an easy book to read straight through from cover to cover (probably not intended as such either). There are some good contributions in the chapters, for example a review of the efficacy of day hospital care in chapter 8. Many old-age mental health services will want to consider using the CANE, although they may prefer the short version for everyday purposes.

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Psychological Interventions in Early Psychosis: A Treatment Handbook. Edited by J. F. M. Gleeson and P. D. McGorry. (Pp. 286; £24.99; ISBN 0-470-84436-1 pb.) John Wiley and Sons Ltd: Chichester. 2004.

This edited book describes a range of psychological interventions used with patients in the early stages of psychosis. The contributors are well-known researchers and clinicians within the field. The first chapter presents some background to early psychosis, outlines the reasons why psychological treatments are necessary and sets out the key principles for psychological intervention in this area. Each subsequent chapter is dedicated to a particular problem or therapeutic approach. Chapter 2 describes psychological intervention on the prepsychotic phase, giving an overview of the treatment modules used in the Personal Assessment and Crisis Evaluation (PACE) Clinic in Melbourne, Australia. There are excellent chapters describing cognitive behavioural treatment (CBT) approaches in early psychosis. Chapter 3 describes the CBT used in the SoCRATES study, guides the reader through the stages of therapy, and highlights the modifications necessary for working with this client group. Chapter 4 outlines Cognitively Oriented Psychotherapy for Early Psychosis (COPE), an intervention developed at the Early Psychosis Prevention and Intervention Centre (EPPIC) in

Melbourne. COPE focuses on the psychological impact of psychosis on the person, and aims to promote adaptation and recovery from the illness. The current chapter gives an overview of the therapy and then describes in more detail the adaptation phase. Chapter 11 describes CBT for individuals experiencing prolonged recovery from their first psychotic episode. This therapy has been named STOPP (Systematic Treatment of Persistent Psychosis). The phases of the therapy are presented in the chapter, together with the practicalities of therapy. Chapter 12 discusses emotional dysfunction in early psychosis and the implications for CBT.

There are chapters on other important therapeutic approaches in this area. Chapter 5 describes the dynamic understanding of acute psychosis and dynamic psychotherapy for early psychosis. The authors (Cullberg and Johannessen) explain that such psychotherapeutic work includes both dynamic and cognitive methods and, interestingly, assert that a 'pure' dynamic or CBT approach should not exist in the treatment of psychosis. Chapter 6 introduces family work in early psychosis, and describe the interventions for first-episode families that are implemented in two early psychosis programmes, EPPIC and the Calgary Early Psychosis Program (FEP). Chapter 7 describes in detail an innovative group intervention developed in Canada that aims to assist patients in the process of recovery from a first psychotic episode.

There are also chapters dedicated to particular problems of early psychosis. Chapter 8 focuses on cannabis use and psychosis, describing the Cannabis and Psychosis (CAP) Project, developed at EPPIC. Each of the six phases of treatment is outlined, and there is a very helpful table giving examples of cannabis education resources. Chapter 9 focuses on relapse prevention, describing risk factors and the formulation of relapse risk, followed by different relapse prevention interventions. Chapter 10 discusses suicide prevention in early psychosis. It describes suicide patterns in patients with first-episode psychosis and draws attention to common misconceptions among clinicians concerning the relationship between suicide and psychosis. The chapter goes on to outline the LifeSPAN project, another treatment programme developed at EPPIC to reduce

the suicide rate in this patient group. Chapter 13 describes a number of useful principles and strategies for treating negative symptoms in early psychosis. Negative symptoms are important presenting symptoms in first-episode psychosis, but are often overshadowed by the more acute positive symptoms, and treatment guides are needed.

The last two chapters discuss service issues. Chapter 11 describes the process of promoting recovery in Early Psychosis Services. The author (Rufus May) describes the complex process of recovery from the perspective of both a clinician and an ex-service user. He argues that a whole-person approach is extremely important to recovery. Chapter 12 discusses the important issue of implementing psychological therapies in Early Intervention Services, and presents details of two psychosocial training programmes for mental health staff in the West Midlands, UK.

The book provides an extremely informative guide to psychological interventions in early psychosis, based on the authors' work and experience in clinical practice. Some chapters provide condensed treatment guides and others refer the reader to more detailed manuals. The chapters are clearly written, and the majority make good use of case examples to illustrate the techniques. In addition, many of the chapters present data regarding the evaluation of these treatments, showing that they are effective. This book offers an invaluable guide for clinicians working with young people experiencing their first or second episode of psychosis.

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The Neuropathology of Dementia (second edition). Edited by M. M. Esiri, V. M.-Y. Lee and J. Q. Trojanowski. (Pp. 578; £195.00; ISBN 0521819156 hb.) Cambridge University Press: Cambridge. 2004.

A good book should fulfil at least three criteria: be of contemporary significance, be readable and have relevance to a large number of ideas and issues. The second edition of *The Neuropathology of Dementia* fulfils all these criteria. The book covers a variety of neuropathologically

significant topics: anatomy, laboratory safety issues, practical approaches to pathological sampling including brain biopsy, neuropathological diagnosis, staining procedures and methods and morphometry, concentrating on stereology-based counting. Currently used staging systems of neurodegeneration are described in detail, and the problem of mixed pathology has also been addressed. At the same time the authors take the concept further, expanding on molecular pathology and diagnosis and providing information about genetic testing, with access to online resources.

The neuropathology of neurodegeneration is carefully explained, supported by numerous illustrations and diagrams, paying equal attention to immunohistology and biochemistry and introducing the concept of 'molecular pathology'. In particular the neuropathology of both sporadic and hereditary tauopathies and their differential diagnosis is well documented. The new chapter on transgenic (and knock-out) animal models provides a cumulative and complex overview of the modelling of a disease process in numerous neurodegenerative disorders, including tauopathies, synucleinopathies, human prion disorders and CAG repeat disorders, among many others.

Cognitive impairment in schizophrenia is also addressed in this textbook. This chapter is written by a fellow psychiatrist, and it is refreshing to see the controversial antipsychotic

contribution to dementia syndrome introduced (e.g. contribution of long-term use of neuroleptic treatment to cortical gliosis), as well as the question raised by the author about similarities and differences between the neuropathology of schizophrenia and that of mood disorder.

This book is predominantly written for neuropathologists and scientists working in the field of neurodegeneration. However, most of the chapters go beyond this. The imaging chapter is particularly inspiring, and not because of its colourfulness! It deals with the concept of 'disease specific brain atlas', utilizing tensor maps in growth and atrophy, and the use of neuroimaging in brain development and degeneration. Furthermore, each chapter on neurodegenerative dementias contains a clinical presentation of the disease, which serves as a template for the neuroimaging and neuropathological (macro- and microscopic) discussions, and in some instances even deals with the future of therapeutics. Thus, this textbook can be used in several ways: as an excellent neuropathological compendium and reference tool (containing practical advice about neuropathological procedures, classifications and procedures), a correlative clinico-pathological textbook (containing answers to many clinically relevant questions), and also as a starting point for anyone embarking on dementia research.

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