

## Book reviews

*Seminars in General Psychiatry*. Edited by G. Stein and G. Wilkinson. (Pp. 1392; £55.00.) Gaskell/Royal College of Psychiatrists: London. 1997.

In order to provide this review, I spent just over 5 hours reading this book, considering that this constituted a reasonable balance between an obsessional scrutiny and a careless skim. Inevitably, however, I shall have overlooked some flaws and some highlights. This book is aimed primarily at doctors preparing for MRCPsych. and comprises two paperback volumes in an open-ended, colour coordinated cardboard container. It is well laid out with plenty of subheadings, tables and boxes. The index is clear and comprehensive and it is a nice touch that the arduous, important and usually thankless task of its compilation (by Nina Boyd) is acknowledged.

Overall, I was an impressed reader, but I shall start with some quibbles about layout. There are three chapters right at the end of this lengthy book on 'Diagnosis Classification and Measurement', 'Mental Health Services' and 'Psychiatry in General Practice'. These chapters might be better placed, and they might be more widely read, if they were at the beginning of the book since they would help to orientate readers (especially those unfamiliar with UK Healthcare Organization) before they embarked on attempting to understand the diagnosis and management of specific psychiatric disorders. There is a chapter by George Stein entitled 'Post Partum and Related Disorders', which is in essence a hotchpotch of 'womens' psychiatric troubles' that might more logically be entitled 'Disorders Specific to the Reproductive Years in Women'. Within this chapter and the one by Ferrier and Scott on 'The Causes of Depression' there appears to be some mis-communication. Neither chapter attempts to deal with the complex putative relationship between female sex hormones and depression. Another niggle about chapter titles is the one entitled 'Electroconvulsive Therapy and Other Treatments' when in

fact the chapter is solely about ECT and about Psychosurgery. The present title, as well as lacking specificity, seems to convey a suggestion that ECT and psychosurgery are similar things, which is just the kind of notion one often attempts to disabuse among patients and their relatives!

I thought that most of the chapters I read were very good indeed. The chapter by Fahy, Woodruff and Szukler on 'The Aetiology of Schizophrenia' was very lucid and readable, although it is perhaps to be expected from three Maudsley Hospital authors that references to the work of researchers from that Institution enjoy considerable prominence. Nonetheless, this 60 page chapter provides a balanced and educational reflection of the evidence. Having looked at the references before I read the chapter by Liddle on 'Schizophrenia – the Clinical Picture' and noting that he himself top scored with six references (Kraepelin limping into second place with three) I tried not to like it, but I was unsuccessful. It was interesting and authoritative and enlivened with clinical anecdotes. Perhaps the best chapter I read was that on 'Anorexia Nervosa and Bulimia Nervosa' by Janet Treasure. This provided an excellent blend of clinical relevance and research evidence, thus fulfilling the book's stated dual aims of being useful to trainees both 'on the ward (hardly politically correct in this community orientated age, incidentally) and in preparation for MRCPsych. examinations'. I thought that ECT was very sensibly covered by Hay & Bernadt, although 'pre-morbid personality problems' had sneaked into the good response predictor column. The chapter on suicide and deliberate self-harm by Vassilas, Morgan and Owen had very good sections on the assessment and management of suicidal patients, but I would have welcomed a rather more evidence-based approach to the estimation of risk and the prediction of suicide.

Trainees will be looking for an up-to-date textbook to assist them to pass the Membership Exam. For several of the chapters in this book,

there were no references more recent than 1994 and for those chapters with 1995 references, these were rather less numerous than 1994 references. It is my assumption, therefore, that most chapters were finalized during 1995 and were thus two and a half years old at the time the book was published. I am happy to be blissfully unaware of the difficulties in co-ordinating and acquiring chapters involving 36 different authors, and no doubt those authors who contributed their chapters most promptly are most likely to be out of date by the time chapters have been received from 'rate limiting authors'. It is perhaps in the field of psychopharmacology, where progress has been particularly rapid over the last few years, that the book is already 'showing its age'. Medications now in widespread use in the UK, such as Citalopram, Venlafaxine, Olanzapine and Acamprosate are too new to receive a mention. The date when references cease to be incorporated into a textbook can have a practical significance for trainees using that book to prepare for an exam, in that it is from this date onwards that they should follow the usual advice to 'read the major journals'.

JOHN M. EAGLES

*Mental Health Outcome Measures.* Edited by T. Thornicroft and M. Tansella. Springer: Berlin. 1997.

This is perhaps the best contemporary guide to measurement in mental health. It is a substantial book whose 17 chapters cover the field from quality of life measurement to health economics and from caregiver burden to clinical audit.

The 29 people who contribute to the book are largely European but among them are some of the leading world figures in aspects of measurement. Although, as might be expected in a book with so many contributors, the quality of individual chapters is somewhat variable, there are a number of highlights. Lehman's overview of measures of quality of life is a balanced account of the current limitations of this relatively new field in psychiatric research; Wing, Wittchen and Nelson give admirably brief introductions to the Schedules for Clinical Assessment in Neuropsychiatry (SCAN) and Composite International Diagnostic Interview (CIDI) respectively.

The book is a useful reference source for investigators. It provides tables listing the various measurement instruments, and the domains they measure, together with some description of their psychometric properties. The book is balanced, in that it both advocates measurement and sounds cautionary notes. Thus, Taylor and Thornicroft give a clear statement of the limitations of randomized controlled trials and Dunn pulls no punches when, in the opening chapter, he asks of outcome measures 'if it is so difficult to interpret the results of carefully designed research studies, of what possible use could they be in the haphazard world of routine clinical practice?'.

This is a time of very rapid developments in the field of measurement in mental health; developments that are political as well as technical. Unfortunately, the most important audience for Dunn's note of caution, the managers and politicians who might mis- or over-interpret outcomes data, will probably not read this book. Since the book was written there has been increased international interest in the use of outcome measures in routine practice, both for individual patients and as indicators to gauge the performance of mental health services. Interest in evaluation and accreditation of mental health services has burgeoned around the world led by development in the United States. In the UK, the recent White Paper will stimulate this interest still further. In short, it is already time for a second edition.

PAUL LELLIOTT

*The Right to Refuse Mental Health Treatment.* By B. Winnick. (Pp. 235; £53.10.) American Psychological Association: Washington, DC. 1997.

The recent introduction in the UK of the 'Supervision Register' and 'Supervised Discharge' arrangements has highlighted the expectation of society and the state that Mental Health Professionals and Services act as agents of social control. In 1997 the UK Government incorporated the European Convention on Human Rights into domestic law. A Bill of Rights has existed in the USA since 1791. The author reviews the Bill of Rights and subsequent US

constitutional and legal history with respect to Mental Health Treatment. A reading of this lucidly written and thoughtful book should be of interest to every psychiatrist, not only the American. The detailed review and presentation of American legal history on this subject actually enhances the relevance of this book for an international readership.

Winnick's focus is on what he terms the 'liberty interest' of the mentally ill. In the first part of the book he reviews the range of psychiatric treatments, from psychotherapy to psychosurgery, and their potential to intrude into patients' liberty. He marshalls evidence to demonstrate that both psychodynamic psychotherapy and behaviour therapy are severely limited in their capacity to produce change in the face of the patients' unwillingness to engage in such change. In that sense they fall on the less intrusive end of the scale. In contrast, he demonstrates that psychotropic medication, ECT and psychosurgery are quite capable of producing change in the face of both explicit and implicit wishes on the part of patients not to change. In that sense, they fall on the highly intrusive end of the scale. In the second, and in many ways the most interesting, part of the book Winnick sets out the US constitutional limitations to such intrusion. In the third part of the book he argues about appropriate professional, administrative and legal means of 'Evaluating and Implementing the Right to Refuse Treatment'. He is not an antipsychiatrist and his analysis is balanced and helpful. The interest and strength of the book lies in the detail. For example, he argues that treatments of different intrusiveness (e.g. psychotherapy v. ECT) merit different levels of legal scrutiny.

Another interesting example is Winnick's proposal that when a patient consents to treatment the doctor should not be under an obligation to demonstrate capacity to consent to treatment to the same extent as he is obliged to demonstrate lack of capacity when he or she forces treatment on the patient against the patient's expressed wishes. Such a proposal is directly in contrast to current arrangements in the UK under the Mental Health Act 1983 whereby psychosurgery may be refused to the patient by a Mental Health Act Commission doctor, despite agreement by the patient and the treating psychiatrist and surgeon that such a

procedure would be beneficial. Winnick's commitment to this proposal stems directly from his given primacy to the liberty interest of the patient and freedom of thought.

Some of the reading may make psychiatrists feel uncomfortable. An example is his reminder that over 40000 Americans were subjected to psychosurgery, an extreme treatment, with a modest scientific basis and potentially extreme side effects, during the post-World War II era! Another example is his advocacy for use of advanced directives in psychiatric care. The psychiatrist who reads this comprehensive and constructive volume will be amply rewarded for any discomfort he/she experiences in the process.

GEORGE IKKOS

*Melancholia: A Disorder of Movement and Mind.*

Edited by G. Parker and D. Hadzi-Pavlovic.  
(Pp. 342.) Cambridge University Press:  
Cambridge. 1997.

This is a timely volume from the Mood Disorders Unit (MDU) in Sydney, which should have a strong influence on clinical scientists researching major depressive illness. By design all contributors have, at some time, worked on the unit. This results in a coherent and comprehensive account of the research strategy and output from the MDU, sandwiched between an historical review of classification of depression, in particular melancholia, and chapters reviewing the neurobiology of melancholia with special reference to neuroimaging.

The authors argue convincingly that systematic and validated clinical observation and classification have been relatively neglected in biological psychiatry research. One result of this is a lack of specificity, and probably sensitivity, in neuroimaging studies. Most studies in schizophrenia and affective disorders have been designed to examine the main effect of diagnosis or illness or severity, with little attention paid to correlates of particular symptoms or syndromes. Undoubtedly, this has contributed to the heterogeneity of results. This book sets the framework for an approach that is based on specific observer-rated clinical signs rather than diagnosis. More specifically, it attempts to set out evidence that melancholia

and psychotic depression can be identified on the basis of a behavioural sign approach (the CORE system) and various neurobiological measures.

The first part of the book is a review of the theoretical, historical and statistical approach to the classification of melancholia, and an historical overview of the role of psychomotor change in depression. The opening chapter is likely to be of most interest to the general reader and is stylistically entertaining and easy to read. Subsequent chapters introduce the methodology and statistics of classification and will be read mainly by the clinical scientist.

Part two is heavy going, but in its own right is an important and major contribution to the literature. In essence this section very usefully brings together many previously published studies and some unpublished data from the MDU into a single readily accessible source. It describes in detail the development of the CORE measure, its reliability, and its validity with reference to neuroendocrine, neuropsychological and clinical markers. Undoubtedly, this section will be of greatest interest to those who might wish to use the CORE in their own work. Indeed, many will buy this book for chapter 14 alone (the user's guide to rating the CORE) and the appendix, which includes further guidelines on the use of the CORE and the scale itself.

In the final section the chapters are, in the main, conventional reviews of the data from lesion, neuropsychological and neuroimaging studies in patients with severe depression. Special reference is given to late-onset depression and here the authors highlight the putative role of subcortical white matter and basal ganglia lesions in the aetiology of late-onset depression. This section would have usefully included a discussion of functional imaging studies of mood induction, and those imaging studies that have specifically examined dopamine receptors in relation to psychomotor function.

In summary, this book is invaluable to clinical researchers in depression, particularly those who are striving to identify neurophysiological and neuropsychological correlates of the most severe forms of the illness. Some chapters are more easily readable than others, but this is really of greatest value as a reference work that provides a phenomenological overview of melancholia, a critical review of statistical issues in classification

of depression, and which delivers a validated instrument for clinical assessment.

CHRISTOPHER BENCH

*Cognitive Therapy in Action: A Practitioner's Casebook.* By I. Blackburn, V. Twaddle and Associates. (Pp. 305; £12.99.) Souvenir Press: London. 1996.

This book, which has extensive references to both seminal works as well as more recent refinements and evaluations, is designed for readers who are practicing cognitive therapists. It contains relatively little theory, with the bulk of the book demonstrating how cognitive therapy can be used in practice, through the description of six case studies.

The first chapter traces the history of cognitive therapy from early phenomenological approaches (e.g. Adler), through George Kelly's Personal Construct Therapy, Albert Ellis' Rational Emotive Therapy and, especially, Aaron Beck's models. All these theories stress the importance of perceptions of danger and loss in the understanding of psychological difficulties. Within cognitive theory (CT) these ideas are fused with information-processing approaches that emphasize that cognitive structures are not always readily accessible to consciousness. The central notion of CT is that thought content, the structure of beliefs and the way these relate to each other contribute to distress. The aim of cognitive therapy is to explore, challenge and modify these existing structures. More recently, cognitive therapists have taken a constructivist approach: rather than seeking to change belief structures to make them more accurate or rational, the aim has been to make them more adaptable and flexible. For example, a therapist's question of 'Where is the evidence for that belief?' or 'How could you test that belief', might now be 'What is the impact that thinking has on you?' or 'How does the way of thinking help you?'. This change to process is reminiscent of the strategies used by family therapists as they attempt to illuminate and modify family assumptions and ways of behaving. Chapter 2 is a critical overview of the research examining: (a) the relationship between automatic thoughts and mood and support for the notion of schematas; and (b) the status of CT as an intervention for anxiety and depression.

The real strengths of the book are the detailed case studies, which illustrate how CT can be used to understand and help, a variety of conditions. The cases include depression, generalized anxiety disorder, panic, obsessional–compulsive disorder, bulimia and personality disorder. Each case is introduced by a brief mention of its epidemiology, definition and diagnostic criteria, and the application of the CT model to the difficulty. Then a detailed description of the assessment and intervention is provided. These demonstrations of CT in action are extremely illuminating, not only because they help the reader to choose appropriate assessment tools but also because they show how CT can be used in practice. If I were to nit-pick, I would have liked a little more detail of how the therapists arrived at their formulations, but here I may be disclosing a lack of familiarity with the model.

Thus, this is not an introductory text on cognitive therapy. It might best be read in conjunction with Hawton *et al.*'s (1989) book, which gives more detail about the basics. Overall, I was impressed. Ivy-Marie Blackburn has been teaching cognitive therapy for a number of years, and it shows. There were several instances where I was feeling a little confused with the text, only to have the meaning clarified by a simple example shortly afterwards. For trainee psychiatrists this book would be a particularly helpful in preparing for examinations.

GERRY KENT

## REFERENCES

- Hawton, K., Salkovskis, P., Kirk, J. & Clark, D. (1989). *Cognitive Behaviour Therapy for Psychiatric Problems*. Oxford Medical Publications: Oxford.