

## Book reviews

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*Cognitive-Behavioral Therapy for Bipolar Disorder, Second Edition*. By M. R. Basco and A. J. Rush. (Pp. 324; \$40.00; ISBN 1-59385-168-5.) Guilford Press. 2005.

Monica Basco and John Rush wrote the first manual for cognitive-behavioral therapy (CBT) of bipolar disorder in 1996. Back then, it provided a much needed boost to the field and served as the basis for early therapeutic trials. Using a step-by-step treatment program, clinicians could begin to apply CBT to this severe and enduring disorder. The results of these early innovations have paid off handsomely. Now, after less than 10 years, the area has taken a quantum leap forward. Evidence from controlled trials shows that psychological treatments involving cognitive and behavioral techniques can reduce relapse rates, whether they are implemented towards the identification of warning signs and coping skills enhancement (Perry *et al.* 1999), to inform psychoeducation groups (Colom *et al.* 2003) or as the components of full-scale CBT (Lam *et al.* 2003). With such a pace of change, a new manual is desperately needed to consolidate these advances and, more importantly, to set the standards for the future. With such high expectations, it is unfortunate to find out that the 2005 edition of *Cognitive Behavioural Therapy for Bipolar Disorder* does not appear to be such a book. Despite this, it must be stressed that it does have many excellent qualities.

As an overview, the book provides a detailed and wide-ranging account of the specific cognitive and behavioral techniques that can be used with clients who have bipolar disorder. It contains useful tables, charts and many case illustrations that bring the text to life. The reader is easily reassured by the authors' wealth of clinical experience with diverse clients.

The authors have produced particularly high-quality work in certain areas. They begin with a brand new introductory chapter that pays welcome attention to targeting interventions

for specific client groups. Specifically, they differentiate between clients who have recently received a diagnosis, longer term clients who remain unstable, and those who have achieved a level of stability but remain at risk of relapse. It is clear that treatment approaches can vary widely for each of these different kinds of client. For those who wish to focus on medication adherence, three full chapters provide a comprehensive description of the medication used in bipolar disorder, methods to enhance adherence, and compliance contracts. Indeed, the book could be said to be weighted towards medication adherence in that these three chapters begin the main body of the manual and are particularly extensive. There is a very informative chapter on tackling depression using behavioral techniques that are wide-ranging, creative, and mindful of the sensitivities of individuals with bipolar disorder. Problem-solving is similarly explained in an accessible and usable manner.

While the book has the many strengths described here, and many more that there is not space to cover, it is important to turn to the areas in which the book is found wanting. These could be placed under three categories: coherence, theoretical grounding, and the inclusion of contemporary CBT.

Regrettably, the reader of this book is given the impression that CBT is a fragmented amalgam of different techniques. To the uninitiated clinician, this may often appear to be the case. But it is not typical, and certainly not desirable. Within other forms of psychopathology such as the anxiety disorders, CBT is targeted at modifying specific cognitive biases at the heart of the disorder by developing a personalized formulation based on the model (e.g. Wells, 1997; Clark, 1999). The cognitive and behavioral techniques are used as *means to this end* rather than as ends in themselves. One extenuating factor for Basco and Rush is that, as a rule, CBT therapists in the USA are more likely to provide protocol/technique-driven rather than formulation-driven therapy than UK

therapists, partly as a consequence of the specifications of private health insurance schemes. Maybe a more evident mitigating factor is that there is, in fact, no recognized cognitive model of bipolar disorder on which to base a formulation. This would seem like a major constraint for any therapy manual. However, there are indications that it is still possible to take a formulation-based approach to bipolar disorder even in the absence of a fully accepted model (see Scott & Todd, 2002; Mansell & Lam, 2003; Dent *et al.* 2004). To their credit, Basco and Rush provide one diagram of what might be described as a model, but it is difficult to see how it informs the therapy described in the book as it is not shown when the treatment interventions are later described.

The final criticism is that the authors seem to be impervious to the huge strides in the science and practice of CBT and related therapies over the last decade. To take a *pot pourri* of examples, there is no mention in this book of work on selective attention, recurrent memories, imagery, mindfulness, metacognition, experiential avoidance, and safety-seeking behaviors. One might argue that it is too early to incorporate this work until there is further evidence for their role in bipolar disorder. However, it is worth remembering that the whole enterprise of transferring the more traditional CBT techniques from unipolar depression to bipolar disorder already seems to have occurred with little empirical or theoretical justification (Mansell *et al.* 2005). Moreover, it is becoming increasingly evident that similar cognitive and behavioral processes maintain symptoms across a wide range of psychopathologies, including the affective and psychotic disorders (Harvey *et al.* 2004). Therefore, I would suggest that future advances in CBT for bipolar disorder are likely to draw from these developments in the basic science of cognitive and behavioral processing in psychopathology.

In summary, *Cognitive-Behavioral Therapy for Bipolar Disorder* is a detailed and comprehensive manual that includes a good range of tools, techniques and clinical illustrations. It provides a good introduction to CBT for bipolar disorder and is probably the most detailed manual available of its kind. However, it has a strong focus on medication adherence and little in the way of theoretical guidance or contemporary approaches. For more accessible, cognitively

oriented and theoretically driven manuals, readers are referred to two alternative treatment manuals (Lam *et al.* 1999; Newman *et al.* 2002). Arguably, currently available manuals do not seem to reveal a pioneering new treatment. But then perhaps this is too much to expect. Current CBT for bipolar disorder as it stands is effective, and the key constraint at present is the dissemination of this treatment and availability of professional training rather than innovations. Basco and Rush should be congratulated for their continuing contribution to this evolving field. Bipolar disorder has beguiled clinicians and researchers for many years now, and probably many more to come. If we want to experience a fast pace of great new ideas in the future, maybe it is time to start listening to our clients.

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*Velo-Cardio-Facial Syndrome: A Model for Understanding Microdeletion Disorders*. Edited By K. C. Murphy and P. J. Scambler. (Pp. 243; £65.00; ISBN 0-521-82185-1 hb.) Cambridge University Press: Cambridge, UK. 2005.

The body of knowledge concerning the physical, cognitive and behavioural phenotypes of genetic syndromes is rapidly expanding. With the completion of the human genome project and increased sophistication of genetic techniques, the underlying genetic abnormalities of such syndromes can be elucidated, and the function of the abnormal genes identified. This not only increases our understanding of the mechanisms behind the development of the phenotype on a purely academic level, but can help us to direct assessment and treatment to those individuals in a more appropriate way. Additionally, the findings that come out of syndrome-related research may inform us about other much more common problems which occur in the general population. A particularly pertinent example of this is the predisposition to psychotic illness, which will be described later.

This book, edited by two leading names in this field of research, Kieran Murphy and Peter Scambler, concerns velo-cardio-facial syndrome (VCFS), a neurodevelopmental disorder associated with deletions at a region on the long arm of chromosome 22. VCFS has a birth incidence of 1 in 4000 and is the most common interstitial deletion disorder known in man. Characteristics are subtle facial dysmorphism and multi-system involvement including congenital cardiac disease, palatal abnormalities and language and communication disorders, immunodeficiency, abnormalities of the urinary and gastro-intestinal systems, behaviour disorders and psychiatric illness. This book covers all these areas, and more, in a systematic manner.

It is interesting to see the book open with an historical overview, aptly contributed by Robert Shprintzen, who covers the debate about correct

nomenclature and the use of less useful names for the syndrome such as diGeorge syndrome and CATCH 22. The next chapter discusses the molecular genetics underlying the disorder. Although this may be beyond the scope of knowledge for many non-geneticists, it is detailed and inclusive, containing sections on mouse models, candidate genes and developmental genetics. Seven of the following chapters are dedicated to physical, behavioural and cognitive aspects of the phenotype of VCFS. All cover, in detail, aspects of symptomatology, assessment and treatment. Of value, however, is the fact that each anomaly is related back to possible embryological origin and dysfunction.

Of particular interest to those working in the field of psychiatry is the fact that schizophrenia is seen to occur more frequently in those with VCFS than in the general population. This implies that the loss of a gene or genes in the 22q11 deleted region is responsible for development of this particular type of psychosis, and may be the cause of psychosis in a small proportion of the general population. Indeed, a study which undertook the screening of 100 randomly ascertained people with schizophrenia, found two individuals to have a deletion at 22q11.2.

A chapter on neuroimaging provides a basis for understanding the neuroanatomical changes involved in producing the various phenotypic abnormalities, in particular the high rates of schizophrenia. Finally, the book concludes with two chapters which move away from the biological core of VCFS. The penultimate chapter looks at genetic counselling and provides a step-by-step approach to investigating and managing a family with a member with VCFS, with clear explanations of inheritance and risks of recurrence, illustrated by simple diagrams, and methods of prenatal diagnosis. The book closes on a sensitive and perceptive chapter entitled 'Family issues', providing viewpoints from all members of the family and highlighting the difficulties that are encountered by families with a child with VCFS; issues which may be overlooked in the medical world.

In summary, this book is a valuable trove of information for professionals and parents alike, and one that can be referred to for up-to-date information on all aspects of the syndrome. It is extremely detailed, yet clear, and some of the

more difficult concepts are explained in a very comprehensible way. As with all areas of psychiatry, an holistic approach is required to improve the quality of life for someone with VCFS, and this book certainly ensures that no area is forgotten.

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*Fatigue as a Window to the Brain*. Edited by John DeLuca (with a Foreword by Simon Wessely). (Pp. 336; £39.95; ISBN 0262042274 hb.) MIT Press: London, UK. 2005.

Fatigue means different things to different people. It can be a pleasurable experience when one has missed a night's sleep and is about to climb into bed, or where it is the result of honest toil or sporting endeavour. It may also be a more persistent and niggling accompaniment of modern life lived at a hectic pace. In some cases however, fatigue is a prominent symptom, a burden so disabling as to dictate the pattern of life. As we know, it is a common symptom. Doctors in all disciplines are used to hearing about fatigue as an accompaniment to another, usually more primary problem. Fatigue is the chips of medicine – it goes with everything. Furthermore, it provides little in the way of localizing or diagnostic information and neither does it cause any direct harm. In short, for most presentations, it can be safely ignored. Whilst paying lip service to the importance of fatigue, it would be fair to say that medicine has hardly given it the attention commensurate with its importance to patients. This excellent book is a serious and well-judged attempt to examine the specific symptom of fatigue in order to understand what it says about the workings of the brain, the better to understand the neurobiological implications of fatigue as a diagnosis or accompaniment to a diagnosis, and to inform which avenues of research are worth exploring in the future.

The book is divided into five parts. The first deals with the historical background of fatigue, and then moves onto the thornier question of what fatigue actually is, in what way it can be measured, and what the measurements may mean. The second part of the book explores fatigue in neurological conditions. Next is fatigue as it relates to psychiatry, whilst the fourth section examines fatigue in general medical conditions. Finally, there is a chapter on treatments for fatigue.

What emerges are a number of themes. The first broad area of agreement amongst contributors is the difficulty of measuring fatigue – central or peripheral, primary or secondary, subjective or objective – and this lack of a standard works against the goal of understanding fatigue. The second pattern begins to emerge as one reads the book. Whilst initially one has the sense of looking at the incomplete set of pieces of a jigsaw, it becomes clear that there is plenty of overlap from the different disciplines represented in understanding the neurobiology of fatigue, albeit that our understanding remains far from complete. Chapters differ in their emphasis according to their contributors, some theoretical, some more practical. Particularly interesting are the chapters that deal with fatigue in ways in which clinicians are unaccustomed to thinking, such as those on fatigue and sleep, and psychoneuroimmunology and fatigue. I also found the chapter on heart disease and fatigue compelling.

The book will be of interest to clinicians, and the purpose of the enterprise is ultimately to assist them in helping their patients, yet this book is primarily aimed at researchers in the field. If, as seems likely, fatigue is a symptom of heterogeneous, interacting causation, then only a book that takes into account all the different theories and expertise from a variety of interested disciplines can provide a base from which further research can be carried out. In this respect, the book serves its purpose admirably.

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