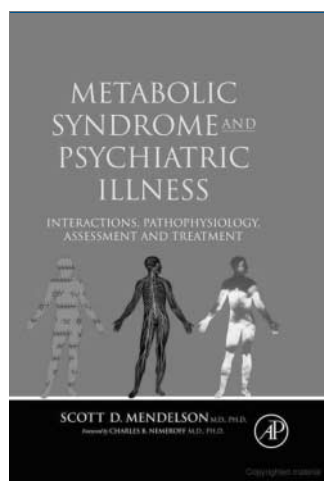


Paris also critically analyses research on psychotherapy. He recognises that the benefits of therapy are not specific to any theoretical orientation, but emanate from good empathy and interpersonal skills, skills that psychiatrists are in danger of losing with the current emphasis on biomedical approaches.

However, for all his concern to restore the humanity to psychiatry, Paris still believes that neuroscience will unlock the secrets of psychiatric disorders eventually, at least the severe ones. He holds out for a foolproof system of diagnosis based on biological markers of underlying diseases. It is difficult to know how this vision is compatible with his opposition to reductionism in psychiatry. If psychiatric problems can be traced to specific abnormalities in brain function, psychiatry is surely right to focus on biological interventions, and other approaches are simply cosmetic. If Paris wants to restore attention to the whole person, a more fundamental critique of the view of mental illness as a form of brain disease is required.

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Metabolic Syndrome and Psychiatric Illness: Interactions, Pathophysiology, Assessment and Treatment

By Scott D. Mendelson.
Academic Press. 2008.
£57.99 (pb). 224pp.
ISBN: 9780123742407

There was a time, not so long ago, when weight gain in psychiatric patients was a matter of passing note, something unexceptional in the lists of adverse effects of psychotropic medications (usually quite far down) or, with resignation, attributed to 'poor lifestyle'. How things have changed! Obesity and its metabolic associations have come to occupy a prominent place in the psychiatric literature. While this undoubtedly reflects wider concerns such as the 'obesity epidemic' and healthcare inequalities, for psychiatry interest was initially stimulated by the realisation that the miracle many attributed to so-called 'atypical' antipsychotics might be tainted. Enter Gerald Reaven's concept of metabolic syndrome ('syndrome X', as was), a concept underpinning an intricate set of observations with potentially profound implications. As a number of studies (including the Clinical Assessment Trials of Intervention Effectiveness (CATIE), in one of its few findings to be accepted uncritically) prevalence alone, at over 40%, justifies concern.

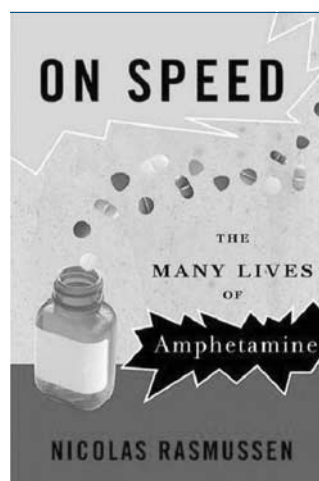
This book provides a detailed overview of metabolic syndrome and comes with powerful endorsement from prominent figures in American psychiatry. The author, a psychiatrist with a research background in neuroendocrinology, demonstrates an awesome knowledge of the fields of metabolic and nutritional medicine

and the comprehensive and up-to-date reference lists are tribute to both his knowledge-base and the speed of publication. Potential readers should, however, note the title. This book 'does what it says on the tin', not restricting itself to conceptualising metabolic syndrome as a consequence of psychiatric illness or its treatment, but speculating on ways in which metabolic disorder may itself contribute to the progression, if not development, of a range of psychiatric disorders. At one level this is innovative and fascinating; at another it diminishes the scholarship of the work by diluting fact in a deal of speculation. This, combined with brief outlines of psychiatric disorders preceding detailed discussion of metabolic points (irritating to the specialist reader), an absence of illustrations (essential for visually reinforcing dense metabolic material) and frequent resort to the first person, create the impression of a personal memoir whose primary constituency might lie beyond psychiatry.

The observations underpinning metabolic syndrome are tantalising, providing a framework for vague concepts such as stress and inflammation, and reinvigorating research disciplines such as neuroendocrinology that have hitherto not fulfilled their potential, all of which is lucidly outlined here. It is ironical, however, that as psychiatry delves ever-deeper, general medicine seems to be retreating, with an increasingly intense debate on not only the value of metabolic syndrome, but its very validity. For clinical psychiatrists, the concept can still have merit in emphasising that obesity is not just a cosmetic issue and that the doctor in us is responsible for overall patient welfare – including the consequences of our treatment decisions. For those psychiatrists who still value the doctor in them, the bigger points and general message of this book are just reward for the read.

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On Speed: The Many Lives of Amphetamine

By Nicolas Rasmussen.
New York University Press. 2008.
US\$29.95 (hbk). 400pp.
ISBN: 9780814776018

The name Gordon Alles may not be as famous as that of Albert Hoffman but the chemist who synthesised beta-phenylisopropylamine deserves as much recognition as the progenitor of lysergic acid diethylamide (LSD) if the impact of his drug in the world were your guide. Alles' creation is better known as amphetamine, which, with its numerous sister compounds, including methamphetamine, MDMA (ecstasy), methylphenidate and fenfluramine, are pivotal in the history of psychiatric therapeutics in ways that have been forgotten in the light of