The causes of stress are listed, including increasing complaints by patients, government-imposed contract changes, increasing out-of-hours calls, the threat of violence in the inner city, which are all compounded by the reluctance of many doctors to seek help and a tendency to self medicate. One chapter details the more specific pressures on women doctors who have to juggle looking after the home and children with their practice work. A stress diary is suggested to help assess the problem and a checklist is provided for GPs to check whether they are suffering from 'burn out'.

A number of the chapters suggest solutions. Time management, relaxation, exercise, reducing intake of coffee and alcohol and developing outside interests are mentioned several times by the different authors. Changing one's attitude and coping style is recommended, through what may broadly be described as cognitive self-help approaches. Several authors describe how good practice management, including improved communication, delegation and division of responsibility, and carefully constructed practice agreements can all help reduce the stress on individual partners.

This book certainly gives ideas that GPs and other doctors facing stress could usefully adopt. I did find some of the chapters rather repetitive, as author after author outlined many of the same solutions listed above. However, overall this is a helpful publication. I suspect, though, that the GPs who most need to address stress in their lives are the least likely to find time to read it.

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Spider PC (Phobia Control): computerised behavioural treatment for fear of spiders. By Paul Whitby & Kevin Allcock. Available from Gwent Psychology Services, St Cadoc's Hospital, Caerleon, Gwent NP6 1XQ. Single user £30+VAT. Site licence £100+VAT

This computer program takes 1.42mb of free memory and comes with a 16-page instruction booklet. The program allows a spider image to appear on a screen along a graded hierarchy of four types of spider, four sizes of image, and three types of movement – none, one movement, or indefinitely repeated movement. How long the user keeps each image on the screen is reported in a table and as complex bar or pie charts. The instruction booklet explains some principles of exposure therapy and how to use the program. An installation instruction to 'COPY A:' may confuse those using a disk drive which only responds to an instruction to 'COPY B:'. The booklet emphasises the need to progress from looking at screen images of spiders to the handling of real live spiders; neither it nor the program gives detailed guidance on how to do that critical phase of treatment.

The subtitle 'Computerised behavioural treatment for fear of spiders' is rather misleading. At best the program may be used 'as a classroom demonstration of exposure and habituation' or as part of the first stage of exposure therapy. Neither the program nor the booklet have an initial assessment module, nor do they ask for fear or avoidance ratings or other relevant clinical information, or allow interaction between the program and the user according to the nature of the user's clinical problem, or give instructions on relapse prevention. No data are given on how useful the program has been in actual practice for spider phobics to start exposure therapy.

This program's advent is a sign of the slowly increasing use of computers in mental health care. Unlike this simple Spider PC program, other more complex interactive computer programs have in long-published randomised controlled studies (RCTs) actually helped patients overcome phobias or nonsuicidal depression or lose weight as much as did similar instructions from a clinician. It is even possible that an appropriate self-help program or manual may help some patients to help themselves without any clinician doing an assessment. In other RCTs bulimics and anxiety patients improved significantly with self-help manuals which have yet to be computerised. Other computer-aided interactive self-care programs are under development for general anxiety, for OCD, and for phobias, among others. Computer programs are also available now to rapidly audit clinical outcome (and costs of obtaining that outcome) with individual patients in routine clinical practice, and to analyse such data aggregated from large cohorts of patients.

The delivery of some aspects of mental health care can become transformed in the next few years as we learn how to model essential ingredients of treatment in suitably

https://doi.org/10.1192/pb.19.6.396 Published online by Cambridge University Press

interactive and friendly computer programs. Such programs can be made available outside office hours, never go on vacation, do not forget or tire or get bored, cannot have sex with their patients, and can be designed to accumulate clinical outcome data which can be quickly analysed for all patients attending the clinic who use the program. Suitably sophisticated programs could be used in the clinic to increase throughput of patients and reduce waiting list times. This would be achieved by freeing clinicians from some of the drudgery of routine work which the computer can do instead, so allowing clinicians to attend to more difficult issues which the computer cannot model. Computer-delivered care could also speed up research into basic questions like the role of therapist contact and the value of different therapeutic ingredients.

Once initial development costs have been recouped (and these are nontrivial) the provision of computerised systems at reasonable cost could help a growing number of sufferers to access the effective care which is presently denied to them. Well over half of anxiety disorder cases identified in community surveys turned out to be untreated. If they all asked for help our already overstretched resources could not cope. Many more could be helped with the right information technology. Although in its current form the Spider PC program is not yet a major advance, much is promised by future clinically tailored computer systems.

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https://doi.org/10.1192/pb.19.6.396 Published online by Cambridge University Press