

in research and in clinical practice. Biomarkers for Alzheimer's disease are already in clinical use and it is only a matter of time before affective disorders catch up. We have already progressed from structural neuroimaging to molecular neuroimaging (including the exciting development of diffusion-tensor imaging) and functional neuroimaging (functional MRI and PET).

Combining this approach with the measurement of cognitive biomarkers using neuropsychological tests holds exciting possibilities for the future. Other topics covered in this section include pharmacogenetics, psychoneuroimmunology of depression and pharmacodynamics and pharmacokinetics in later-life. The possibility of tailoring individual treatments for older adults is flagged and the section concludes by summarising future directions for research in this area and how this translates into clinical practice.

As can be surmised from this review, this volume is ambitious in the depth and breadth of its scope. It covers a huge area in a highly readable and common sense style. It will appeal to a broad readership including students, clinicians and researchers. It deserves to become a key reference text in the future.

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The ECT Handbook. Edited by Jonathan Waite and Andrew Easton (272 pp.; ISBN978-1-908020-58-1). Royal College of Psychiatrists: London, 2013.

This is the third such handbook that I have read. The current document is due for review in 2017. As the editions progress, I feel that I am sinking further into

the mire of regulatory red tape. The NHS in the United Kingdom is awash with it and this has not prevented the almost weekly revelations on Sky News about cover-ups (Staffordshire and Furness at the time of writing). The reality is that electroconvulsive therapy (ECT) has been around for many years now and, as the handbook acknowledges, no other intervention is anywhere near replacing it. We all know that it sounds drastic (Hollywood made sure of that), but even medical students become positive about the intervention when they follow-up patients through a course of treatment. There is no point in saying that ECT was used excessively in the past without pointing out that other medical disciplines did the same, for example, tonsillectomy. What about antibiotic use for acute coryza today? If I were a patient, there is no way that I would agree to have ECT if I were to be faced with the documents at the back of the book! The legal profession has painted us into a corner of unsustainable unloading of indigestible 'facts' (actually possibilities) onto our patients. Good practice, in my humble opinion, trickles down from the top and is generated by training in the Hippocratic tradition. Patients do not understand odds and percentages, but they can grasp a heart-to-heart discussion. Of course, nowadays, we must tick the 'I had a heart to heart discussion' box after we have had one. The biggest danger is that we will regulate an important treatment out of existence. After 40 years of seeing it work, I do not want it to be unavailable if and when I need it! To give the authors their due, they do state that ECT should not be seen as a treatment of last resort. As for other medical interventions, it is either indicated or not. In addition, the technical aspects of the procedure are well covered in this book.

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