

Book reviews

Treatment of the Addictions: Applications of Outcome Research for Clinical Management. Edited by N. Miller. (Pp. 161.) Harrington Park Press: Binghamton, NY. 1995.

This short paperback consists of a series of chapters examining the various aspects of research into the treatments currently available in the addictions field, as well as discussing research possibilities for the future. It provides a very useful overview of most of the pertinent issues in alcohol addiction, but its title is decidedly misleading. It implies that this is a book on the treatment of addictions in general but most chapters concentrate on issues of treatment of alcohol addiction and then generalize the conclusions to other addictions. Whether this reflects a disease model of the addictions, which assumes a chemical dependency syndrome underlies the problems of all addicts is unclear, but the lack of distinction drawn between different addictions leads to inaccurate and biased conclusions. However, this problem apart, this book is well worth reading for its discussions of treatment issues in alcoholism and all the chapters cover important areas.

The first three chapters discuss the main outcome studies in the literature, highlighting their methodological shortcomings but also drawing a number of useful conclusions from the research to date. These include the importance of uncovering the active ingredients involved in the treatment process, the necessity of evaluating the 12 steps, abstinence-based treatments (which do appear to be effective but have traditionally been excluded from outcome research due to a lack of acceptance by the scientific community), the effectiveness of abstinence-based treatments and the relevance of continuing out-patient care and groups such as Alcoholics Anonymous to maintain good results. Miller's main thesis is that when epidemiological and naturalistic studies of treatments are carried out and include abstinence-based treatments (which are traditionally the Minnesota Model 12 step programme and

Alcoholics Anonymous) only abstinence-based treatments are effective in the long-term. This may be true for alcohol problems but he neglects to discuss the strong evidence for the effectiveness of other forms of treatment, notably methadone maintenance treatment programmes for heroin addicts (Ball & Ross, 1991).

The insistence of American purchasers on low cost out-patient treatments as opposed to intensive in-patient treatments is discussed in the second chapter and is highly relevant to clinicians in the UK who also have to work with the purchaser-provider split here. Gregory Collins rightly stresses that workers in addictions need to adapt to this situation, make their treatments more efficient and offer more out-patient treatment, which is clearly effective for many patients. He, nevertheless, points out that the methodological problems of studies on the intensity of treatment mean that inaccurate conclusions have been drawn in the in-patient *versus* out-patient debate, and concludes that in-patient treatment will always be necessary for some patients.

The next two chapters deal with issues around 'dual diagnosis' patients and focus on the difficulties in integrating the assessment and treatment of psychiatric and addictive disorders in chapter 4, and in chapter 5 how to diagnose psychiatric disorder in the presence of an addiction. Miller uses a review of experimental studies, family and genetic evidence and longitudinal studies to demonstrate convincingly that most co-morbid anxiety and depressive disorders are secondary to alcohol rather than the primary underlying problem. He suggests that the belief that addicts self-medicate an underlying psychiatric disorder is central to the confusion surrounding diagnosis in this area. This is a particularly useful chapter for general psychiatrists who often manage these 'dual diagnosis' patients and have to disentangle the interactions between patients' addictions and their psychiatric symptoms.

The last three chapters discuss matching treatments to clients. Chapter 6 describes a treatment programme developed to address the

needs of socially unstable alcoholics and Scott-Verinis makes useful suggestions of why these patients get less benefit from conventional alcohol treatment and how the middle class professional can offer a service which meets this client group's needs. The next chapter discusses the concept of matching patients to treatments and suggests that this is often not practised because of the polarized views of workers in the area, with psychiatrists traditionally excluding the 12 step programmes and other agencies espousing the medical view. I welcomed the emphasis here by Mee-Lee on developing a biopsychosocial model of addiction which will hopefully reduce the tensions between professional groups and benefit patients, though I suspect that this tension is less of a problem in the UK where the Minnesota model is less dominant among the non-statutory agencies. The book concludes with a useful review of the pharmacotherapy currently available for alcoholics (i.e. drugs for alcohol withdrawal and disulfiram) and future possible treatments.

I felt there was a false dichotomy presented frequently through the book between the randomized controlled trial (RCT) and more naturalistic clinical evaluation research. Miller challenges the RCT as the gold standard of research and suggests that epidemiological and evaluation studies are just as useful and often better when the methodological shortcomings of the RCTs are considered. His presentation of these shortcomings was useful and fair, pointing to the experimental nature of the treatments evaluated, the exclusion of very ill patients who are treated in clinical situations, small sample sizes, patients' refusals to enter a trial and the short-term nature of trials. However, I would argue that these are criticisms of certain studies rather than an argument for the abandonment of the RCT as the gold standard where it is feasible; useful rigorous RCTs of clinical treatment have been carried out in this area (e.g. Keso & Salaspuro, 1990).

However, despite my criticisms, I would recommend this book to anyone who wants an overview of treatment research in alcoholism. The book is well written, well edited and would be useful to the general psychiatrist as well as to addiction specialists.

LOUISE HOWARD

REFERENCES

- Ball, J. C. & Ross, A. (1991). *The Effectiveness of Methadone Maintenance Treatment: Patients, Programmes, Services and Outcomes*. Springer-Verlag: New York.
- Keso, L. & Salaspuro, M. (1990). Inpatient treatment of employed alcoholics: a randomized clinical trial on Hazelden-type and traditional treatment. *Alcoholism: Clinical and Experimental Research* 14, 584–589.

Handbook of Memory Disorders. Edited by A. D. Baddeley, B. A. Wilson and F. N. Watts. (Pp. 651; £49.95.) John Wiley & Sons Ltd: Chichester. 1995.

This is an excellent book that fits comfortably in the hand. Baddeley, Wilson and Watts, from the MRC Applied Psychology Unit at Cambridge have got together an international selection of authors. The result is a comprehensive handbook of memory disorders. The aim of the book is to make the large literature on memory disorders accessible to practising clinicians. This book will also be useful for those working within the field of memory research. Memory research has become so extensive and intensive that even specialists within the field may need a little help uncovering all that is to be found in ramifications distant from theirs.

Research into memory disorders has been blessed by effective collaborations between the various clinical specialities involved; neuropsychologists, neurologists and neuropsychiatrists. Evidence of this is to be found in this handbook of memory disorders; chapters by members of these three disciplines sit side-by-side complementing one another.

One of the most impressive things about the book is the breadth of clinical areas that are covered. The reader is not confronted by increasingly complex chapters detailing the neuropsychological performance of various rare neuropsychiatric syndromes associated with memory loss. When rare syndromes do appear it is with the express purpose of facilitating the understanding of the pathophysiology of memory disorders. This book succeeds because it is prepared to give as much weight to memory problems in anxiety states, normal ageing, learning disabilities etc., as it is to more esoteric amnesic disorders. This is a book that is

particularly suitable for clinicians, be they neurologists, psychologists or psychiatrists, who want to know about memory disorders across the spectrum of clinical conditions. There is, for example, an excellent review chapter of memory disorders in schizophrenia.

Introductory chapters bring the reader up-to-date with the terminology and models that underly current thinking on memory disorders. Alan Baddeley sets off with a small review chapter on the psychology of memory. Even the most diffident and non-expert reader will within 21 easy to read pages feel that they have the competence to tackle the rest of the book. Over the next three or four chapters, in an order that was pleasingly appropriate, the various classes of memory disorder are described and pegged onto a neuroanatomical and neuropsychological framework.

The emphasis of the book then changes to provide a more disease-based account of memory disorders. Memory disorders in patients with head injury and dementia are discussed in detail. Of particular interest to the general psychiatrist are the three chapters on memory disorders in schizophrenia, in depression and anxiety, and related to ECT, as well as a chapter on functional disorders of autobiographical memory.

The second half of the book includes a section on the assessment of memory problems. The chapters describe in some detail the tests that may be used and this section of the book will help those who feel somewhat overwhelmed by the numerous tests that are used to look at different components of memory. In the last section of the book various therapies are reviewed. In one of these chapters Wilson reviews cognitive techniques for improving poor memory. She describes a technique for remembering numbers which will be useful to all who have problems remembering their PIN card numbers!

In general, the chapters were of high standard with very little overlap with regard to content. However, there were one or two chapters which were less impressive. In particular, the chapter that attempted to separate memory from other cognitive problems. In this chapter the authors, Howieson & Lezak, seem to have some personal representation of what a 'memory' problem is and is not. However, this never appeared as a

clear precise explicit definition. Without such a definition any attempt to dissect out problems that are regarded as due to memory from those due to other cognitive functions seems bound to be rather subjective. It was not, therefore, surprising that these authors seem to contradict Baddeley in his opening chapter. Baddeley suggests, quite appropriately, that encoding is a fundamental stage of any memory process. Encoding requires registration of information. Howieson and Lezak in their chapter however, imply that information registration deficits may result in the *experience* of memory impairment when in fact learning and retention are *actually* spared. Given the close overlap between concepts identified by the three terms 'short-term memory', 'working memory', and 'attention' this is an area that requires some thought in terms of definitions. It was in fact surprising that nowhere in this handbook was there an attempt to define exactly what memory is. There is the potential for confusion. Many psychiatrists in training are taught that 'short-term memory' is assessed by determining the number of items of a name and address that a patient can recall at 5 min after registration. Many psychologists would say otherwise. But without clear definitions that everyone is signed up to, who is to say which terminology should be regarded as correct. There is a need for unambiguous explicit definitions of what constitutes a memory problem and its various components.

The chapter by Lombardi and Weingartner on pharmacological treatment of impaired memory function seems to spend a long time saying not very much. They intended to demonstrate the value of matching specific syndromes of memory impairment to specific profiles of improvement in memory function produced by drugs active at well defined neuropharmacological sites. Given that the literature seems to be at the stage of trying to demonstrate whether anything is effective in the pharmacological management of memory disorders perhaps their aim was rather over-ambitious.

In the last chapter of the book the reader was exposed to the science of memory disorders meeting the art of therapy. In this chapter Bonanno describes the case of a man called Randy who was terrified that he had some very

frightening hidden and powerful memories previous physicians had wanted him to uncover. This set me in mind of the relatively recent and public argument surrounding the 'false memory syndrome'. This handbook does not address this emotive subject. The closest it gets is when Bonanno suggests that a particularly cautious approach is needed in the case of reported 'lost' traumatic memories for example in patients who may, or may not, have been sexually abused. Perhaps the next edition will tackle this interesting area, and also delusional memory. In the mean time I expect many clinicians and research workers to have made good use of this first edition.

SIMON FLEMINGER

Psychopharmacology. The Fourth Generation of Progress. Edited by F. E. Bloom and D. J. Kupfer. (Pp. 2002.) Raven Press: New York. 1995.

Picture the scene: I had just spent a week in the old city of Jerusalem, with all its multiple holy sites, and yet had failed to find the spirituality that so many find there. I returned home disappointed, wondering where else the answer might lie. And then it popped on to my desk. The revised bible of psychopharmacology had arrived! Would this lend me the spirituality I was looking for?

Since the previous three incarnations, this encyclopaedia of knowledge has grown in stature (and size – over 2000 pages) to become the gold standard of the current psychopharmacology literature. Or has it? One problem with volumes such as this is the delay between writing and publishing. Most of the chapters have references no more recent than 1993, giving an initial 2-year time lag at publication. The leaning is North American through and through, as would be expected from a publication of the American College of Neuropsychopharmacology, though a sprinkling of eminent Europeans has managed to sneak through.

The book is divided loosely into three sections. The first covers pre-clinical psychopharmacology, divided into research methods, neurotransmitters (of absolutely every conceivable nature, including sexy new gaseous concepts like

nitric oxide) and integrative processes, such as intracellular messenger systems. The second is a comprehensive coverage of clinical psychopharmacology, again subdivided into research methods, mood disorders, schizophrenia, anxiety, old age, neurological, personality, eating, sleep and childhood disorders and substances abuse. The final section is of 'special topics', such as economics and ethnicity. One hundred and sixty-three whopping chapters.

Or, rather, loosely collected essays, frequently twisting and turning down intriguing alleys of the author(s)' choosing. However, one difficulty with this is a tendency for authors to preach their own gospel. The chapter by Maes and Meltzer on 'The Serotonin Hypothesis of Major Depression' is just one particular example. Much of the basic evidence for and against this hypothesis is somewhat glossed over in a short introduction, referencing the previous edition's chapter. Instead, data since 1987 are reviewed, and perhaps interpreted over-favourably to support their own theories of 5-HT receptor changes and relations to glucocorticoids. Or perhaps not – after all, this *is* the bible.

A few omissions. A detailed discussion on sex differences is lacking, both in basic pharmacology (for example, the multitudinous neurotransmitter effects of sex steroids) and in the clinical section, where there is virtually no exploration of how women may differ in drug responses. Likewise pregnancy, a common clinical problem in pharmacotherapy – just 10 lines covering only lithium therapy.

But despite the above heretics, I find myself constantly dipping into the book. It is hard to get a broad overview of any particular area due to the highly specialized nature of the chapters; this is not a 'textbook'. But when you need specifics... specifics there are. And what wonderful specifics too: a few well browsed examples are the precise 'Development of Mesencephalic Dopamine Neurones in the Non-human Primate: Relationship to Survival and Growth Following Neural Transplantation', the eloquent 'Strategies for Multimodality Research', and the minimalist 'Stress'. The progress of this new generation is dauntingly clear; the new challenges for the next apparent.

In the last analysis, my main use of the book in the past months? Like countless others (and

infuriatingly so before I gained access to a copy myself), as a reference to quote in whatever paper I happen currently to be writing.

A must for all neuro-libraries, or an expensive convenience if you local has it. If not...a necessary search for the money for all levels (atomic to philosophical to theological) of psychopharmacology researchers. The final compliment is the effect of the book on one's colleagues: the admiring glance, the apologetic borrowing and late return, and the sudden elevation to worshipful status as a psychopharmacologist.

But *caveat emptor*: you will need to lift weights in preparation...

ANTHONY J. CLEARE

Alzheimer's Disease: A Medical Companion.

By A. Burns. (£16.50.) Blackwell Science: Oxford. 1995.

This excellent and compact book written by two old-age psychiatrists and a general practitioner provides a remarkably comprehensive coverage of the aspects of Alzheimer's disease. It is carefully laid out and lavishly illustrated and in general provides just the right level of information for a general readership. It has a logical layout and is easy to use – with headings in the margin.

The general style is if anything a little dry, tending to be rather technical and scientific rather than clinically orientated. For example the only vignette comes in the penultimate chapter. It is generally quite well referenced, but there are a number of areas that could do with more comprehensive referencing, such as the sections on expressed emotion, reality orientation and attributional style. The section on diagnosis is well covered, but though the various tests are comprehensively described, there is little documentation offered on their performance in terms of sensitivity and specificity.

The chapter on management is generally well explained and clearly set out but it is not particularly practical. It deals in some detail with potential pharmacological interventions, which at present remain of unproven value.

There is an excellent primary care section, with comprehensive coverage of a broad range

of topics, including screening, audit, general management and a very appropriate vignette. It is refreshing to see as well a section on the legal and ethical aspects and the inclusion in the book of a range of appropriate agencies with their contact addresses.

The book ends with some 'horizon scanning' which covers the kinds of areas which are likely to be of relevance, although in a somewhat cursory style.

In summary, this is an excellent concise text which comprehensively covers the area and is accessible and appropriate to a wide range of those likely to have an interest in this area. The authors state that 'if it gives just one person a sense for the disease, then it has been worthwhile'. They are too modest, for this text will surely do just that for the majority of those who read it.

PAUL WALLACE

Handbook of Eating Disorders: Theory, Treatment and Research. Edited by G. Szukler, C. Dare and J. Treasure. (Pp. 420.) John Wiley and Sons: Chichester. 1995.

This edited book was produced to mark the retirement of Professor Gerald Russell. Rather than being a conventional *festschrift*, it is more a collection of essays written by those most closely associated with him. This is the book's strength, for it contains numerous interesting and original contributions. As a result, the book's title does not do justice to its content, for this is not yet another review of this well-worked field; rather, it is something far more novel and stimulating.

Of course, Professor Russell figures prominently throughout the book, but this is hardly surprising given the influence he has had over the eating disorder field. Over the past 35 years there have been few topics on which he has not made a significant contribution. Perhaps best known have been his writings on the concepts of anorexia nervosa and bulimia nervosa. It was he who introduced the modern definition of anorexia nervosa and it was he who delineated bulimia nervosa. The DSM-IV diagnostic scheme for eating disorders is essentially his. He

also has the unusual distinction of having a physical sign named after him, albeit a somewhat grotesque one. As the latest edition of the *Oxford Textbook of Medicine* will tell you, Russell's sign is the term for the characteristic pattern of abrasions and calluses on the hands of those who use their fingers to induce vomiting – as originally reported in *Psychological Medicine*. Of course, Professor Russell and his colleagues have identified other more serious physical complications of eating disorders, including osteoporosis, neuromuscular disorders, ovarian changes and effects on growth. His writings on the treatment of anorexia nervosa have also been highly influential. His compassionate yet firm approach is widely used, and his emphasis on the need for weight gain is now generally accepted.

The book has five main sections, opening with concepts and definitions and ending with prevention. At the beginning of each section is a commentary written by the editors. These are always thought-provoking and sometimes quite amusing. In my opinion, the highlight of the book is the section on aetiology, which includes excellent chapters on genetic, cognitive-behavioural, family and sociocultural factors. The section on maintaining factors is less successful reflecting the paucity of research in this area. Treatment is reasonably well covered, but this is far from being a treatment manual.

Overall, this is an excellent book. Its breadth and depth are a fitting tribute to a man who has both these attributes in abundance.

CHRISTOPHER FAIRBURN

Management of Violence and Aggression in Health Care. Edited by B. Kidd and C. Stark. (Pp. 185; £12.50.) Gaskell/Royal College of Psychiatrists: London. 1994.

This book is more restrained in its coverage of violence than the title would lead the reader to expect. Apart from a few short paragraphs, most of the content relates to violence in mental hospitals or that perpetrated by the mentally ill. Several surveys have shown that violence is also perpetrated by patients who may have situational anxiety, or are in pain, but who could not be described as having a 'mental illness'. The book also contains some contradictions. For instance, the emphasis on the situational context as an explanatory framework for understanding violence in one chapter and the anatomical and neurochemical explanations in another. I was also slightly irritated by the duplication of information about the mental health act, which was described in seven pages and was then illustrated by a six page table containing no new data. One of the best chapters was on post-incident support, which is essential reading for all who work with potentially violent people. The risk of assault for a health-care worker is now about 1 in 200, which is much higher than in the general population. The longer term psychological consequences can be severe and better post-incident support and counselling would reduce such consequences and save the health services the expense of replacing highly trained and experienced staff.

TIL WYKES