

Book reviews

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Straight Talk about Psychiatric Medication for Kids (3rd edn). By T. E. Wilens (Pp. 326, £12.50, ISBN-13: 9781593858421 pb.) Taylor & Francis: Abingdon, UK. 2009.

The third edition of this interesting book authored by Timothy Wilens is a helpful aid for parents to better inform themselves about childhood psychiatric disorders and psychotropic medications. The book contains a wealth of information useful to parents and practitioners, and is divided into three parts.

Part 1 provides a basic knowledge base for parents including aetiology of childhood psychiatric disorders, diagnoses and formulation, as well as issues relating to medication. The process of the initial assessment (evaluation) is discussed in some detail. The author discusses the potentially adverse effects on a child's developmental trajectory of not treating a disorder, and discusses therapeutic choices for specific disorders. Part 1 also provides information on the mechanisms of action of psychotropic medication and the dosage of some commonly used drugs. The author acknowledges parents' anxieties about their children's treatment and addresses the need for parents to work collaboratively in the treatment process.

Part 2 outlines common childhood psychiatric disorders and part 3 is organized around specificities of psychotropic medication in more detail. The author discusses the side-effects of psychotropic medication and as well as useful management strategies in dealing with common side-effects of some medications.

Throughout the book, medical jargon is clarified and practical advice and guidance is given on how parents could be better informed about their child's treatment. However, the book provides limited information on the evidence base for treatments. In addition the North American focus of the book imposes limitations as some of the content does not necessarily reflect the practice of child psychiatry elsewhere. US brand names for psychotropic medication are used throughout the book. The advice given also reflects greater use of polypharmacy in the treatment process than would be usual in European practice; for example, the use of antidepressants along with benzodiazepines for children with anxiety and panic. Moreover, some psychotropic medications are recommended, e.g. venlafaxine for depression, which

the UK Medicines and Healthcare product Regulatory Authority specifically advises against in children.

The book will be of some interest to a parent needing more information on treatment for specific disorders, keeping in mind the limitations discussed above.

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Handbook of Emotional Disorders in Later Life. Assessment and Treatment. Edited by K. Laidlaw and B. Knight (Pp. 472, £29.95, ISBN 978-0-19-856945-9.) Oxford University Press, 2008.

This book focuses on psychological therapies for emotional disorders in later life. The book is aimed at mental health professionals working with older people. The book is divided into four parts with chapters by many authors from a range of disciplines.

In part 1, the authors provide a fascinating lifespan perspective on normal ageing with a discussion of Erickson's stage model, Paul Baltes' selection, optimizations and compensation theory (SOC) and the stage theory of cognition of Schaie and Willis. In the latter theory, there is support for the idea that older people are less likely to 'waste time' on tasks that are meaningless to them! There is a thoughtful review of the normative changes in cognition, personality, emotion and motivation with ageing.

In part 2, the 'meat' of this book, the authors challenge the Freudian assertion that older people lack the mental plasticity to change or benefit from psychotherapy. They present empirical data on the efficacy of cognitive behavioural therapy (CBT) in depression. The authors support the idea that CBT may be particularly relevant to older people because older people are more focussed on the 'here and now', CBT is problem-focused and skill enhancing. Specific issues related to giving therapy to older people are addressed. These include the need to socialize the elderly patient to therapy so that a working contract can be established, the need to recognize sensory and cognitive changes that can make communication difficult and the need to sometimes use a slower pace of therapy as older people need more time to learn new techniques. The authors quote studies of efficacy of