Book reviews

EDITED BY SIDNEY CROWN, FEMI OYEBODE and ROSALIND RAMSAY

The Overlap of Affective and Schizophrenic Spectra

If this book is not of interest, the reader has no business being a psychiatrist.

The official classifications, ICD–10 and DSM–IV, that psychiatrists are currently required to use are sets of descriptive categories that were designed to provide clinicians and researchers with a reasonably reliable language to aid communication and decision-making. Developed from the opinions of committees of experts rather than on the basis of useful data regarding aetiology and pathogenesis, the categories are essentially a modified version of the basic dichotomous scheme proposed by Kraepelin at the end of the 19th century. As has been argued in editorials within this journal, there is an ever-increasing and progressively more robust body of data that demonstrates the need for modern psychiatry to free itself from a historically based dichotomous classification and move towards approaches that recognise alternative diagnostic entities that more closely reflect the illnesses of our patients (Cra&dquo;co&dquo; &amp; Owen, 2005; Marneros, 2006; Angst, 2007).

This book approaches mood and psychotic disorders from such an alternative perspective, namely considering clinical spectra of affective and schizophrenic symptomatology that may overlap within the same individuals either at the same or at different times during life. The editors are well-known for their work in this area. There are 14 chapters that deal with a broad range of clinical, biological and psychological issues using a spectrum approach. The authors of these chapters include leaders in the field who have published important data and theoretical papers that examine the overlap in mood and psychotic symptomatology beyond the traditional schizophrenia/mood disorder categories. The book is well written and provides an excellent accessible overview of relevant research.

If psychiatry is to translate the opportunities offered by new research methodologies into benefits for patients, we must move to a classificatory approach that is worthy of the 21st century. This book provides a wealth of useful, clinically relevant information that will be of interest to any reader who accepts the importance of taking account of a patient’s illness beyond simple allocation to an operational diagnostic category. All psychiatrists involved in the management of individuals with mood and psychotic illnesses should read this book.


Nick Cra&dquo;co&dquo; Department of Psychological Medicine, Cardiff University, Heath Park, Cardiff CF14 4XN, UK. Email: craddockn@cardiff.ac.uk doi: 10.1192/bjp.191.4.366

Speed, Ecstasy and Ritalin:
The Science of Amphetamines

The 2005/06 British Crime Survey estimated that ecstasy and amphetamines were the third and fourth (after cannabis and cocaine) most widely used illicit drugs among 16- to 59-year-olds (by 1.6% and 1.3% respectively) in England and Wales. More worryingly, among 16- to 24-year-olds the corresponding figures increased to 4.3% and 3.3%. There are also fears of an emerging epidemic of illicit methamphetamine (crystal meth or ice) misuse in the UK, resulting in its recent reclassification from Class B to Class A under the Misuse of Drugs Act 2005. So, too, methylphenidate and dexamphetamine were recognised by the National Institute for Health and Clinical Excellence (2006) as appropriate treatment options for attention-deficit hyperactivity disorder (ADHD) in children and adolescents. Amphetamine dependence, as part of polysubstance dependence, its many psychiatric complications (depression, anxiety, psychosis, etc.) and dual diagnosis are not uncommon presentations in psychiatric practice. It is in view of all of the above that this book is timely and relevant to clinicians, addiction scientists, drug policy makers and the public.

Leslie Iversen (a distinguished pharmacologist) presents an overview of the ‘positive and negative aspects of amphetamines
(speed, ecstasy and Ritalin)’ from a scientist’s perspective.

This book is set out in nine chapters. They include an excellent overview of the chemistry of amphetamines and their effects on humans; an account of the history and rationale of their use over the past century for conditions such as narcolepsy, depression, obesity and ADHD; a short chapter on their use in the military and misuse in sport; a social history of amphetamine misuse in the USA and UK, and a detailed account of the methamphetamine epidemic in the USA and South East Asia. Topics covered in the second half of the book include the relevance of amphetamine psychosis to understanding schizophrenia, evidence for the behavioural and neurological toxicity of amphetamines, mainly from animal studies, a summary of their chemistry, history, dangerousness, therapeutic use in post-traumatic stress disorder, and concluding with a look to the future.

The chapters vary in their relevance and appeal to different (although by no means mutually exclusive) professions, with some being more for clinicians, others for basic scientists and a couple primarily for drug policy makers. The book is easy to read and understand, it answers all the key questions it sets out to address, it is interspersed with interesting first-person accounts from amphetamine users, and it takes an international perspective. My only criticism is that it lacks a clinical feel, even on topics such as amphetamine dependence, amphetamine psychosis and the use of methylphenidate in ADHD – perhaps my clinician’s bias. All in all, this book provides a very good account of the use and misuse of amphetamines from a scientist’s perspective.

Sanju George  Birmingham and Solihull Mental Health NHS Trust, The Bridge, Larch Croft, Chelmsley Wood, Solihull B69 4AL, UK. Email: sanju.george@talk21.com  doi: 10.1192/bjp.191.4.366a

The Psychiatric Interview in Clinical Practice (2nd edn)


Interviewing and communication skills are rightly assuming a prominent position in medical education. UK postgraduate trainees will soon be responsible for assessing trainees’ communication skills, even though they may have had little or no training themselves. Therefore, books such as this appear timely and welcome, although it is unusual for the second edition of a book to be published 35 years after the first. For a book about communicating, however, the title is somewhat misleading. It appears to have been written primarily for clinicians assessing patients with a view to offering psychodynamic psychotherapy.

The book is divided into four main parts which cover general principles, major clinical syndromes, special clinical situations and technical factors affecting the interview. Most of the book focuses on clinical syndromes, with chapters on, for example, the narcissistic patient and the psychotic patient. Each chapter has a similar structure of characteristic clinical features, differential diagnosis, defence mechanisms and developmental psychodynamics, followed by ‘the management of the interview’.

This is a large book, written by three wise men with a wealth of clinical experience. It is filled with helpful nuggets of advice. For example, the chapter on the obsessive–compulsive patient beautifully describes the diverting tactics patients use to avoid directly answering questions, with useful suggestions on how to counter them.

The parts on the management of the interview are the most rewarding to read, particularly the section on discussion of suicide with patients with depression. Given the title, I expected more emphasis on basic communication skills, such as question style and responding to cues. There was discussion of listening and facilitation, but in the main the focus was more on psychoanalytic understanding. The occasional excerpts of dialogue were excellent, but it would have benefited greatly from many more of these valuable illustrations.

The book is written in a flowing style with long paragraphs taking up a whole page. Nowadays, however, with short attention spans and many books having attractively laid-out chapters filled with bullet points and coloured boxes, I wonder how many trainees will actually read a book like this.

For clinicians negotiating the early stages of assessment and engagement in psychodynamic psychotherapy, it is no doubt an extremely useful book, but probably not the first choice for those wishing to purchase a more comprehensive book on general psychiatric interviewing. Libraries should definitely have a copy for people to dip into for helpful tips on specific clinical presentations.

Finally, there was a long wait for this second edition and I wonder whether we will still be undertaking standard psychometric assessments 35 years from now.

Simon Michaelson  Mental Health Centre, Northwick Park Hospital, Watford Road, Harrow HA1 3UJ, UK. Email: simon.michaelson@nhs.net  doi: 10.1192/bjp.191.4.367

Evolving Psychosis: Different Stages, Different Treatments


What we have here, on the whole, is a series of essays and monologues which invite the reader to focus on the success and importance of psychosocial treatments. There are individual chapters on phase-specific treatment, which go some way to addressing whether early needs-adapted treatment can prevent the long-term effects of psychosis. But what is also contained in this interesting and challenging book broadens its scope considerably.

We learn, for example, about the post-Lankanian view, ideas rarely taught in
current times except to dismiss them as an old-fashioned blame of the schizophrenogenic mother. In a fascinating chapter Van Eecke argues, among other ideas, for an increased emphasis on the role of the father. This is about as far removed from the neurobiological basis of psychosis as it is possible to be. Yet, if you persevere, there is considerable sense in what is presented here. Most contributors argue for an increase in the psychological and psychodynamic as a way of understanding our patients and enabling clinicians to engage individuals with treatments in addition to medication. Ideas such as ‘the therapeutic work to be undertaken is to help and support the patient’ will receive universal agreement but are not always easy to use in practice when balancing our combined roles of risk managers and treatment providers.

There are further controversial ideas in the final chapter. Most people within the early intervention field will be familiar with the debate on the emphasis and frequency of childhood trauma and abuse as risk factors for psychosis, and the arguments are dissected in detail here. However, on closer reading there is also balance. Read & Hammerley agree that ‘it is not just child sexual abuse’ but also poverty, urbanicity, belonging to a minority ethnic group, etc. that clearly play a causal role in the development of schizophrenia.

So perhaps this text is not as controversial as it is reported to be, but it will provoke thought and debate and I think that is the underlying aim. We should, perhaps, break away from taught, firmly held views and at times dare to think about schizophrenia from another angle, as a way to balance, hold and integrate ideas as we reach for the prescription pad. The nature v. nurture debate has moved on considerably in recent years but perhaps still has some way to go.

This book challenges the reader to think again about preconceptions of psychotic illness and as such would appeal to those working with such patients. Indeed, the first step in both psychological and biological treatments is to establish a relationship through which effective treatment can be delivered, and ideas presented here can aid this by increasing our understanding.

Rachel Upthegrove Birmingham and Solihull Mental Health Trust, Early Intervention Service, 1 Miller Street, Birmingham B6 4NF, UK. Email: rachel.upthegrove@doctors.org.uk doi: 10.1192/bjp.191.4.367a

**Critical Voices in Child and Adolescent Mental Health**


Child psychiatry should be challenged and this worthwhile, though occasionally uneven, book edited by Sami Timimi and Begum Maitra aims to start a critical debate. In medicine we are too often taught that there is only one right answer, but in psychiatry looking at the development of the formal classification systems should at least cause some doubt.

The authors criticise the increasing dominance in child psychiatry of a biomedicall model which implies linear causation of ‘disorder’ on an individual basis and ignores the historical and cultural context. They are especially well able to take a sideways glance at this phenomenon because of non-European backgrounds and, therefore, observe that although immaturity is a necessary stage, its construction in terms of childhood is culturally determined.

The 19th century was the great age of institutions in Britain. Children were no longer allowed to work and then were required to attend school, thus becoming available for observation, measurement and classification. Many were removed from home and placed in residential schools and children’s homes, a practice which continued until the 1980s. As with adult psychiatry, deinstitutionalisation occurred for a variety of reasons, some well-intended, some scientific and others purely economic. Although the development of psychotropic drugs contributed to the emptying of asylums, this could hardly be said for children’s homes and special educational boarding schools. A value shift had occurred.

Nevertheless, the identification of child psychiatric disorders went hand-in-hand with the development of drugs to treat them – especially attention-deficit hyperactivity disorder and childhood depression. This book addresses these topics in some detail. Although a critique of the marketing of stimulants and antidepressants for children is not new, Timimi & Maitra, rather than blame the drug companies, set the issue within a Western cultural system of individualisation for consumption.

Overall, despite the presence of ‘straw men’ I would recommend this book for provoking thought about the role of our profession.

Fiona Subotsky South London and Maudsley NHS Trust, King’s College Hospital, Denmark Hill, London SE5 9RS, UK. Email: subotsky@clara.co.uk doi: 10.1192/bjp.191.4.368

**Psychoeducation Manual for Bipolar Disorder**


This is a clearly written and user-friendly psychological treatment manual for patients with bipolar disorder. Part one
and two give a brief background about the disorder and introduce the concepts and methodology of psychoeducation. Part three gives details of the Barcelona Psychoeducation Program, which is one of the few evidence-based psychological treatment models for bipolar disorders.

This is mainly a ‘how to’ book giving clear, practical guidance about when to introduce psychoeducation. The Barcelona Program consists of 21 sessions each lasting one and a half hours. The sessions are clearly described with goals, procedures, useful tips and patient material. Francesc’s personal commitment to the treatment of patients with bipolar illness also comes through. They are given explicit encouragement and permission to ring if they are worried about possible relapses and provided with information about how and when to contact him. Such patients are not easy to treat. Therapists need to be committed clinicians who are familiar with the disorder. It is made clear in the book that this is an intensive and complex psychoeducation programme. Furthermore, the authors advise that 8 patients will be the optimal number for the group, but that it is sensible to start with 12 to 14, allowing for drop-outs. Moreover, patients have to be stable for 6 months with a Young Mania Rating Scale score < 6 (Hamilton Depression Rating Scale score < 8).

The authors are also appropriately realistic about the objectives of working with individuals with bipolar disorder. Some goals such as awareness of disorder, early detection of warning symptoms and adherence to treatment are aimed at every patient in the group. Others such as controlling stress, avoiding substance use and misuse, and achieving regularity in lifestyle are described as ‘desirable and not exclusively the responsibility of the psychoeducation program’ whereas improving social and interpersonal activity between episodes and confronting residual sub-syndromic symptoms and impairment are described as part of an ‘excellent scenario’ of treatment outcome.

To sum up, the authors have done a brilliant job in developing such a thorough psychoeducation programme. I would recommend anyone interested in working with patients with bipolar illness to buy this book.

**Dominic Lam**

Hertford Building, University of Hull, Hull HU6 7RX, UK. Email: d.lam@hull.ac.uk

doi: 10.1192/bjp.191.4.368a

---

**The Science of Orgasm**


ISBN 0801808490X

Sex fascinates us all and now it seems that everyone has a view. The media abounds with advice about sex from doctors, psychologists and therapists who jostle for recognition. But despite the surfeit of advice there is little science. The problems of taboo and censorship have been replaced by one of validity. This book provides information from the best available evidence. Talk of sex being as strenuous as walking up stairs or walking a mile does not pack the same punch as how many patients have a heart attack ‘in the saddle’. Even in the priapic, post-Viagra age the figure seems low: 1.5% of 1700 cited in the chapter titled ‘are orgasms good for your health’.

The authors are a professor of psychology, of nursing, and the head of a laboratory. They have proceeded from definition to physiology and pathophysiology, and the effect of prescribed and elicit drugs. They review the research into the endocrinology and the neurology of sex in both the intact and damaged brain. The information from imaging is assessed. All the while the authors have not strayed beyond what is in the literature.

The instruction does not crowd out the entertainment. They have an eye for the intimate when a researcher’s erection, induced by a self-administered alpha blockade, is entirely undiminished by concentration on exacting intellectual tasks . . . I took an urgent and worrying telephone call without losing the erection’. One presumes the caller was unaware.

The authors should be congratulated on taking the trouble to produce a readable comprehensive account of the literature on orgasm. All psychosexual clinics will need to have a copy as well as anyone who advises others about psychosexual problems.

**Nick Dunn**

The Ladywell Unit, University Hospital Lewisham, London SE3 6JW, UK.

Email: nick.dunn@iatm.nhs.uk

doi: 10.1192/bjp.191.4.369

---