

Book reviews

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Bipolar Disorder

Edited by Mario Maj, Hagop Akiskal, J. J. Lopez-Ibor & N. Sartorius.
Chichester: John Wiley & Sons. 2002. 523 pp.
£65.00 (hb). ISBN 0 471 56037 5

This overview of bipolar disorder offers six scholarly reviews of the condition, accompanied by 122 brief commentaries from international experts. The result is a stimulating and comprehensive account of recent research, set in the context of a consensus about the findings. The commentaries include many enlightening and imaginative ideas.

Akiskal's introductory review, on the diagnosis and classification of bipolar disorders, is perhaps his most articulate and convincing exposition of the concept of the 'bipolar spectrum' of conditions. These he subdivides into eight types, that can be recognised in up to 50% of the population. The commentaries show broad appreciation of the spectrum concept, but express the need for strict criteria to identify homogeneous groups for study. Only then can the supposed pharmacological 'dissections' be achieved, identifying patients who may benefit from particular therapeutic approaches.

Bowden reviews drug treatments. The different perspective of North American and European experts is intriguing. For example, in the USA there is reluctance to use antidepressants for bipolar depression for fear of inducing mania, even though authorities such as Jules Angst argue that such switches are an inevitable sequel to effective resolution of depression in these people. One commentator actually recommends two failed trials with 'mood stabilisers' before giving an antidepressant. Yet, the definition of a mood stabiliser is not clear and no anticonvulsant drug has unequivocal evidence for prophylactic efficacy against mania.

Several reasons suggest themselves for the divergence of expert opinion in the USA from opinion elsewhere and from clinical practice. In the USA there may be greater

admiration for new approaches and more-intense fear of lawyers (and therefore of side-effects) than in Europe. Boland & Keller suggest that third-party reimbursement plays a part in diagnosis and treatment: 'it is difficult to find a patient with any sort of chronic psychiatric illness who is not on a mood stabiliser'. Kasper suggests that North American opinion leaders 'base their sound clinical knowledge on patient samples largely consisting of rapid-cyclers', an uncommon sub-type of bipolar disorder in Europe. A further possibility is that American academics are disinclined to refer to journals published outside the USA. Yet American investigators have been at the forefront of developments in clinical trials of new drugs.

Other reviews deal with psychological therapies, the presentation in youth and old age, and the economic implications of the disorder. The recent expansion of knowledge means that there is a greater need for specialisation in the provision of health care to patients with bipolar disorder, who have been neglected in official plans such as the National Service Framework.

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Refusing Care: Forced Treatment and the Rights of the Mentally Ill

By Elyn R. Saks. Chicago, IL: University of
Chicago Press. 2003. 304 pp. £24.50 (hb).
ISBN 0 226 73397 1

I have strong views about mental health legislation and am reasonably well read. Would this book inform, irritate, support or undermine my beliefs? It is a very personal and detailed view of what should be the legal and clinical grounds for non-consensual hospitalisation and treatment. Much of what is written is as pertinent in the UK as in the USA. There is little discussion of American law in the text.

Many of the arguments have been expressed before, although not in one relatively easy read. Anyone wishing an overview of the issues will be greatly assisted. This does not mean that there is nothing new (to me) here. The presumption that enforced treatment in the community is less restrictive than admission to hospital, without compulsory medication, is challenged. Indeed, the idea that if, for example, a patient is to be made subject to compulsion to reduce the risk to others he or she should be offered this choice (assuming that admission without medication would reduce the risk) is interesting.

There is discussion of the role of advance directives: should patients be able to make advance refusals only after they have once been compulsorily treated for a particular condition? The argument is that they cannot know the pros and cons of treatment *v.* illness until they have experienced both, but they will be sufficiently well informed to make a decision after they have.

The eye-openers for me were the statements and descriptions that showed the similarities and differences between psychiatric practice here and in the USA. 'The Los Angeles County Jail is the biggest mental hospital in the country' and 'The central problem facing the mental health system today is not treating unwilling patients but failure to provide treatment to willing patients. There is simply not enough care for those that want it' are both statements that will strike a chord.

