

In my experience psychoeducation is an invaluable tool in engaging patients in therapy and this chapter allows the clinician to become proficient in the same.

A very comprehensive presentation of the available evidence base for treatment of OCD follows. Short commentaries on each study are provided. I particularly liked the section dealing with antidepressant side-effects and drug interactions. Included is a discussion of psychotherapeutic treatment; however, it would perhaps have been useful to discuss further the cognitive theories underlying the belief systems in OCD. These I have found particularly helpful in psychoeducation and engagement in therapy and would have added to the richness of this chapter. Particularly useful is the chapter providing rating scales, reference books and websites for patients and clinicians. Overall an enjoyable and clinically useful book.

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Understanding Psychoanalysis

By Matthew Sharpe
& Joanne Faulkner.
Acumen. £13.99 (pb). 230pp.
ISBN: 9781844651221

I was excited at the prospect of reviewing a book called, *Understanding Psychoanalysis*. As most practitioners of the art (or is it a science?) will tell you, we still long, no matter how experienced, to 'get hold' of psychoanalysis. Sadly, however, this moment was followed by disappointment: this book was written not by practitioners, but by two philosophers. Moreover, as the back cover alarmingly brought to my attention, these 'leading psychoanalytic theorists' would be covering such diverse topics as post-structuralism, cultural theory and feminism. My suspicions aroused, I glanced at the index and found that neither randomised controlled trials nor evidence-based medicine got a mention. I was beginning to wonder why it had been chosen for review?

To my relief, I was soon to learn that this book was to be a mind-expanding experience. The authors manage with great skill to communicate the fundamental tenets of key figures in the psychoanalytic pantheon. These include the obvious such as Freud and Klein (with a smattering on Winnicott and Bion), as well as the less obvious – to a British audience at least – like Lacan. Helpfully, a key points format is used throughout to summarise arcane, and sometimes dense, psychoanalytic and philosophical concepts.

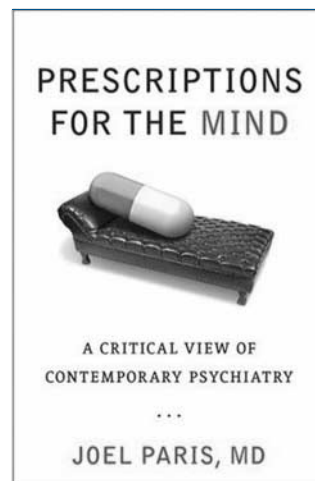
Freud in particular is brought to life. At a time when his obituary is habitually rehearsed, his ideas are presented in a way

that is thoroughly of the moment and apposite – see, for example, what he has to teach us about the compulsive nature of the addictions and self-harm. The authors revisit his meta-psychological outpourings in a way that is accessible and vibrant. We are also treated to a re-reading of the Freudian text at a time when there is an attack on complexity and a hatred of dependency. There is no easy sense here that those with profound mental illness are engaged in recovery, or that depression and anxiety will be dealt with after a course of computerised therapy or short-term cognitive-behavioural therapy, wherein, psychoanalytically speaking, the idealised world of the all-giving breast will be finally realised.

So, setting aside minor technical quibbles, and allowing for the omission of the recent work on mentalisation, if you are after a little time away from achieving your targets and returning, even if for the first time, to thinking about your patients in a way that does justice to the bewildering, sometimes grotesque, glory that is humankind, then this book comes highly recommended.

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Prescriptions for the Mind: A Critical View of Contemporary Psychiatry

By Joel Paris.
Oxford University Press. 2008.
£15.99 (hb). 272pp.
ISBN: 9780195313833

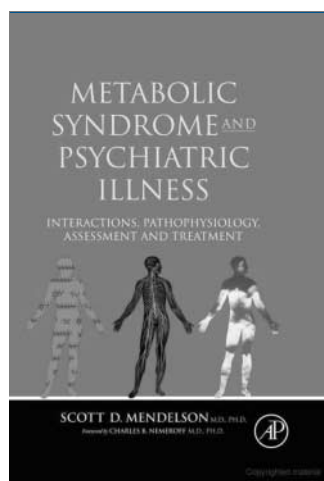
This is a thoughtful assessment of modern-day psychiatry. In essence it is a plea for a balance between biological psychiatry and psychotherapeutic approaches. Paris emphasises the limitations of current knowledge about the brain, presenting the failure to find genetic markers for psychiatric conditions, the non-specificity of neuroanatomical abnormalities and the inconsistency of biochemical research. His analysis of psychiatric diagnosis is particularly interesting. In the absence of biological markers of disease, Paris suggests, psychiatric diagnoses are simply pragmatic constructs, and he criticises the tendency to view them as real entities. He explores the difficulty of distinguishing disorder from normality and the tendency to pathologise more and more aspects of everyday life. He repeatedly criticises the tendency to over-diagnose mental disorders and over-prescribe psychiatric drugs. In particular, he highlights what he believes to be the misuse of the diagnosis of bipolar disorder in adults and children. He even suggests that the use of this diagnosis to justify the widespread initiation of long-term therapy with atypical antipsychotics and mood stabilisers could be 'one of the worst scandals in the history of psychiatry' (p. 82).

Paris also critically analyses research on psychotherapy. He recognises that the benefits of therapy are not specific to any theoretical orientation, but emanate from good empathy and interpersonal skills, skills that psychiatrists are in danger of losing with the current emphasis on biomedical approaches.

However, for all his concern to restore the humanity to psychiatry, Paris still believes that neuroscience will unlock the secrets of psychiatric disorders eventually, at least the severe ones. He holds out for a foolproof system of diagnosis based on biological markers of underlying diseases. It is difficult to know how this vision is compatible with his opposition to reductionism in psychiatry. If psychiatric problems can be traced to specific abnormalities in brain function, psychiatry is surely right to focus on biological interventions, and other approaches are simply cosmetic. If Paris wants to restore attention to the whole person, a more fundamental critique of the view of mental illness as a form of brain disease is required.

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Metabolic Syndrome and Psychiatric Illness: Interactions, Pathophysiology, Assessment and Treatment

By Scott D. Mendelson.
Academic Press. 2008.
£57.99 (pb). 224pp.
ISBN: 9780123742407

There was a time, not so long ago, when weight gain in psychiatric patients was a matter of passing note, something unexceptional in the lists of adverse effects of psychotropic medications (usually quite far down) or, with resignation, attributed to 'poor lifestyle'. How things have changed! Obesity and its metabolic associations have come to occupy a prominent place in the psychiatric literature. While this undoubtedly reflects wider concerns such as the 'obesity epidemic' and healthcare inequalities, for psychiatry interest was initially stimulated by the realisation that the miracle many attributed to so-called 'atypical' antipsychotics might be tainted. Enter Gerald Reaven's concept of metabolic syndrome ('syndrome X', as was), a concept underpinning an intricate set of observations with potentially profound implications. As a number of studies (including the Clinical Assessment Trials of Intervention Effectiveness (CATIE), in one of its few findings to be accepted uncritically) prevalence alone, at over 40%, justifies concern.

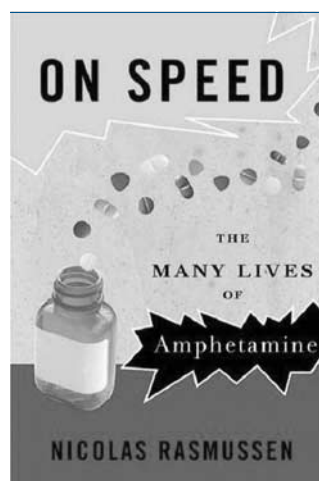
This book provides a detailed overview of metabolic syndrome and comes with powerful endorsement from prominent figures in American psychiatry. The author, a psychiatrist with a research background in neuroendocrinology, demonstrates an awesome knowledge of the fields of metabolic and nutritional medicine

and the comprehensive and up-to-date reference lists are tribute to both his knowledge-base and the speed of publication. Potential readers should, however, note the title. This book 'does what it says on the tin', not restricting itself to conceptualising metabolic syndrome as a consequence of psychiatric illness or its treatment, but speculating on ways in which metabolic disorder may itself contribute to the progression, if not development, of a range of psychiatric disorders. At one level this is innovative and fascinating; at another it diminishes the scholarship of the work by diluting fact in a deal of speculation. This, combined with brief outlines of psychiatric disorders preceding detailed discussion of metabolic points (irritating to the specialist reader), an absence of illustrations (essential for visually reinforcing dense metabolic material) and frequent resort to the first person, create the impression of a personal memoir whose primary constituency might lie beyond psychiatry.

The observations underpinning metabolic syndrome are tantalising, providing a framework for vague concepts such as stress and inflammation, and reinvigorating research disciplines such as neuroendocrinology that have hitherto not fulfilled their potential, all of which is lucidly outlined here. It is ironical, however, that as psychiatry delves ever-deeper, general medicine seems to be retreating, with an increasingly intense debate on not only the value of metabolic syndrome, but its very validity. For clinical psychiatrists, the concept can still have merit in emphasising that obesity is not just a cosmetic issue and that the doctor in us is responsible for overall patient welfare – including the consequences of our treatment decisions. For those psychiatrists who still value the doctor in them, the bigger points and general message of this book are just reward for the read.

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On Speed: The Many Lives of Amphetamine

By Nicolas Rasmussen.
New York University Press. 2008.
US\$29.95 (hbk). 400pp.
ISBN: 9780814776018

The name Gordon Alles may not be as famous as that of Albert Hoffman but the chemist who synthesised beta-phenylisopropylamine deserves as much recognition as the progenitor of lysergic acid diethylamide (LSD) if the impact of his drug in the world were your guide. Alles' creation is better known as amphetamine, which, with its numerous sister compounds, including methamphetamine, MDMA (ecstasy), methylphenidate and fenfluramine, are pivotal in the history of psychiatric therapeutics in ways that have been forgotten in the light of