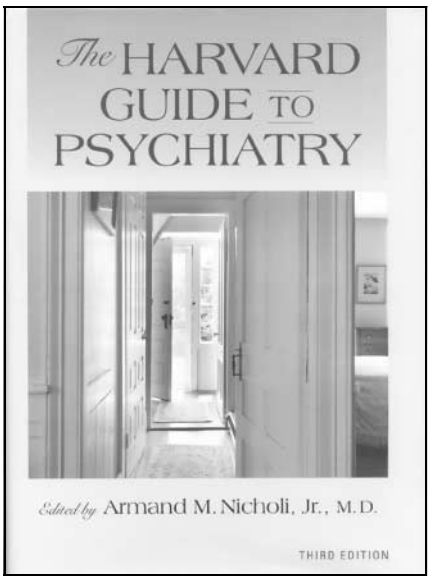
Book reviews

EDITED BY SIDNEY CROWN and ALAN LEE

The Harvard Guide to Psychiatry (3rd edn)

Edited by Armand M. Nicholi Jr.
Cambridge, MA: Harvard University Press.
1999. 856 pp. £46.95 (hb).
ISBN 0-674-37570-X



Whatever the questions we may have about the market for such a textbook in the UK, there is no doubt it is a remarkable achievement: its coverage is vast, its style lucid, concise and readable and its judgements well balanced.

In addition to standard accounts of psychiatric syndromes we have informative reviews of neuroimaging, neural substrates of behaviour and the neurobiology of mental disorders and sleep problems. The chapters on electroconvulsive therapy and sex therapy are sensible and relevant to practice in this country. Unexpected but welcome in such a volume is a contribution on clinical hypnosis, advancing the controversial claim that "a rich body of experimental evidence supports the application of hypnosis in psychotherapeutic and medical settings". The chapter entitled 'The person confronting death' deserves a wide readership.

Unfortunately, this excellent volume cannot be recommended to UK trainee psychiatrists as their sole textbook. It gives little attention to ICD–10 classification or the European literature (beyond psychoanalytic writings). Its discussion of psychopathology is largely psychoanalytically based (although such a bias is not evident in the major part of the text). The listings of psychotropic drugs may seem confusing. Its account of 'managed care' does not translate easily to the community-oriented model we are struggling to implement in this country. And, of course, there are no caveats concerning mental health legislation when it is stated that psychosurgery is favoured for the treatment of the refractory patient with obsessive–compulsive disorder. It can, however, be warmly recommended to a postgraduate library, where it will be read in the context of more local writings.

For such a store of information and wisdom it is very modestly priced.

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Difficult Clinical Problems in Psychiatry

Edited by Malcolm Lader & Deiter Naber.
London: Martin Dunitz. 1999. 246 pp.
£39.95 (hb). ISBN 1-85317-550-1

We are in the age of evidence-based practice. By now we should all be thoroughly versed in the skills of critical appraisal. Our ideal response to any clinical conundrum should be to find time for the working up of a 'critically appraised topic', during which we perform an up-to-the-minute trawl of Medline and the internet (using an impeccable search strategy, of course) and then distil out the wisdom we require through razor-sharp methodological dissection of the papers we find. The real world, of course, still lags a little behind this, and hard-pressed clinicians may have neither the time nor the aptitudes to engage in the process described. Enter *Difficult Clinical Problems in Psychiatry*. This is one of those handbooks that appear from time to time seeking to provide a reference point for advice on the management of some common intractable problems.

Many of the chapter headings cover predictable (if well loved) favourites such as refractory schizophrenia, treatment-resistant unipolar depression and unstable manic–depression. Others go into less frequently charted areas such as treatment of panic and behavioural disturbances in old age. One or two sub-speciality areas are discussed, for example anorexia nervosa and attention-deficit hyperactivity disorder (ADHD). Taken together, however, the topics span a broad range of clinical issues which daily challenge many a jobbing clinician. How helpful is the material provided? Well, none of the chapters purports to be a systematic review, but they are all written by recognised authorities in their field and some internationally known opinion leaders. For the most part the contributions are readable, although it is in the nature of the beast that the wish to be comprehensive in content in a finite space leads at times to heavy-going reading and sometimes a disappointingly cursory treatment of certain issues. In the chapter on improving compliance, for instance, the model of compliance therapy developed by Kemp, Hayward and David at the Institute of Psychiatry is cited once, but the treatment approach itself is not described at all. This seems a pity given the attractiveness and proven efficacy of this model.

In a handbook of this kind, there is always a balance for the authors to strike between presenting only that evidence which is clear and robust (but therefore leaving sometimes huge gaps in the story) and taking the risk of offering 'pointers' based on the authors' experience and opinion. On the whole a good balance is struck here, with comprehensive coverage of the topic areas and helpful treatment protocols suggested.

With the increasing development of clinical guidelines and systematic reviews, it might be argued that some of the functions of such a handbook will eventually be supplanted. In the meantime, many clinicians will find this a useful reference work. It should certainly be considered for library purchase and some practitioners may think a personal investment worthwhile. Be warned, however: with intellectual material of this calorie content small but regular helpings are indicated – and preferably a none-too-warm reading environment. The

information available here merits concentrated attention.

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Personality-Guided Therapy

By Theodore Millon. New York: Wiley. 1999. 776 pp. £41.95 (hb). ISBN 0-471-52807-2

This lengthy and ambitious book is predominantly concerned with the explanation and treatment of the DSM personality disorders of Axis II and much less so with the clinical syndromes of Axis I. Although Millon states that his personality-guided synergistic psychotherapy is conducive to shorter and more effective treatment of the Axis I syndromes, he offers no evidence in this text to support the efficacy of his orientation for either group of disorders. Furthermore, confidence in the many detailed case studies used to illustrate his approach is not enhanced by his admission that many of them preceded the development of his model.

His perspective is purportedly based on his evolutionary model of personality, which presumes that personality and its disorders can be classified and explained in terms of the three polarities of pain–pleasure, active–passive and self–other. Normal individuals show a reasonable balance between each of the polarity pairs. Those with personality disorders are thought to reflect a deficiency in one or more of the three (e.g. the schizoid personality prototype is deficient in both pain and pleasure), an imbalance (e.g. the schizoid personality prototype is strong on passivity and weak on activity), a conflict (e.g. the negativistic personality prototype has a conflict between self and other) and/or a structural defect (e.g. the paranoid personality prototype rigidly compartmentalises each of the three polarity pairs). Fifteen disordered personality prototypes have been identified. In addition, there are various disordered personality subtypes, such as the affectless type of schizoid personality. These subtypes are said to be based on empirical and clinical observation although, as with the personality prototypes, no supporting evidence is presented.

The personality disorders are also described in terms of eight clinical or diagnostic domains, which are shown at one of four levels: expressive behaviour and interpersonal conduct at the behavioural level; cognitive style, self-image and object representations at the phenomenological level; regulatory mechanism and morphological organisation at the intrapsychic level; and mood/temperament at the biophysical level. The salience of these domains for each personality disorder is displayed graphically by ellipses. The relationship between the polarity pairs and these domains is not explained.

Treatment is outlined at two levels: first, in terms of the more general strategic goals of balancing polarities and countering the way in which disorders are perpetuated; and second, at greater length, in terms of the more specific tactics of therapeutic modalities or techniques directed at particular domains, such as the use of social skills training for developing more appropriate interpersonal behaviour in those with schizoid personality disorder. Millon suggests that treatment is more effective when two different therapeutic modalities are administered at the same time in potentiated pairings, when different therapeutic modalities are given singly in catalytic sequences and when potentiated pairings of the therapeutic modalities are presented in potentiated sequences. The relevant criteria for combining treatments in these supposedly synergistic ways and for choosing between them is not made explicit, making it difficult to apply and to evaluate empirically the approach advocated in this book.

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Delusional Disorder: Paranoia and Related Illnesses

By A. Munro. Cambridge: Cambridge University Press. 1999. 261 pp. £45.00 (hb). ISBN 0-521-58180-X

All psychiatrists will have encountered patients who present only with delusions. Most – after seeing some such patients who are obviously psychotic with persecutory and referential delusions but no other symptoms; others who seem only to have an isolated over-reaction to some perceived injustice; and yet others who are suffering not from imagined persecution but whose beliefs revolve around infidelity, illness or deformity – will have concluded that such patients frustrate all attempts at classification. Some, especially those of us who trained in the past 20 years, will recall consulting the articles by Munro, one of the very few authors who seemed prepared to grasp the nosological nettle of paranoia. He introduced the term monosymptomatic hypochondriacal psychosis. His sustained advocacy played an important part in the renaissance of paranoia as a delusional disorder in the 1980s. He was single-handedly responsible for popularising treatment with pimozide, which, as he notes, now tends to be the most widely used drug in different forms of the disorder.

In this book Munro takes on the whole field of paranoid disorders, not only delusional disorder, but also paraphrenia, standard and late varieties, delusional misidentification syndrome and *folie à deux*. He also reviews disorders which regularly feature in the differential diagnosis of delusional disorder, including reactive psychosis, cycloid psychosis, and paranoid, schizoid and schizotypal disorders. There is a chapter on treatment and many case descriptions.

The section of the book devoted to paranoia/delusional disorder leads off with monosymptomatic hypochondriacal psychosis (now renamed delusional disorder, somatic subtype), a subcategory whose existence Kraepelin was doubtful about, but which has dominated and shaped Munro's thinking. The approach taken with this and the other subtypes is one which will be familiar to those who have read the author's previous publications: lucid description, clear-headed analysis, a solid grasp of the complex background of 'normal' hypochondriasis, jealously, etc., and yet an unsatisfying feeling that the really difficult issues have been glossed over. He uses terms like 'belief' and 'conviction' liberally, but the reader is sometimes hard put to see what makes him decide some convictions are delusional, whereas others are not. Thus, a case of AIDS hypochondriasis is delusional disorder, somatic type, but a superficially similar case where there is a dysmorphic belief is not. The presence or otherwise of referential delusions – which Kraepelin came to the conclusion were present in all cases of paranoia – is hardly touched on. Everything is complicated by use of

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