

response to neuroleptic drug treatment as a validator of the diagnosis.

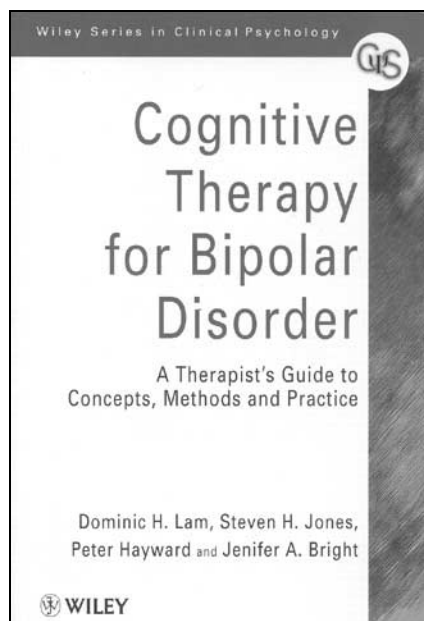
The second major theme of the book concerns paraphrenia, where Munro nails his colours to the mast at the outset: like paranoia, it should be separated from schizophrenia and resurrected as a separate category of illness. Here, however, the ground is very slippery. Because of the lack of studies, he leans heavily on clinical authority, some of which unfortunately turns out merely to be the pontifications of old American analysts (and worse, old eclectic British psychiatrists) writing in textbooks of the 1960s and 1970s. He has to consider whether there are differences between late-onset schizophrenia and late paraphrenia – a case of hair-splitting if ever there was one. He even ends up invoking the concept of the paranoia spectrum which he regards with veneration, but which this reviewer at least feels should have been taken round the back and shot a long time ago. Ultimately, even British psychiatrists, who have a soft spot for paraphrenia, will probably fail to be convinced by his case. Leaving aside these points of contention, which might legitimately be regarded as merely the kind of tedious and ultimately futile disputes that the topic of paranoia always generates, this is a valuable account of an area of psychiatry in which the patients are in steady supply. It is clearly and unusually well-written and makes an easy, even enjoyable read, something that cannot be said for most psychiatric textbooks. At the end of the day, the reader may agree to disagree with Munro's conclusions about paranoia, but will certainly go away with a deeper appreciation of the questions it raises.

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### **Cognitive Therapy for Bipolar Disorder: A Therapist's Guide to Concepts, Methods and Practice**

By Dominic H. Lam, Steven H. Jones, Peter Hayward & Jenifer A. Bright. Chichester: John Wiley & Sons. 1999. 306 pp. £19.95 (pb). ISBN 0-471-97945-7

Dominic Lam *et al* have put together an excellent book as part of the Wiley series in clinical psychology. The text falls into two broad categories. First, the authors offer a



comprehensive review of our current knowledge and understanding of psychosocial problems confronting people with bipolar disorders. Then they look at the cognitive therapy treatment package and the interventions that may be used to deal with typical symptoms of manic or depressive episodes. They include detailed scripts from clinical sessions to guide the reader through the introduction and implementation of different therapy strategies.

The book is well written and, despite its multi-authorship, the style of writing is consistent. It also covers the key elements of traditional cognitive therapy approaches and outlines how to undertake an assessment interview for cognitive therapy based on our current understanding of the psychosocial problems of people with bipolar disorders.

The text has been written at an early stage in our understanding of the application of cognitive therapy to this new patient population. For this reason, the approach tends to be pragmatic and many of the interventions appear to be symptom-focused, rather than driven by a well-developed formulation. However, this is not the fault of the authors, as we currently lack a clear theoretical model for understanding all the cognitive and behavioural aspects of bipolar disorders. Likewise, there are as yet no major outcome studies to review: the authors themselves are among the first to have published the results of a trial of cognitive therapy for bipolar disorders.

The clinical section is generally of a high standard, but does not perhaps give as

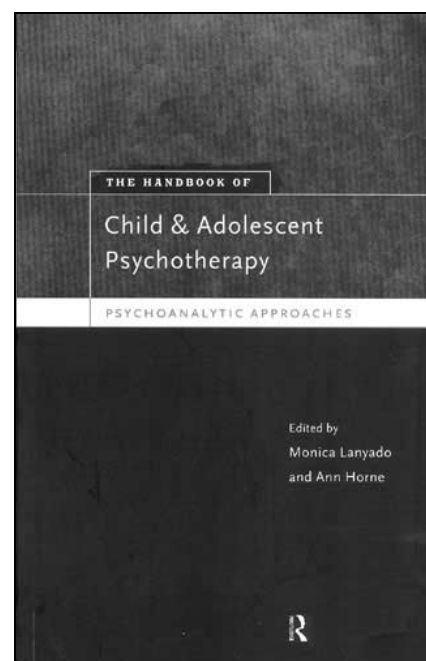
much detail as it might. For example, it does not deal with drug and alcohol misuse in this population, nor how to cope with fluctuating mood states, rapid cycling or mixed states.

This book is unlikely to be the final word on the subject, as a number of other authors, including Beck himself, have produced or are about to produce manuals on the role of cognitive therapy in treating bipolar disorders. However, it will be a welcome addition to the bookshelves of most practising cognitive therapists. Many junior doctors and mental health professionals will also value the up-to-date review of psychosocial aspects of bipolar disorders and the strategies described for intervening in medication non-adherence or identifying and managing early warning signs of mania or depression. The authors have tackled a complex subject in a coherent manner and have produced a readable and informative text.

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### **The Handbook of Child and Adolescent Psychotherapy: Psychoanalytical Approaches**

Edited by Monica Lanyado & Ann Horne. London: Routledge. 1999. 475 pp. £16.99 (pb). ISBN 0-415-17259-4



Despite, and perhaps because of, the comparatively small numbers of child psychotherapists in the UK the profession is assiduous in presenting the nature and scope of the work which they undertake. This book provides an overview of the background to the establishment of the profession, its development and the diversity of work for which child psychotherapists are trained. There are chapters describing the potential roles through which they may contribute in different settings using formal psychoanalytic psychotherapy, consultative therapeutic work with children and families and consultation with professionals: detailed clinical descriptions bring the work vividly to life. Hodges provides an important summary of research. It was also with some relief that I found a section grappling with the issue of assessment: this could perhaps have been expanded since in practice there is all too often a leap from concern for a child to an assumption that 'therapy' is needed. Fuller appreciation of the process of assessment can only enhance the proper use of psychotherapeutic resources.

The foreword and introduction give acknowledgement to Boston & Daws' (1977) forerunner of this book and it is this which crystallises the only disappointment I have in this volume. The *Concise Oxford Dictionary* defines a 'handbook' as "(usually short) treatise, manual, guide-book". However, Lanyado & Horne's book is not one I could direct someone towards in the process of a particular treatment in order to gain specific guidance in a structured way: nor does it provide a systematic introductory text for training in psychoanalytic psychotherapy with children. At times there seems to have been the insertion of an obligatory reference to 'the child psychotherapist' when what is at issue is 'psychoanalytic psychotherapy with children': this felt intrusive and I fear could distract into an unhelpful debate about the roles of different professions. I do not feel I can represent this as a handbook but it is an extremely important and valuable development from its forerunner whose title accurately describes it, *The Child Psychotherapist and the Problems of Young People*.

The style of writing is generally very clear and should prove accessible to those without a foundation in psychoanalytic theory. It will be helpful to practitioners without specific training in psychotherapy across the mental health and child welfare

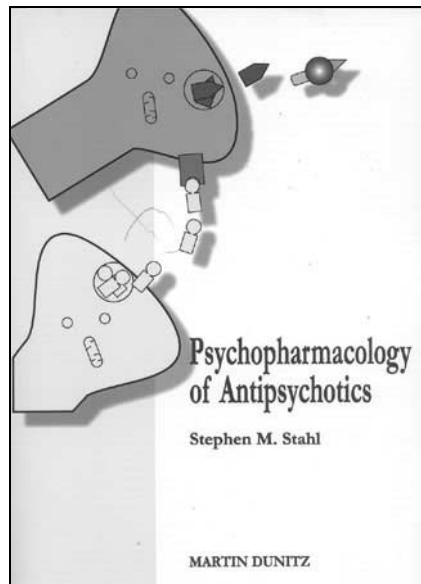
fields: many of the sections will also be useful to more experienced practitioners. It should be available in all child mental health service departments.

**Boston, M. & Daws, D. (eds) (1977)** *The Child Psychotherapist and the Problems of Young People*. London: Wildwood House.

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### Psychopharmacology of Antipsychotics

By Stephen M. Stahl. London: Martin Dunitz. 1999. 148 pp. £12.95 (pb). ISBN 1-85317-601-X



This book is written in a concise and reader-friendly format which makes it difficult to put down. It is colourful, makes excellent use of lists and tables and avoids an overload of information about what can seem a confusing subject to the clinician. One of its strongest points are the illustrations of cells, receptors and neuronal pathways. It is as up-to-date as possible in this rapidly changing subject and proactive in containing information about drugs that are likely to come onto the market soon.

This book is about more than just antipsychotic drugs. The reader is taken on a journey from neurotransmitters and pharmacokinetics to discussions about the relative merits of the new antipsychotics

and strategies for the drug treatments of the different syndromes of schizophrenia. I was especially interested in the lucid depiction of the neurodevelopmental and neurodegenerative hypotheses of the aetiology of schizophrenia. The chapter introduces the role of the glutamate system and speculates about a role for neuroprotective agents. There are tables of 'clinical pearls' and 'dosage tips' which provide useful information about each drug.

My criticisms of this book are relatively minor. Its main drawback is that although it takes an international perspective, it omits any information about the drugs sulpiride and amisulpride which have never been marketed in the USA. They are considered by some authors to have atypical properties. Amisulpride has been shown to improve negative symptoms of schizophrenia in well-designed trials, particularly selected for patients with primary negative symptoms. The discussion about drug treatment of negative symptoms therefore seems incomplete.

The discussions of drug costs need to be interpreted with caution. For example, the author states the different dose tablets (2.5 mg, 5 mg, 7.5 mg and 10 mg) of olanzapine "can cost the same" price. This is not confirmed by reference to the *British National Formulary* or the pharmacy at my hospital, although costs may vary between services. As a practising clinician, reference to the difficult situations for prescription of antipsychotics, such as pregnancy and after neuroleptic malignant syndrome, would have also been helpful. Finally, the author contrasts the data from drug trials with clinical experience in the final chapter which summarises drug strategies for schizophrenia. However, references appear in only limited parts of the text. Statements such as "optimal doses derived from clinical trials do not match optimal doses used in clinical practice" and "atypical antipsychotics do not seem to work as fast as conventional antipsychotics" left me urgently wanting to read further to access the source of this potentially important information.

These minor criticisms excepted, it will allow psychiatrists, general practitioners and allied mental health professionals to keep up to date with the latest developments in this rapidly evolving subject. It will inspire psychiatric trainees in their revision for the MRCPsych Part I psychopharmacology and Part II neurochemistry sections of the syllabus. I regret that such a