Sport Psychiatry: Theory and Practice

Edited by Daniel Begel & Robert W. Burton. London: W.W. Norton & Co., 2000. 276 pp. £28.00 (hb). ISBN 0-393-70295-2

The layout of this book follows predictable lines beginning with biopsychosocial factors in development, then passing to the psychobiology of athletic training. Much space is given to endorphins, which I always thought were hypothetical substances that gave you a 'high' after running a marathon, but which few people really believe existed. Race and gender issues are examined and the problems associated with being a 'hero'.

Clinical issues are considered, mental illness, mood disorders, psychoses, anxiety, eating disorders, post-traumatic stress disorder and substance-related problems. Nothing remarkable.

Performance problems in 'everyday athletic life' are explored, including sudden performance failure and interpersonal problems. An account of youth in sports is highly relevant seeing the intensity with which youngsters are currently expected to practise and the level of performance expected from them. Substance misuse and performance-enhancing drugs rightly merit lengthy chapters. Therapeutic aspects include history-taking, seeing relatives and the family. Group and individual psychotherapy seem to be the main techniques used but there is also an account of psychotropic medication.

As a lifelong games player and exercise addict with withdrawal symptoms if it is raining too hard to get out at 6.30 am, I hoped to get both knowledge and insight from this book, a hope that was unfulfilled. Just so: as with the 'psychiatry' of any specialised area (cardiac, gastrointestinal, respiratory etc.) what one ends up with is a focused take on a defined area. Rather pedestrian really.

This is not to say that the two editors, who contribute something over half of the material, have not worked hard to present what is known about sport psychology – a better term I think – but when it is all added up there is so little rigorously established knowledge. If a high-jumper presented to my clinic because he always flunked at six-feet, I would send him to an experienced coach rather than ask him to free associate about his erections.

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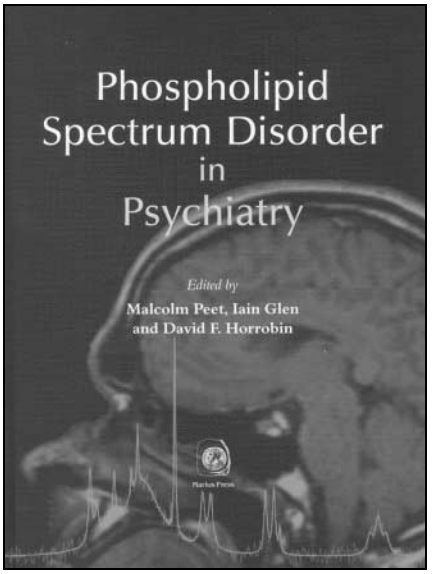
Phospholipid Spectrum Disorder in Psychiatry

Edited by Malcolm Peet, Iain Glen and David F. Horrobin. Carnforth: Marius Press. 1996. 340 pp. £71.60 (hb). ISBN 1-871622-10-7



For those who have considered neurobiological research in psychiatry to be unhelpfully skewed towards neurotransmitter receptors and away from the lipid characteristics of the membrane environment of those receptors, a National Institute of Health workshop in Washington DC in 1998, organised by Joe Hibbeln, was an indication that some balance was being restored. Many of the contributors to that meeting are included in this new book on recent research into aspects of phospholipid biology of relevance to psychiatry.

One of the significant developments has been the clinical application of omega-3 fatty acids in schizophrenia (Puri *et al*, 1998) and in bipolar affective illness (Stoll *et al*, 1999). The possible reasons for eicosapentaenoic acid (EPA) being psychotropic are explored here by Malcolm Peet, who also contributes on the role in depression of docosahexaenoic acid (DHA), the other omega-3 fatty acid present in large proportion in fish oil. There is no chapter by Stoll on his experience with omega-3 fatty acids in bipolar affective illness and his findings are referred to only in passing. There is no debate on whether there would be an optimum EPA:DHA ratio for supplementation depending on baseline mood.

It is enjoyable to revisit Hibbeln's elegant solution to the cholesterol lowering/violence controversy, and he considers the importance of DHA and EPA in depression, coronary artery disease, multiple sclerosis, insulin resistance and alcoholism. His linking of dietary fatty acid changes over the past 100 years with increasing prevalence of depression and coronary artery disease is of major epidemiological importance for the health of future generations.

For those new to this area, David Horrobin's introductory chapter outlines the necessary biochemistry and the evidence so far accrued for the membrane phospholipid hypothesis of the neurodevelopmental dysfunction in schizophrenia. In the final chapter he presents an original theory on the biochemical changes which allowed the human brain to evolve, postulating that changes in specific genes and in environmental factors facilitated the development of such human characteristics as a large store of subcutaneous fat available for use during starvation, the fatty female breast and the increased size and connectivity of the brain. He ties in the postulated gene changes with the emergence of schizophrenia and dyslexia (for which a wide but coherent definition is presented in a separate chapter) and with the creativity which has led to such major social, cultural and environmental change in recent centuries.

It is inevitable that most emphasis is on schizophrenia since antisocial personality disorder, which may also be a neurodevelopmental phospholipid spectrum disorder, has been less well studied and dementia, in the progression of which fatty acid metabolites may be important, also awaits further exploration. The reviews of the potential importance of anti-oxidants and fatty acids in schizophrenia and of the impact of breast feeding on the risk of later development of schizophrenia add support to the view that attention to nutrition from the uterus onwards is important for optimal brain development. This approach has a significance for populations which far outweighs any advance in the receptor-focused approach, no matter how technically sophisticated it has become.

Puri B. K., Steiner, R. & Richardson, A. J. (1998) Sustained remission of positive and negative symptoms of schizophrenia following treatment with eicosapentaenoic acid. *Archives of General Psychiatry*, **55**, 188–189.

Stoll, A. L., Severus, W. E., Freeman, M. P., *et al* (1999) Omega 3 fatty acids in bipolar disorder: a preliminary double-blind, placebo-controlled trial. *Archives of General Psychiatry*, **56**, 407–412.

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