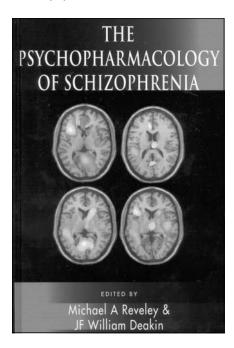
The Psychopharmacology of Schizophrenia

Edited by Michael A. Reveley & J. F.William Deakin. London: Arnold. 1999. 269 pp. £45.00 (hb). ISBN 0340759127



This multi-authored text provides a concise, yet comprehensive, overview of many of the advances made in the biological research of schizophrenia over recent years. It contains chapters that, at first glance, may not appear to be relevant to a psychopharmacologist, for example, the neuropsychology of schizophrenia, structural and functional brain imaging, and the molecular genetics of schizophrenia. However, the patience of the diligent, systematic reader is rewarded by insights gained into the potential for antipsychotics to modify cognition, the correlates of neuroimaging and treatment responses, inherent methodological shortcomings in functional imaging techniques, and an awareness of the capacity of D₂ receptor antagonists to modulate the activity of mRNA.

Most of the authors are clinicians. This is reflected in the style of presentation, which tends to focus on practical treatment options, rather than impenetrable lists of letters and numbers representing drugs at various stages of development. The editors have successfully coordinated thinking between contributors throughout the volume. Accordingly, there is relatively little contradictory material, and differences in transatlantic practice are appropriately flagged.

This book will appeal to a range of postgraduate readers. At one level, it

provides explanations of terms for those seeking to expand their knowledge of biological psychosis research. Phencyclidine and ketamine models of psychoses, genetic imprinting, anticipation and positional cloning, the BOLD effect, T2* and signal: noise ratio are all lucidly explained. On another level, several chapters tackle gritty issues of interest to contemporary schizophrenia researchers, such as an accessible explanation of the complexities of radiotracer kinetics in positron emission tomography (PET) and single photon emission tomography (SPET) studies, and another explores the enigmatic relationship between 5-HT₂ receptors and antipsychotic efficacy.

The high price of this hardback book will deter non-academics and trainees from purchasing it. However, it should be allocated space in the psychiatry library, where it is likely to be in demand over the next few years.

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The Image of Madness: The Public Facing Mental Illness and Psychiatric Treatment

Edited by J.Guimón, W. Fischer & N. Sartorius. Basel: Karger. 1999. US\$128.75 (hb). ISBN 3805545460

The theme of this book is the public's perception, often stigmatising, of mental illnesses and the impact this can have on compliance with pharmacological methods of treatment. This is considered in relation to strategies for tackling stigmatisation and related discrimination against medical interventions in particular. The hand of the pharmaceutical industry is obvious but, although this has influenced the book's orientation, there is also much of a general nature to appreciate. The book has a strong Swiss base, in the form of authorship of 10 of the 22 chapters.

Several substantial studies of the social representations of mental illnesses in the public mind and also among health care professionals are reported. For psychiatrists, often accused of detrimentally labelling those with mental distress, it is interesting to be reminded that pigeon-holing and labelling deviant groups is a universal

proclivity. The public's crude categorisation is into the 'seriously mad' and the 'less seriously distressed'. Criteria are behavioural, with emphasis on violence. Only under such circumstances is the intervention of psychiatrists welcomed. The public's perception of schizophrenia, predictably, is found yet again to be akin to the psychiatric concept of multiple personality disorder. The blame for this should be laid squarely on Bleuler and his redefinition of the core features and mechanisms within the syndrome, thereafter misconstrued and avidly taken up by society at large. Overall, the text makes little attempt to challenge the public's crude categorisation of those with mental illness, focusing as it does almost exclusively on schizophrenia. Authors have little doubt that it is the most stigmatised of the mental illnesses, whereas the Royal College of Psychiatrists' own survey of public opinions of the wide range of mental illnesses shows that people with drug or alcohol addiction are most negatively perceived. The doubtless even more seriously stigmatised group of people with antisocial personality disorder is also not considered here.

There are early interesting chapters on the metaphorical status of schizophrenia in particular and the methodological problems and profound weaknesses of much 'attitude research'. The reader is reminded that responses to survey-type questions concerning alleged attitudes but exclusively within the cognitive domain can be far removed from affective reactions and related behaviours. Correspondingly, exclusively educational efforts to change attitudes are revealed as sterile, at least in the short term. Contact with and supervised personal experience of people with mental illnesses is slightly more effective, especially - but still only moderately so - among health care workers such as medical and nursing students in systematic clinical programmes. There is a good medico-political statement by Sartorius in this section of the book, with reference to the World Psychiatric Association's global campaign to combat stigmatisation of people with schizophrenia and the strategies and instruments being developed for that purpose.

Two-fifths of the book is given over to studies concerning non-compliance, largely in relation to neuroleptic medication. Chronicity, lack of insight, search for autonomy, fear of addiction, fear by both the patient and the family of labelling and ever greater discrimination are among the

relevant factors. The book ends with two good chapters from North America by DiMatteo and Thorne, respectively. Both embed the subject of non-compliance within the larger contexts of medical treatment of chronic disease in general and of the doctorpatient interaction. They point the way to more fulfilling doctor-patient relationships and greater acceptance by patients of credible offers of treatments.

The book is a useful addition to the still sparse literature addressing the stigmatisation of people with schizophrenia.

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Psychiatry and the Human Condition

By Bruce Charlton.Oxford: Radcliffe Medical Press. 2000. 250 pp. £19.95 (pb). ISBN I 85775 314 3

I have never met Dr Charlton but he is clearly an interesting and unusual man. After qualifying in medicine and a couple of junior psychiatric posts and a spell in the Medical Research Council's Neuroendocrinology Unit in Newcastle he took an MA in English literature and then worked in succession as a demonstrator in physiology, a lecturer in anatomy and a lecturer in epidemiology and public health before coming to rest, at least temporarily, as a lecturer in psychology.

In this book, which seems to have been written mainly for a lay, or at least a nonmedical audience, he sets out to reinterpret psychiatric disorders and their treatment in the light of evolutionary psychology and cognitive neuroscience. This is potentially a fruitful approach and he starts by suggesting, very plausibly, that delusional disorders (Kraepelin's paranoia) are what he calls "theory of mind delusions", arising not from defective reasoning but from erroneous assumptions about the motives and intentions of other people. Unfortunately, most of what follows is much less plausible. All other delusions, and hallucinations too, are, Charlton suggests, manifestations of delirium, although this has not been recognised by psychiatrists because "disorientation and clouding of consciousness are not sufficiently sensitive measures of delirium". He goes on to suggest that acute schizophrenia and mania are both fundamentally delirious states, the former superimposed on a progressive brain disease or dementia and the latter precipitated by sleep deprivation. Major depression, however, is not a mood disorder at all but simply the behavioural consequence of an adaptive state of malaise, called "sickness behaviour" in animals, caused primarily by cytokine release. The clinical evidence for the causal role of cytokines is described as "compelling" and the apparent absence of pyrexia in depressive illnesses is attributed to the fact that its presence has "not been evaluated".

Charlton's views about the mode of action of psychiatric drugs are equally novel and even more implausible. Electroconvulsive therapy works by simulating or inducing natural, restorative sleep, which relieves the delirium of mania and acute schizophrenia and presumably of melancholia as well. Most antidepressants are really "antimalaise analgesics" and their effects on mood incidental. The primary role of most neuroleptics is to induce muscular rigidity, which produces a helpful emotional blunting. The therapeutic effects of the atypical neuroleptics are quite different, however, and depend mainly on their "excellent hypnotic properties", while those of clozapine are probably due simply to withdrawal of other neuroleptics and a consequent loss of drug-induced negative symptoms.

Although Charlton has obviously read widely and been strongly influenced by the work of David Healy and Antonio Damasio, he is handicapped by his superficial understanding of the basic phenomena of psychiatric illness and his ignorance, or perhaps dismissal, of contemporary biological and psychological research. Certainly, he makes no attempt to incorporate the findings of genetic or functional imaging research, or even Frith's explorations of delusional ideation, into his speculations. There is at least one genuinely interesting idea here to compensate for the half-baked assertions about aetiology and pharmacology, and the two lengthy appendices about the development of awareness, consciousness, language and creativity are more soundly based than the speculations about mental illness, but overall this book is a disappointment.

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