

Book reviews

EDITED BY SIDNEY CROWN and ALAN LEE

Diagnostic and Statistical Manual of Mental Disorders (4th edn, text revision) (DSM–IV–TR)

Washington, DC: American Psychiatric Association. 2000. 943 pp. £39.99 (hb). ISBN 0 89042 025 4

The arrival of a book for review usually gives rise to pleasant anticipation, and whatever criticisms have to be made, it is that almost always possible to find some pleasant things to say. But finding praise for this tome is a problem – it is a volume too far. It is to be hoped that the authors of DSM–IV–TR agree that the assembly of psychiatric classifications has much in common with the compilation of dictionaries. They will then be in good company, since that most distinguished of lexicographers, Dr Samuel Johnson, warned that “lexicographers should never expect praise; they can hope only to escape undue criticism”.

The good news is that ‘TR’ refers to revision confined to the text of the descriptions and explanations that are a preamble to the lists of criteria by which the disorders are identified; with one exception discussed later, there are no changes to the criteria themselves. Presumably this means that DSM–V is some years in the future. The textual revisions that have been made are few and far between, which makes it difficult to understand why it has been thought necessary to reproduce the many hundreds of pages that are unchanged. The diligent reader will find the gist of these textual changes listed in the 14 pages of Appendix D, towards the end of the volume. This is not actually hidden, but it would have been helpful if its presence had been announced loudly and clearly in a more obvious place. Having read Appendix D, it is impossible to avoid asking “Why not just publish these changes in a small pamphlet that could be kept alongside the existing version?”

The justification for the only change in the criteria is worth quoting: “The criteria set for Tic Disorders has been corrected by eliminating the requirement for ‘clinically significant distress or impairment’ that was

added to the majority of disorders in DSM–IV (Tic Disorders among them). This criterion has been problematic in Tic Disorders for a number of reasons, including the fact that it is at variance with clinical experience (i.e. most children with Tourette’s Disorder do not experience marked distress or impairment) and that it hinders epidemiological research and epidemiological studies”. The change is actually greater than that quoted in Appendix D, since the previous Criterion C, now omitted, did not just mention impairment, but went on to say “. . . impairment in social, occupational, or other important areas of functioning”. It seems natural to ask why this correction cannot be made for all the other disorders? One of the weaknesses of the DSM system has always been the frequently available option of including the social effects of disorders in the criteria by which the same disorders are identified.

The authors claim that most of the textual changes are justified by the findings of new research. This may well be true, but since the references are not given it is necessary to look elsewhere to assess this new evidence. This raises another problem about the purposes of so much explanatory and descriptive text accompanying the criteria. It is made clear in the first sentence of the Introduction that this volume, like its predecessors, has educational aims. Presumably this is why it reaches textbook size. The absence of literature references means that it is in no way a substitute for a good textbook, but the amount of information it contains (and the usual high standard of writing and presentation) means that many readers will be tempted not to bother looking any further. This degree of convenience can be the enemy of the critical and curious approach so necessary in psychiatry. There is a danger that the omission of references will suggest to young American clinicians that all they need to know is contained in the DSM–IV volume.

There are other signs that these otherwise distinguished authors are sometimes reluctant to acknowledge that there is

another world out there. They have again missed the opportunity to note that although terms such as neurosis, hysteria and neurasthenia are not disorders in the DSM system, they are widely used throughout the rest of the world; none of these three terms is given an entry in the general index to the volume. This is a particularly unfortunate omission with regard to neurasthenia, since it means that the claim about taking notice of recent research cannot be taken very seriously. A comment should have been included on the recent large-scale international collaborative study on psychiatric disorders in general health care, coordinated by the World Health Organization. This found that the ICD–10 criteria for neurasthenia were fulfilled in an important proportion of consecutive series of patients (a mean frequency of 5.4% in centres in 14 different countries; Ustun & Sartorius, 1995). Whatever it means, more research is needed into this puzzling concept, and all educated psychiatrists should know about it.

Another example concerns ‘bouffée délirante’, designated here as “a French term”, but no hint is given of its importance in the history of French psychiatry in particular, and in the development of European and international concepts of acute psychoses in general.

Many experts are listed as contributors to the discussions and consultations that were required for the production of this revision. Librarians will probably feel obliged to purchase a copy, since it is clear that the DSM mountain has laboured. But the mouse-sized new content is unlikely to attract money from the personal pockets of private individuals.

Ustun, T. B. & Sartorius, N. (eds) (1995) *Mental Illness in General Health Care: An International Study*. Geneva & Chichester: World Health Organization and John Wiley & Sons.

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Women and Schizophrenia

Edited by David Castle, John McGrath & Jayashri Kulkarni. Cambridge: Cambridge University Press. 2000. 151 pp. £18.95 (pb). ISBN 0 521 78617 7

Research and psychiatric services for patients with schizophrenia are usually developed for men, as the archetypal patient with schizophrenia is male. A whole book on women and schizophrenia is therefore

unusual, but Castle *et al* argue that understanding how women experience schizophrenia in biological, psychological and social domains can help our understanding of schizophrenia as a disorder. It is relatively well established that women with schizophrenia have, in general, fewer pre-morbid problems, a later age of onset of illness and a better response to treatment than men with this disorder. Other less well-known gender differences in epidemiology, clinical presentation, neuropsychology and neuroimaging are also reviewed, along with relevant animal and human studies of brain development and hormonal influences on psychosis. This literature review, the first third of the book, provides a useful broad perspective on gender differences in schizophrenia and highlights the importance of these differences in understanding psychotic disorders.

The second section of the book covers the scope for intervention in prenatal and postnatal care of these patients, particularly to prevent obstetric complications and potentially prevent psychosis in the next generation. Parental schizophrenia can influence child health in a number of ways, and some researchers have speculated that the impact of maternal schizophrenia is a growing problem because child-bearing in women with schizophrenia appears to have increased since the advent of community care. Although there is little clear research evidence of an increase in fertility, several studies have found that the majority of women with psychotic disorders have children. The compartmentalised nature of health and social services for these families is highlighted, although there are no easy answers on how to integrate the support needed by these families and how these services can help. There is little mention of what patients themselves perceive as their main problems and needs, but this reflects the paucity of qualitative research in this area.

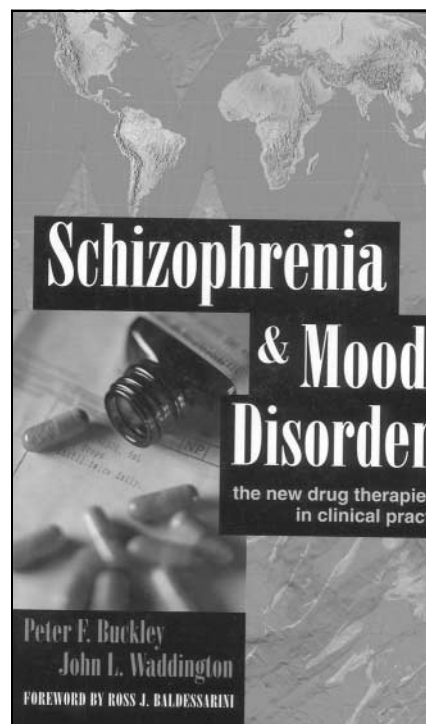
Treatment implications of gender differences are intriguing, although somewhat speculative, and many relatively new questions about management of schizophrenia in women are discussed. Is depot contraception, which is relatively commonly given to women with schizophrenia, counterproductive in the central nervous system owing to its effect on inhibiting the production of oestrogen in the ovaries? Should post-menopausal women with schizophrenia be prescribed hormone replacement therapy as part of their treatment? Are women with

schizophrenia at increased risk of osteoporosis and should they be offered routine bone-density assessment at the time of the menopause? This very readable book cannot provide definitive answers but the questions it raises are worth reading.

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Schizophrenia and Mood Disorders: The New Drug Therapies in Clinical Practice

Edited by Peter F. Buckley & John L. Waddington. Oxford: Butterworth-Heinemann. 2000. 353 pp. £35.00 (pb). ISBN 0 7506 4096 0



Buckley & Waddington have attempted to summarise a large and changing area of research as well as to distil key findings relevant to the practising clinician. In addition, they have tried to appeal to a wide audience by assembling an impressive roster of international psychopharmacologists and having each chapter co-authored by luminaries from both sides of the Atlantic. However, the unusually restrained foreword by Ross Baldessarini

suggests that such an ambitious agenda has not been fulfilled.

This is neither a general textbook of psychopharmacology nor a detailed review of a specific condition, and as with any publication attempting to capture the current cutting edge, it has already lost some of its topicality. The greatest concern lies with the overall editorial style. The content is uneven, there are puzzling omissions and the focus never seems entirely balanced.

The first section, on schizophrenia, predictably weighs heavily in favour of atypical antipsychotics. Notably, even McGorry abandons previous opinions and hammers another nail into the coffin to bury the recent vogue for low-dose typical antipsychotics. However, much of the coverage of the new atypical drugs is let down by uncritical reference to manufacturers' literature and little convincing evidence of extensive clinical experience. Buchanan & McKenna, in their chapter on clozapine, provide the only example of an excellent synthesis of research evidence and practical advice drawn from considerable clinical experience.

The second section, on mood disorders, begins with a long and densely written chapter on the action of tricyclic antidepressants. Then follows an exposition on the possible modes of action of lithium. (These are hardly new drugs, which highlights our continued ignorance of the modes of action of our oldest medications.) This contrasts sharply with the very brief overview of future directions in research, with only half a page devoted to the role of the hypothalamic-pituitary-adrenal axis in depression, and no mention of some newer antidepressants, such as reboxetine.

Advice regarding the clinical management of bipolar affective disorder mirrors the latest North American guidelines. There are some interesting lessons drawn from research. For instance, sodium valproate acts as a chelating agent for trace metals, which may underlie its side-effect of hair loss; the clinical advice is to time doses between meals to minimise this problem.

The final section of the book covers topics such as prescribing during pregnancy and the use of psychotropics in children and elderly people. None is discussed in sufficient detail to satisfy the needs of clinical specialists such as child psychiatrists or psychogeriatricians. Mueser & Lewis's chapter on the treatment of substance misuse in schizophrenia stands out as providing a concise and critical review of