addressed in a chapter dedicated to forensic aspects of sleep in psychiatric patients.

There are few shortfalls in the book but the management of parasomnias needs to be expanded. Narcolepsy is discussed briefly in a chapter on the classification of sleep disorders but my view would be that it deserves a dedicated chapter. Klein–Levin syndrome is rare but on balance needs more consideration than a fleeting reference.

This volume is intended to be a resource for the multi-disciplinary management of sleep disorders. It will be most useful to psychiatrists and psychologists. However, other sleep specialists, including basic scientists, neurologists and respiratory physicians, will also find it an invaluable resource.

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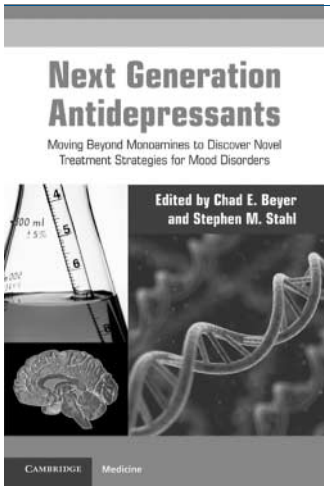
doi: 10.1192/bjp.bp.110.087700



Next Generation Antidepressants: Moving Beyond Monoamines to Discover Novel Treatment Strategies for Mood Disorders

Edited by Chad E. Beyer & Stephen M. Stahl.
Cambridge University Press. 2010.
£50 (hb). 150pp.
ISBN: 9780521760584

In 2010, three major pharmaceutical companies (GlaxoSmithKline, AstraZeneca and MSD) announced that they would be stopping their UK-based research into new treatments for psychiatric and neurological disease. This is likely to have profound repercussions, not only for the neuropsychiatric research community, but also on the development of new treatments for conditions (such as depression) which we know have an enormous impact on public health. In this respect, Beyer & Stahl's book is timely, and will be of interest both to those of us who investigate psychiatric disorders and for psychiatrists who believe that we need to support research which aims to develop and test new treatments for common disorders like depression.

For me, there are two important messages from this book. The first is that depression is a heterogeneous collection of clinical syndromes with different causes and, as such, to treat it effectively we will need to have a range of different pharmacological (and psychological) approaches. Second, the antidepressant treatments we have at present may be helpful for many patients but we need to acknowledge that a large proportion do not respond particularly well to these treatments, as highlighted by the Sequenced Treatment Alternatives to Relieve Depression (STAR*D) study. More research into the causes of depression, why only some patients respond to antidepressants, and the development of new treatments for depression are therefore much needed.

I really enjoyed two chapters in particular. Chapter one, 'Current depression landscape: a state of the field today', lists the receptor systems and novel compounds currently in development and also touches on the thorny issue of how many individuals with depression might actually have an unrecognised bipolar spectrum disorder. Chapter four, 'Translational research in mood disorders: using imaging technologies in biomarker research', does a great job of illuminating this complex but increasingly important field. Some of the other chapters, such as the chapter on animal models of depression and medicinal chemistry, will be more interesting for researchers in these fields but were nonetheless very clearly written.

Although this is quite a small book (just eight concise chapters), I felt that it could have been even punchier. Given the book's subtitle of 'moving beyond monoamines to discover novel treatment strategies for mood disorders', two of the chapters (one on defining depression endophenotypes and another on genetic and genomic studies of major depressive disorder) – although being excellent summaries in their own right – did not in my view fit particularly well with the book's main aims. Another minor criticism was that some of the references for key points did not cite original articles but rather referred the reader to another book (usually – and this may just have been coincidence – a book published by Cambridge University Press).

This is a very useful and interesting publication with a great deal of clearly summarised information on biological depression research. It gives a concise overview of likely future directions for new treatments, but it is difficult not to be pessimistic about the future of this research area in the UK given the recent departure of key industry players and a regulatory environment which makes the development of new psychiatric drugs a complex and expensive undertaking.

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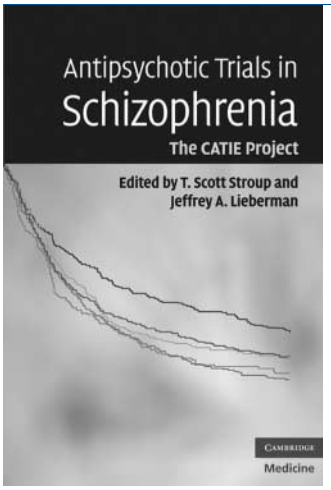
doi: 10.1192/bjp.bp.110.084376



Antipsychotic Trials in Schizophrenia: The CATIE Project

Edited by T. Scott Stroup & Jeffrey A. Lieberman.
Cambridge University Press. 2010.
£75.00 (hb). 330pp.
ISBN: 9780521895330

'You cannot please all the people all of the time' may be a suitable epitaph for the CATIE (Clinical Antipsychotic Trials of Intervention Effectiveness) project in schizophrenia. The CATIE study was funded by the US National Institutes of Health and compared

the effectiveness of second-generation antipsychotics with the first-generation antipsychotic perphenazine in schizophrenia. When the trial was conceived, second-generation antipsychotics had become an expensive first-line choice, with their respective manufacturers vying for marketing share. Nearly 1500 patients were enrolled and followed up in a pragmatic study design that allowed patients to switch treatments for 18 months. The initial paper was published in the *New England Journal of Medicine* after an embargo that mirrored the publication of a new Harry Potter novel. Interest was high in the US pharmaceutical industry and in the country on the whole, as this was the first significant independent trial of atypical antipsychotics. The headline results from the first phase showed little difference between the study antipsychotics, except for olanzapine, which was significantly superior for the main outcome (all-cause discontinuation). However, olanzapine was associated with more metabolic side-effects. In a later phase of the trial, clozapine demonstrated superior effectiveness. Subsequently, the project was much criticised, as both the study design and results challenged current thinking and prescribing patterns. Rather than being the definitive study, CATIE further fuelled the debate around differences between antipsychotics. Subsequent studies showed that the CATIE project had little influence on antipsychotic prescribing rates in the USA.

This book is not just a reprint of all published CATIE papers – it takes us beyond the hype of the first publication by reminding us of the breadth and depth of the trial. There are chapters on economics through to genetic testing. Indeed, the only parameter that appears not to be covered is medication adherence, even though there are discussions around drug levels. Each chapter is based on available papers but provides more detail and comment than can be achieved in today's word-limited journals. Extra chapters look at the impact of CATIE and compare the results, albeit selectively, with recently published studies. There are additional insights on the design of such studies and comment on the more controversial (at least to some) aspects of the study design.

This book will be of major interest to anyone involved in psychopharmacology. However, the richness of the use of social and cognitive end points means that there is a wealth of information for those who have no interest in antipsychotics but are interested in the lives and outcomes of people with schizophrenia.

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doi: 10.1192/bjp.bp.110.082537