

responders and the lack of biological markers of illness.

Some of the suggested links with drug side-effects are between 5-hydroxytryptamine (serotonin) 5-HT_{2C} receptor alleles and weight gain with antipsychotic medication, and between dopamine D₂ receptor gene alleles and side-effects such as hyperprolactinaemia. A possible algorithm for clozapine response is also suggested, as well as possible linkages with responsiveness to lithium and valproate in bipolar disorder. Alleles for the serotonin and dopamine transporters are under intense investigation, as are alleles for neurotransmitter receptors and for numerous intracellular second messengers.

One sobering fact is that although it has long been known that individual variations in the cytochrome enzyme CYP2D6 are linked to variations in the metabolism of drugs, including tricyclic antidepressants, and to adverse effects and non-responsiveness to these drugs, this fact has not been thought to merit routine clinical monitoring of 2D6 status.

This book provides a fairly comprehensive account of pharmacogenetic exploration in different areas of psychotropic drug action. Many intelligent people are working on the subject; one hopes that their labours will be rewarded, and that patients will eventually gain from a more scientific selection of treatments for individual conditions.

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Pathological Child Psychiatry and the Medicalization of Childhood

By Sami Timimi. Hove: Brunner Routledge. 2002. 190 pp. £15.99 (pb). ISBN 1 58391 216 9

This book is a challenging read. Timimi writes with a forceful style that at times can feel didactic; his sentences are long, and his punctuation sparse. I found myself needing a clear head and firm concentration to understand his concepts.

My experience of child psychiatry has been shaped by the multi-disciplinary teams I have learned from. They have encouraged the practice of a wide range of therapies and have actively tried to understand the cultures of our ethnically diverse

communities. I had hoped that this book would help me build on this learning. Unfortunately, Timimi's personal experience seems to be one of intense medical supremacy, with little reference to close team-working, responsibility and decision-making. I would have welcomed more reference to the other health care professionals working in child psychiatry, and perhaps more advice and exploration of the parts they can play both in delivering therapy and in providing an understanding of the different cultures and ethnicities in our society. I would also have welcomed more exploration of the treatment and management of girls from all ethnic backgrounds. Timimi does raise valuable points about the way in which Arabic cultures can be negatively perceived; the book would have been enhanced by a similar exploration of African-Caribbean culture and by more direct reference to the challenges of Irish and Scottish communities.

At times I was confused as to how Timimi was able to reconcile his views of psychiatry with his role as a consultant. For example, he expresses his concerns about the way in which the American concept of attention-deficit hyperactivity disorder is encroaching UK practice, yet describes his use of this diagnostic label accompanied by an offer to prescribe methylphenidate. Deeper exploration of how he reconciles these views would have balanced the intensely personal way he describes his reactions to the practices of the consultants he has trained with.

Although I would have wished for a book that provided a more representative view, with a clearer account of the strengths as well as the weaknesses of child psychiatry, Timimi has highlighted the need for more discourse around the important themes of race, class and diagnostic labelling.

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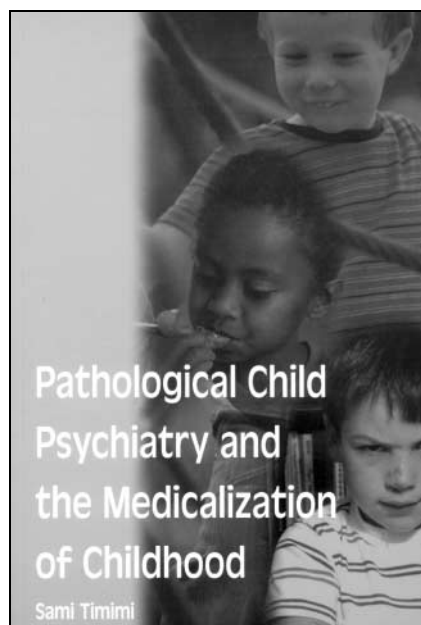
Mental Health in Primary Care

Edited by Andrew Elder & Jeremy Holmes. Oxford: Oxford University Press. 2002. 323 pp. £29.50 (pb). ISBN 0 19 850894 8

Shared Care in Mental Health

By Laurence Mynors-Wallis, Michael Moore, Jon Maguire & Timothy Hollingbery. Oxford: Oxford University Press. 2002. 286 pp. £34.50 (pb) ISBN 0 19 852545 1

Reviewing these books reminded me of that table in every bookshop, the one with the brightly coloured stickers proclaiming 'three books for the price of two'. By far the more complex of the two books is *Mental Health in Primary Care*. This interesting work is structured in four parts, reflecting encounters in the consulting room, reflective practice, mental health thinking in the surgery, and a fourth section – which is almost a book in its own right – containing perspectives from secondary care, including chapters on post-natal depression, eating disorders, substance misuse and management of serious mental illness. The first three sections address fundamental aspects of good consultations in any setting that could – and indeed should – apply to all patients; not just those with mental health problems. There are beautifully written, almost poetic descriptions of the importance of using time, of bearing witness to our patients' lives, of the importance of containment, of being a 'good enough' general practitioner, of Balint's work on the function of the doctor as a drug, and gentle but pragmatic reminders of precipitating factors for burn-out and ways to decrease the likelihood of this happening. The fourth section has a cooler, more detached feel that somehow



serves to emphasise the divide between the primary care 'soul' and the secondary care 'citadel'. Indeed, the editors themselves, in their introduction, note a 'partially irreconcilable tension between the two perspectives'.

The book is well written, and contains some fascinating case studies, particularly in the first three sections. I am not sure it fully addresses the key mental health issues in primary care (the role of the practice nurse, for example, is hardly mentioned), but instead it offers something much richer: reflective primary care wisdom and an insight into how general practitioners can think about and help people with mental health issues in a primary care setting, and also look after their own mental health. It deserves to be read by every trainee in primary care *and* psychiatry.



In contrast, *Shared Care in Mental Health* is a pragmatic, 'lecture notes' style handbook featuring facts rather than feelings. The authors have used a problem-oriented rather than a disease-oriented approach, and each chapter follows a standard format including 'what to expect from secondary

services'. The authors suggest the book is designed to be dipped into when faced with a problem in practice. In the 'Heartsink and hateful patients' section, for example, you can read how to survive your 'heartsinks', 'dependent clingers' and 'entitled demanders'.

Mental Health in Primary Care also discusses hateful patients, but reflects on the typology of difficult doctors and the interactions between the two. So, perhaps, as you wander past that bookshop table, you need to pick up both books, confident in the knowledge that you have in fact got a bargain – three books for the price of two.

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