

psychoanalytic kind. And perhaps that is where most mortals, and I include most psychiatrists, will be left panting, trying to keep up with the less-than-straightforward perspective that an analyst and their analyst inhabit daily. To them, the notion of expressing oneself through creating physical and emotional feelings within an observer is commonplace. To us, hard to comprehend: the immaculate client creating a sense of bodily disgust in the (equally immaculate) Orbach; the analyst dressing for her patient, aware that she needs to compete for her own sense of beauty; expressing her client's needs within her own body. Yes, words do not do it, but physical discomfort does. One of the triumphs of this book is how simple, yet moving and beautiful an account Orbach provides of body dysmorphia and the illness it breeds in the sufferer.

Running through the landscape of Orbach's clinical analytic life is her long-term interest in neuroscience. She explores intelligent (if slimly tenable on current evidence) views about brain mechanisms involved in body dysmorphia and its manifestations. For most readers who will have no psychoanalytic experience, the language may put off. But I would encourage all clinicians working in psychiatric services (especially with women) to persist. At 160 pages, this is not a great burden on one's time. And the investment is likely to bear fruit in a better understanding of some of the more baffling symptoms and disorders we encounter in psychiatric practice.

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### **Ethno-Psychopharmacology: Advances in Current Practice**

Edited by Chee H. Ng, Keh-Ming Lin, Bruce S. Singh & Edmond Chiu. Cambridge University Press. 2008. £57.00 (hb). 200pp. ISBN: 9780521873635

Clinicians have always been aware of individual differences in the clinical response to psychotropic drugs. Much of this is due to differences at the biological level, specifically to genetic polymorphisms. This variability is what pharmacogenetics, with its promise of individualised pharmacotherapy, seeks to help us understand and respond to. However, other factors such as what we eat, our habits and lifestyle, which may ultimately modify the expression of our genes, often have more immediate consequences for how our bodies react to the drugs we use. Indeed, whether we even accept to take the drugs in the first place may be determined not by our genes but by factors in our immediate cultural and ethnic environment.

A consideration of ethno-pharmacology is not simply a discussion of ethnic differences in the pharmacokinetics of drugs that may have genetic origin. This book has been compiled with

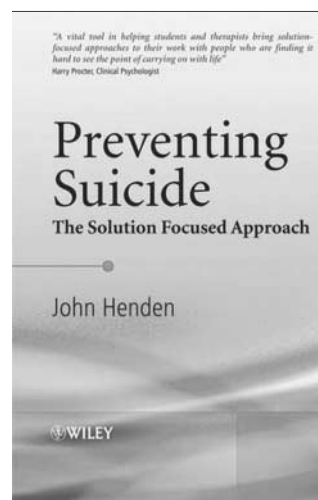
an understanding of the broad issues involved in psychotropic drug use in the context of unique ethnic experiences. It is an informed attempt to sensitise clinicians to what is currently known about ethnic differences in response to psychotropic drugs, especially in so far as those differences manifest among populations in Asia. The issues addressed include cultural influence on psychopathology, pharmacogenetics, complementary medicines and pharmaco-economics.

Ethno-pharmacology has received more research attention among Asian populations than among any other group. That is probably a historical accident rather than a proof that ethno-pharmacology is irrelevant to ethnic groups elsewhere. Indeed, this book attests to this by showing some of the evidence as it relates to Hispanic and African American populations. The chapter by William Lawson on inter-ethnic variations in psychotropic response in African Americans and that by Deborah Flores and Ricardo Mendoza on Hispanics are an eye opener, showing that the issues involved transcend one ethnic group.

The book is a good addition to the library of anyone interested in the broad topic of cultural psychiatry. It reminds us that the importance of culture and ethnicity is not only to be seen in the context of symptom expression, or even in that of prevalence of disorders, but in the equally important context of how and why we often respond or fail to respond to psychotropic drugs. We may be expectant about the tantalising prospect of individualised pharmacotherapy when pharmacogenetics delivers on its promise. However, as the chapter by Chee Ng shows, wise clinicians will always be conscious of the fact that issues other than genetics will remain important in any consideration of whether a drug intervention will do good or harm.

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### **Preventing Suicide: The Solution Focused Approach**

By John Henden. John Wiley & Sons, 2008. £26.99 (pb). 250pp. ISBN: 9780470518090

Solution-focused brief therapy (SFBT) is clearly modish. In addition to its apparent popularity, SFBT has a growing number of applications – everything from juvenile offending to orthopaedic rehabilitation and preventing suicide – a mega-trend according to the author of this book. The basic premise of SFBT is relatively straightforward – by focusing on hopes for the future, ‘solution thoughts and behaviours’ and strengths, positive change will be facilitated. Therapists in session work towards ‘problem-free talk’