

Book reviews

EDITED BY SIDNEY CROWN and ALAN LEE

Bipolar Disorders: Basic Mechanisms and Therapeutic Implications

Edited by J.C. Soares & S. Gershon. New York: Marcel Dekker. 2000. 580 pp. £39.95 (hb). ISBN 0 8247 0360 X

Now is an exciting time for research in bipolar disorder and this book captures the mood of the moment. It summarises neurobiological and psychopharmacological research into bipolar disorder at the end of the 20th century. Although there have been a number of other books on recent advances in bipolar disorder, most of these have concentrated on clinical features and response to treatment, and it is very useful to have a relatively up-to-date review of research on basic mechanisms and their therapeutic implications.

As is outlined in the foreword and in a useful summary chapter by Neumaier & Dunner (the latter described the concept of rapid cycling), bipolar disorder was one of the first areas of biological psychiatry research with funding and central support in the 1960s fuelled largely by the increasing use of lithium. However, research in unipolar depression and schizophrenia rapidly overtook bipolar disorder as the priority and it is only in the past 5–10 years that research has been regenerated in bipolar disease. There have been a number of triggers for this increasing interest, including the realisation that lithium has many flaws and drawbacks and that the so-called Kraepelinian dichotomy and classical bipolar illness are simplistic and misleading concepts. The catalyst for this increase in research has been the Stanley Foundation in the USA, whose munificence has fuelled much good work and the development of centres with a sufficient critical mass of researchers. There are some new and exciting leads, which are described in detail in this volume. Examples include the molecular and cellular mechanisms of lithium's action, structural and neuropathological abnormalities and the delineation of psychological changes. The number of topics and range of neurobiological research documented here are extensive

and it is clear that not all of the abnormalities reported in this text are substantial. Many will prove to be evanescent and/or epiphenomena. However, it is timely to have this review and those researching into bipolar disorders would be well advised to have access to this book. It also includes some interesting reviews of topics not often looked at in detail such as secondary mania and biological factors relating to bipolar disorders in children, adolescents and late life.

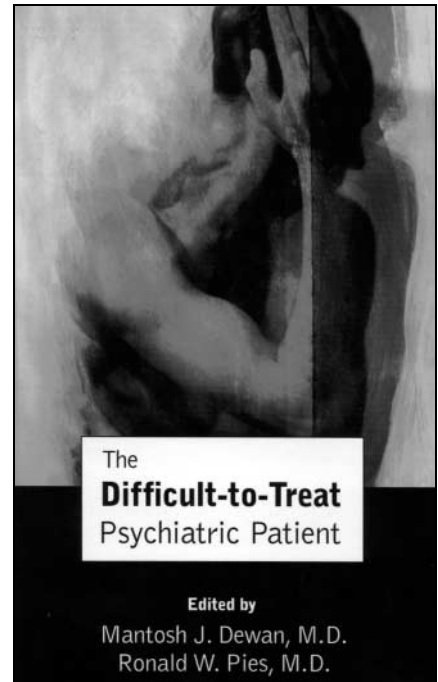
Soares and Gershon should be congratulated on bringing together key opinion leaders in this field, albeit with a North American perspective. There is little overlap in the chapters, which shows firm editorial control.

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The Difficult-to-Treat Psychiatric Patient

Edited by Mantosh J. Dewan & Ronald W. Pies. Washington, DC: American Psychiatric Press. 2001. 445 pp. £50.50 (hb). ISBN 0 88048 949 9

This book upset me. The title makes you interested. The cover illustration somehow makes you want to read it. The book contains 14 chapters – all reasonably well written – on the various authors' ideas about 'difficult' patients with bipolar disorder, schizophrenia, depressive disorders, anxiety disorders (social phobia, obsessive-compulsive disorder, generalised anxiety disorder and panic disorder), post-traumatic stress disorder, borderline personality disorder, dissociative disorder, eating disorders, dementia, post-traumatic brain injury, substance misuse, comorbidity and somatic conditions. The basic science is described well, but as difficult-to-treat patients are rarely included in research studies the science only takes us so far.



The editors have clearly understood this and have allowed the contributors to become anecdotal. Most of the anecdote feels right and there are very few controversial moments.

So what upset me? Well, I have been a general psychiatrist for more than 20 years and have had many 'difficult' patients in all of these categories. Very few of them are in this book. The vignettes at the end of each chapter are like the people I see in most of my out-patient clinics – not particularly difficult or out of the ordinary. I want to know what to do with really difficult-to-treat patients, not this lot. There was very little in this book that could not have been written 10 years ago. There was hardly anything I did not know already and although the chapters were a handy summary of what I already knew, it is worrying that all these clever people in America do not know any more than I do.

For those post-membership trainees or recently appointed consultants grappling with the real world, the book provides clear guidance on the accepted management of treatment-resistant patients in most areas of psychiatry. For those of us with a bit more experience, what we need is a book that will get us out of a hole when necessary. This is not it.

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