relationship not only from the perspective of patients, but also from that of therapists. Necessarily the impact that stereotyping and prejudice has on this is heavily emphasised.

This is an easily read book which highlights the importance of empathy gained through the knowledge of others. Although written from the point of view of social workers many of the conclusions drawn are pertinent to anyone working in the field of mental health. Although possibly not 'essential' reading for trainees, I would certainly recommend inclusion of the book in any hospital library. Having read it it made me rethink some of my assumptions and attitudes about the families with whom I work in inner London.

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Cognitive Vulnerability to Depression

By Rick E. Ingram, Jeanne Miranda & Zindel V. Segal. New York: Guilford. 1998. 330pp. £26.50 (hb). ISBN 1-57230-304-2

The authors overview existing theories and research addressing cognitive vulnerabilities to depression. Models include Bowlby's development of Adler's hypothesis that anomalies in early attachment (especially uncaring and/or overprotective parents) generate internal working models or cognitive 'schema' that negatively shape processing and interpretation of interpersonal interactions, so inducing and/or maintaining depression. To most clinical psychiatrists, schema models are intuitively appealing, both seemingly confirmed by many patients' reports of their core beliefs as well as allowing common sense therapeutic application. As a consequence, many psychologists and psychiatrists run the theory up the clinical flag pole every day of their professional lives – and despite increasing questioning about the efficacy of cognitive–behavioural therapy (King, 1998).

There is, however, a problem. The theory, not for the first time in the history of psychiatry, resists empirical confirmation. If, as many cognitive therapists have claimed, negative schema are latent constructs intrinsic to those who develop depression and activated by key life events (particularly ones that mirror early adverse events), certain consequences should follow. Some can be noted.

First, prospective studies of those with or without negative cognitive schema should predict onset of depression in the former group when mirroring life event stressors are experienced – a specificity model. Such studies do not appear to have been conducted.

Second, patients with depression in remission should, when 'mood-primed', differ from subjects who are not depressed by the evidence of dysfunctional cognitive patterns. While generally confirmed, such findings do not establish the existence of cognitive schema – as such patterns could equally be a consequence of the state mood disturbance. Third, any such mood-priming should induce consistent schema, an issue apparently not pursued by researchers.

Fourth, returning to the Bowlby hypothesis, if certain parenting behaviours dispose to depression, recall of those behaviours might be expected to identify cognitive vulnerabilities, and the authors note an interesting priming strategy (use of the Parental Bonding Instrument) offering some preliminary support.

Most importantly, patients with depression should, when euthymic, be more likely than subjects who have never suffered from depression to show evidence of ongoing cognitive vulnerabilities. The authors consider the now very large bank of such studies which, almost without exception, fail to reveal such differences. This could reflect over-reliance on two measures which may or may not measure core beliefs and schemas – the Dysfunctional Attitude Scale and the Automatic Thoughts Questionnaire. If not reflecting methodological limitations, and such schema are only evident when an individual is depressed, it is hard to argue for their status as vulnerability factors. The rule of parsimony might then argue for 'schema' as more reflecting state nuances of a depressed mood, a possibility conceded by the authors but rather unconvincingly rejected. Thus, they dismiss a significant challenge to the cognitive *Zeitgeist* with the *ex cathedra* statement that there exists "compelling theory and research suggesting that there are important cognitive factors at work in the onset and maintenance of depression" (p. 66). This trifecta of faith, hope and charity is akin to arguing that the Emperor cannot be regarded as naked as he has a large wardrobe at home. Thus, cognitive schema currently appear to have a 'ghost in the machine' status. Schemas, formulated as being 'dormant' or 'latent', thus occupy a position which allows a range of explanations for their 'now you see them, now you don't' status, and which risks being all explanatory. Is it not time for definitive proof of their status or conceptual repositioning – at least as vulnerability factors to depression? Perhaps they have greater relevance to the anxiety and personality disorders rather than to the depressive disorders. If not, why not?

The authors assume that their readers have no knowledge base – at least about depression, cognitive schema, model-testing paradigms or the applied studies. Therefore, this is an excellent reference for students seeking such a primer and a review of the field, but somewhat frustrating to those who have followed the field and who will be impatient for the authors to cut to the chase. The authors impress as 'true believers'; somewhat mystified by the lack of confirmatory research. Rightly so. While this book seeks to inform, its careful preparation raises more questions than answers. That is a noble outcome for an academic product, and worthy of being applauded.

King, R. (1998) Evidence-based practice: where is the evidence? The case of cognitive behaviour therapy and depression. *Australian Psychologist*, **33**, 83–88.

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Panic Disorder

By D. J. Nutt, J. C. Ballenger & J.-P. Lépine. London: Martin Dunitz. 1998. 237 pp. £49.85. ISBN 1-85317-518-8

Around half of this book (116 pages) consists of chapters outlining neurobiological theories and drug treatment. The remainder outlines psychological theories and treatments of panic disorder.

The neurobiological perspective is comprehensive. Data are presented from recent radioactive ligand single photon emission computed tomography (SPECT) studies which suggest that alterations at the

https://doi.org/10.1192/bjp.176.3.302 Published online by Cambridge University Press

benzodiazepine–GABA (γ-aminobutyric acid) receptor may be central to an understanding of the neurobiology of panic disorder, but credence is also given to information from investigations of noradrenergic and serotonergic systems. In an outlining of investigations of respiratory control in panic disorder an interesting argument is developed; that the noradrenergic locus coeruleus represents part of a 'suffocation detector' which might be inappropriately activated in the course of a panic attack. Four chapters cover drug treatments for panic, including as widely different agents as imipramine, moclobemide, alprazolam, paroxetine and lithium. These occupy more than a third of the text – this exposition of neurobiological theorising and the results of drug treatment is comprehensive and up to date.

By contrast the chapters addressing psychological perspectives are poorly focused. A single chapter covers psychoanalytic, psychodynamic, behavioural and cognitive theories, and another outlines treatments derived from them, concluding that all have their merits. This aspect of the book lacks depth and detail, and conveys the impression that psychological research and practice are 'also rans'. Although cognitive–behavioural therapy is referred to it is barely given more coverage than other forms of treatment, despite the fact that many authorities regard it as the treatment of choice. Furthermore, the central role of behavioural experimentation and its theoretical foundations are not emphasised.

Four chapters concern nosology, epidemiology, comorbidity, clinical course and economic aspects. These remind the reader that panic disorder occurs in many cultures although details of presentation vary, that it is associated with identifiable and partly inheritable premorbid vulnerability factors, that it is poorly recognised and thus frequently left untreated, and that it is responsible for considerable economic and social disruption.

Although the editors aspire to psychobiological integration, the book favours a psychopharmacological approach. Intriguingly the range of neurobiological models and treatments offered proves to be no more focal or conclusive than the proffered range of psychological models and treatments.

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Obsessive–Compulsive Disorder: Practical Management (3rd edn)

By Michael A. Jenike, Lee Baer & William E. Minichiello. London: Mosby, Boston & Harcourt Brace. 1998. 885 pp. £50.00 (hb). ISBN 0-8151-3840-7

Research into obsessive–compulsive disorder (OCD) is advancing on many fronts: from genetics to phenomenology, to neuroimaging, to treatment by medication and psychological approaches including some guided by computer. Much of the recent progress made is detailed in this encyclopaedic volume. It is edited by three of the leading workers in the field. All but two of the 43 contributors to its 30 chapters are from the USA. The majority of those authors are from the east coast with far the greatest cluster from the Massachusetts General Hospital, Boston. Contributions are of a high order, often with detailed references to 100–200 or more articles.

Various chapters in this massive tome cover the clinical picture – epidemiology, clinical aspects, features in juveniles, personality disorders and OCD, pregnancy and OCD, so-called OCD spectrum disorders (Tourette's syndrome, trichotillomania), pathophysiology and assessment. Half the text reviews treatment by medication, behavioural and cognitive methods (including group and family issues, when using those methods), neurosurgery, and points to be taken into account with religious patients. There are detailed guides to practical clinical management with case examples. Two appendices are guides for consumers in readable style, one for patients and another for parents of children and adolescents with OCD. A contact list of support groups in the USA runs to 50 pages and in other countries to seven pages. Commonly-used rating scales are reprinted.

Being really several books in one, the volume's next edition could ease navigation so that each kind of reader could quickly look up what interests them in particular. Adding an author index would enable researchers to get to descriptions of particular studies. Editorial summaries of various parts of the volume would be helpful. Patients and their relatives would benefit from having more front-end highlighters to what might interest them within the mass of material; perhaps the main consumer-relevant parts could be pulled together into one section. It is surprising that the index does not include self-help, given that one of the editors, Lee Baer, has written an excellent popular guide on the subject.

This compendium is a notable feat and is an essential reference work for all libraries and serious researchers. It brings into one volume a huge amount of information relevant to OCD, especially that from an American perspective, for researchers, clinicians, patients and their families.

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Management of Drug Users in the Community: A Practical Handbook

Edited by R. Robertson. London: Arnold. 1998. 420 pp. £19.99 (pb). ISBN 0-340-70013-0

From the mid-1980s there has been a progressive movement in the management of drug misuse from specialist treatment alone towards therapy in the community by a variety of care-givers. The latter centres on the general medical practitioner, albeit often in conjunction with the specialist. The transfer stemmed from two disparate factors: HIV infection and financial constraints. The present volume meets a need to update primary care practitioners about techniques within their reach that develop their comprehension, accessibility, assessment and treatment of drug misusers.

The text also contains information to broaden the perspective of psychiatrists. The chapters on psychiatric and other medical disorders as well as the descriptions of the social difficulties that underlie, accentuate or result from drug misuse are especially to be commended.

Bad luck attended the timing of the publication. Guidelines for the management of drug misuse have since been provided by the Department of Health, together with proposals for tighter restrictions in the UK on the prescribing of substitute methadone by general practitioners. The book would benefit from pruning of frequent repetitions between the authors of separate chapters and by abridgement of outdated and unrealistic attacks on drug laws.

Despite some shortcomings the editor and his international contributors provide a balanced narrative for those working in

https://doi.org/10.1192/bjp.176.3.302 Published online by Cambridge University Press