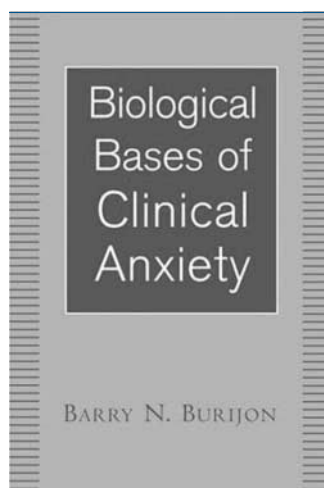


of specialist clinical practice, offering clear guidance to the clinician. The exhaustive (more than 400) and up-to-date reference list is a valuable resource for the researcher.

This book should be read in the context of the patchy systematic research evidence available on impulse control disorders and so the following criticisms merely highlight knowledge gaps in the field and are, on a more ambitious note, perhaps a call for further research. Considerable conceptual and nosological ambiguity shroud these disorders; aetiological mechanisms are far from clear; reliable and valid assessment tools are lacking; and as yet, no pharmacological agent is licensed to treat any of these disorders. That said, this book provides an excellent overview of a topic that is still in its infancy and is a user-friendly guide for the clinician. In an era of ever-increasing sub-specialisation within psychiatry, this book is one for the specialist.

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Biological Bases of Clinical Anxiety

By Barry N. Burijon.
W.W. Norton. 2007.
US\$47.50 (hb). 351pp.
ISBN: 9780393704693

Psychiatry textbooks from North America, such as Kaplan and Sadock's series and the work of Stephen Stahl, often exhibit a certain drive and enthusiasm in their energetic writing style. *Biological Bases of Clinical Anxiety* follows this tradition in the area of anxiety disorders.

In current psychiatric practice schizophrenia, depression and bipolar affective disorder are given much prominence. Yet taken together, the anxiety disorders are more common and can be highly disabling, but are often treatable with medication, psychotherapy or a combination of both. Burijon's book, therefore, provides a useful and readable summary of our current knowledge of these disorders. The work is organised into three areas, opening with three general chapters, five focusing on each of the main anxiety disorders (generalised anxiety disorder, obsessive-compulsive disorder, panic disorder, phobias and post-traumatic stress disorder) and, finally, a reference section consisting of tables relating to psychotropic drugs and an extensive bibliography.

The reader seeking an introduction to the field will, therefore, find easily accessible information on the aetiology, management and treatment of anxiety disorders as a whole and then more specific information on the individual disorders.

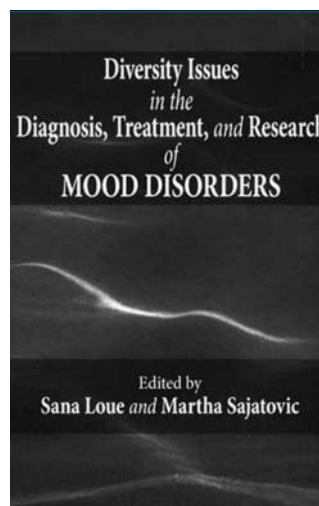
The book is well-written with a flowing and consistent approach, certainly benefiting from having one sole author rather than numerous invited contributors who may lack a unified style, although diagrams and figures are a little rudimentary.

The first three chapters provide a well-constructed resource embracing all the anxiety disorder diagnoses. As suggested in the book's title, there is a chapter aiming to reconcile neuro-anatomical, genetic and biochemical evidence relating to anxiety disorders to clinical presentations. Sections on behavioural neuroanatomy, describing the role and importance of specific brain areas and neurotransmitters in anxiety disorders, are perhaps the strongest and most illuminating features of the book. The psychopharmacology chapter is comprehensive but, in truth, can play only a supporting role with so many existing texts already available describing these psychotropic drugs in greater detail, albeit without the emphasis found here on their role in anxiety disorders.

The chapters on the individual disorders are robust and well-organised. Again, Burijon concentrates on descriptions of aetiological processes thought to underlie the disorders, both biological and psychological, while still succeeding in providing thorough coverage of clinical aspects. All in all, Burijon's work is a good introduction to the anxiety disorders. The excellence of the behavioural neuroanatomy chapter, and the pervasive theme of examining biological substrates for all of the anxiety disorders, make the book an attractive prospect for the more experienced clinician.

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Diversity Issues in the Diagnosis, Treatment, and Research of Mood Disorders

Edited by Sana Loue
and Martha Sajatovic.
Oxford University Press. 2007.
£37.99 (hb). 320pp.
ISBN: 9780195308181

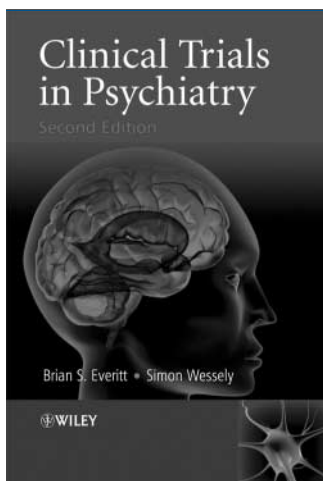
In the post-globalisation world, the movement of goods and people has created a more complex environment within which cultural influences are becoming more pertinent, not only in diagnosis but in management as well. This multi-authored volume aims to provide some of the context related to diversity, starting with the role of culture. There is no doubt that an understanding of cultures is imperative to make sense of individual experiences related to emotional distress, how distress is expressed, how help is sought and how cultures decide where and how much resources are to be targeted. Cultural competence in mental healthcare

therefore becomes a major issue. The observations that Black and minority ethnic patients have less access to mental health services, with those available being of relatively poor quality, are seen on both sides of the Atlantic. The diagnosis of mood disorders in ethnic minorities brings with it specific issues related to explanatory models as well as comorbidity and access to primary care. In addition, culture-specific diagnoses or culture-bound syndromes bring with them another dimension.

A chapter devoted to the epidemiology of mood disorders highlights the problems related to such studies. Cultural influences in treatment modalities and negotiating treatments are helpfully signposted by Westermeyer in a well-written, erudite chapter. Access and healthcare-seeking indicate barriers as well as type and quality of care. A review of complementary and alternative medicines is provided, emphasising the importance of understanding their use and efficacy as well as safety. Use of interpreters and language is important, and training of such individuals needs to be appropriate and adequate. In post-migration societies, families too become multi-cultural, and varying expectations and models of the delivery of healthcare become significant. How culture should be factored into understanding outcomes forms an interesting and helpful overview. Chapters on psychopharmacology, legal and ethical issues and strategies for recruitment of Black and minority ethnic participants into research provide a helpful synthesis of observations. The last chapter deals with training. There is much here that will be of interest to clinicians and researchers dealing with Black and minority ethnic patients with mood disorders. However, lack of a more international, rather than purely American, overview and a tendency to describe each population group limits its usefulness this side of the Atlantic.

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Clinical Trials in Psychiatry (2nd edn)

By Brian S. Everitt & Simon Wessely.
John Wiley & Sons. 2008.
£45.00. 248pp.
ISBN: 9780470513026

The basic design of a randomised clinical trial seems attractively simple. Patients are allocated at random to one of two or more interventions, the groups are then followed up and the outcomes are compared. Underpinning this basic design, of course, are a large number of complex decisions which investigators grapple with during the course of protocol development. Fortunately,

the area has produced more than its fair share of classic textbooks over the years. Some of these achieve such a standard on first publication that they maintain their status as beacons of good judgement to guide researchers as they design their trials, as well as those critically appraising trials. Among these are Stuart Pocock's *Clinical Trials: A Practical Approach* (Wiley, 1984) and Curtis Meinert's *Clinical Trials: Design Conduct and Analysis* (Oxford University Press, 1986) which have both remained in print without new editions for more than two decades.

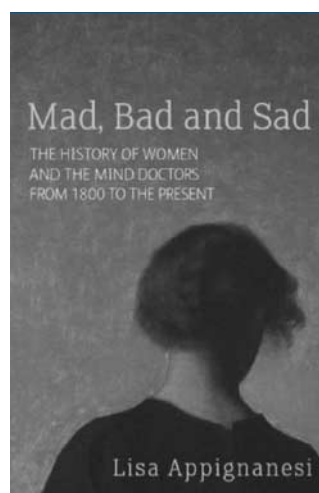
Everitt & Wessely's *Clinical Trials in Psychiatry* was recognised to be an excellent introduction on first publication in 2003, giving both a readable and authoritative overview as well as a special focus on the particular practical issues and difficulties that occur in trials in psychiatry. The 5 years since the first edition have seen major advances in methodology and the authors have updated the book accordingly. In particular, more attention is paid to the distinction between the highly controlled and intensive phase 3, or explanatory trials, and the more pragmatic effectiveness trials that have increasingly been reported over the past decade. The authors highlight the trade-offs involved in designing a trial in one way or another: no single trial can answer all the relevant questions. As in the first edition, there is a valuable chapter on statistical issues that are particularly relevant in psychiatry such as dealing with repeated longitudinal outcome measures.

Clinical Trials in Psychiatry covers all the most important issues and will be useful to all clinicians who are involved in conducting, or using the results of, clinical trials. It provides a highly persuasive account of the unique scientific advantages of randomised trials for those who remain unconvinced. It is very readable and even the very occasional errors are amusing (the reference to *military tuberculosis*, for example on page 21).

A book to read from beginning to end and then place next to Pocock and Meinert.

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Mad, Bad and Sad: The History of Women and the Mind Doctors from 1800 to the Present

By Lisa Appignanesi.
Virago. 2008. £20.00 (hb). 560pp.
ISBN: 9781844082339

Lisa Appignanesi has a good track record writing about women and psychiatry (*Freud's Women*: Orion, 2005). Her current historical approach to women's predicament and their relationship with mental illness is reminiscent of, but less proselytising