

The book under review here is a manual on how to apply social behaviour and network therapy (SBNT), a new treatment developed by a distinguished group of British psychologists for the UKATT. In this 1-year pragmatic trial SBNT and motivational enhancement therapy were compared – both treatments had equal efficacy as measured by improved mental health and quality of life, decreased alcohol use and dependence and fewer secondary problems.

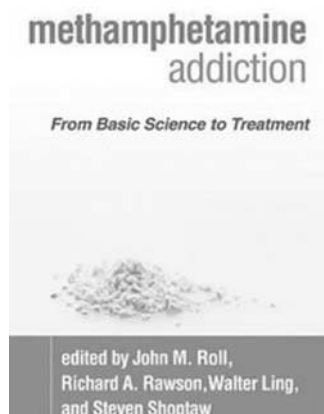
The attraction of SBNT from the perspective of a frontline clinician in the alcohol field is the emphasis on enlisting family and social networks in the recovery process. It will be of interest to see whether SBNT has longer-term effects 2, 3 or 5 years down the line as intuitively the changes in networks seem more likely to produce better long-term outcomes. This is the principle after all that self-help groups like Alcoholics Anonymous utilise.

This book is highly accessible, practical and not overly burdened by theory. The only quibble is a failure to address how the therapy might sit alongside adjunctive medication, particularly disulfiram, which can be part of a network therapy approach.

The extent to which SBNT will be applied in full in National Health Service settings I suspect will be curtailed by the large numbers of patients we deal with and a limited time to utilise a social network form of therapy of this kind rather than a less time-intensive individual-based therapy. Cost-effectiveness data seem absent from this book and may have to await future research.

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### **Methamphetamine Addiction: From Basic Science to Treatment**

Edited by John M. Roll,  
Richard A. Rawson, Walter Ling  
& Steven Shoptaw.  
Guilford Press. 2009.  
US\$40.00 (hb). 260 pp.  
ISBN: 9781606232521

This book is written by a group of leading experts. The editors' goal was to review current knowledge about methamphetamine and to make it accessible to workers ranging from scientists to clinicians, including physicians, nurses, social workers, criminal justice workers and teachers. They succeed in giving a broad overview of the current knowledge base regarding methamphetamine use and dependence, with a focus on the experience in North America.

The scene is set with the global epidemiology of methamphetamine use, with following chapters outlining the neuropharmacological effects of this drug. Detailed accounts are given of the dysregulation of monoamine systems underlying the reinforcing and addictive potential of methamphetamine, as well

as the changes seen both with acute intoxication and chronic use, and the basis for neurotoxicity. This is then linked with comprehensive reviews of studies using neuroimaging techniques and neurocognitive testing to describe changes in brain function during use and abstinence. This extensive coverage of the basic science provides the background for later discussion regarding potential pharmacotherapies. As a clinician I found this to be a little over-inclusive. It seemed at times as if the authors erred toward listing the evidence rather than summarising the findings and there is certainly more than the average clinician will ever look up.

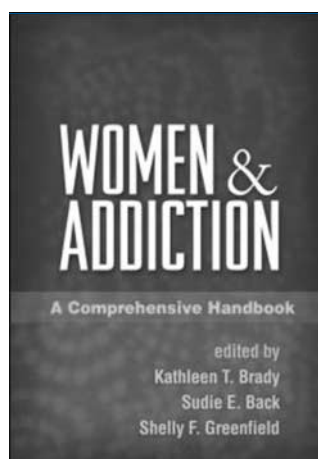
The medical consequences of methamphetamine use are covered in a comprehensive and accessible way, addressing all major systems affected in addition to implications of the disinhibiting effect of the drug leading to accidents and high-risk sexual activity.

Psychiatric presentations are also adequately covered, including psychotic symptoms and comorbidity. The neurocognitive deficits demonstrated in longer-term users of methamphetamine and their impact on treatment success is a common theme throughout the book.

It is, I suppose, inevitable with books written by multiple experts that there is some degree of duplication through the chapters and material is not always where you would expect it to be. That said, this book brings together a lot of information about this important substance that is becoming higher profile in Europe. Perhaps, therefore, it can be forgiven for not always being light reading.

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### **Women and Addiction: A Comprehensive Handbook**

Edited by Kathleen T. Brady,  
Sudie E. Back  
& Shelly F. Greenfield.  
Guilford Press. 2009.  
£39.15 (hb). 526pp.  
ISBN: 9781606231074

For me, treating women with addiction problems raises many questions. This book answers some, but not all of them. To start with, it confirms that women have higher rates of comorbid problems, with past trauma (especially sexual abuse), eating disorders, borderline personality disorder and other common mental disorders. Further, it reviews treatment strategies for all of these, such as various manualised cognitive-behavioural strategies and dialectical behaviour therapy. Many authors discuss the lower numbers of men in treatment than women and pose various reasons for it.

The chapter 'Women, girls and alcohol' reviews evidence for 'convergence', or women's drinking catching up with that of men, and 'telescoping', or how in women the time from initiating drinking to dependence is shorter than in men. Prescription drug misuse, a growing problem in UK clinical practice, is also discussed. It is the one area of substance misuse where problems are as common in women as they are in men and it is frequently associated with dual diagnoses and chronic pain. Disappointingly, however, there is little on new treatment strategies and nothing at all on benzodiazepine misuse. The chapter dealing with pregnancy emphasises alcohol as the most important and most common teratogenic substance and it also discusses methadone as the treatment of choice in opiate users. The authors specifically state that the UK practice of detoxification from opiates in pregnancy is not supported by the evidence and is associated with high levels of relapse and complications of pregnancy.

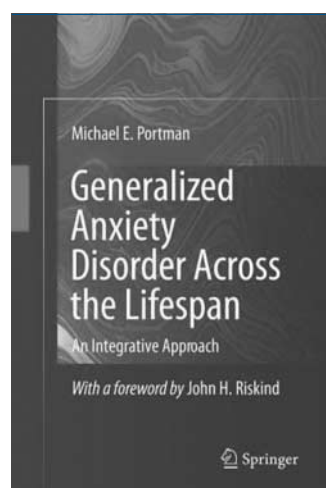
The detailed section on biological issues in women explains the current state of knowledge on the neuroendocrine, genetic, pharmacokinetic and pharmacodynamic aspects of addiction as applied to women. This is rarely addressed in such detail in other texts and is probably the book's most useful section.

In general, the epidemiology applies to US populations and is therefore less relevant to UK readers. The chapter on ethnicity serves as a reminder of the importance of putting substance misuse into its historical, social, ethnic and cultural context but the detail is based on US ethnic groups. The legal chapter reviews the fascinating story of the approach to prosecution of drug-using pregnant women and compulsory drug testing in some US states and is more hopeful about the family drug courts model.

The book is a reminder of the importance of addressing the specific problems of women, but because of its US focus it does not help the UK reader with issues such as organising services.

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**Generalized Anxiety Disorder Across the Lifespan: An Integrative Approach**

By Michael E. Portman.  
Springer. 2009.  
£49.99 (hb). 182pp.  
ISBN: 9780387892429

After reading this book I thought more about the author than the subject. Michael Portman is a clinical social worker who both researches and treats generalised anxiety disorder (GAD). This background flavours the whole of this book. Portman almost certainly came across the subject as a genuine novice, but now is an avowed enthusiast of generalised anxiety disorder as a

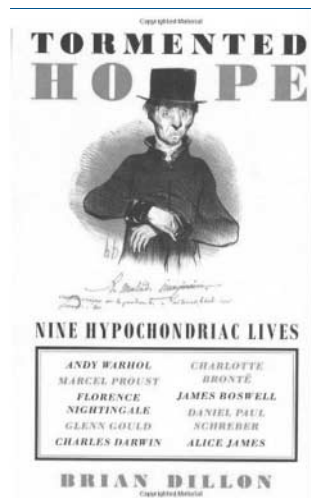
concept, a diagnosis and an important focus of treatment. I know the average reader does not get excited about GAD, but its unattractive acronym is appropriate in this case. 'By GAD', I can see Portman exclaim, 'what a diagnosis. It is like no other – and is mine to survey in all its glory'. So, rather like the revelation that Keats experienced when first looking at Chapman's translation of Homer, he feels 'like some watcher of the skies when a new planet swims into his ken', and he wants us to know all about it too.

By contrast I feel that GAD is better described as a 'god-awful diagnosis', as it is grossly heterogeneous, overlaps with almost every other psychiatric diagnosis known to man, and is singularly unhelpful in selecting treatment. So it might be expected that I would have a jaundiced view of this book. But I don't. It is actually quite refreshing to read unadulterated enthusiasm even when in my view it is slightly misplaced. We have a straight account of the symptoms, assessment, concepts and treatment of the disorder, not just in adults, but also in children and in older people, and by and large these are accurate, comprehensive and highly informative. There are also appendices that include seven scales for recording generalised anxiety disorder.

Although we gain by straight delivery of information, we sometimes lose in a lack of reflection and criticism. There are too many references to *ex cathedra* statements by 'international experts' and 'leading figures', but virtually no mention of the problems of dependence with benzodiazepines and other drugs, the influence of pharmaceutical companies on both prescribing and trial reporting, and the problems of management in primary care, where computerised cognitive-behavioural therapy is likely to be an important therapy source in the future. Still, this is an honest and useful book that is worth reading closely and which is an asset to the subject.

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**Tormented Hope. Nine Hypochondriac Lives**

By Brian Dillon.  
Penguin Ireland. 2009.  
£18.99 (hb). 277 pp.  
ISBN: 9781844881345

In this engaging book, the Irish writer Brian Dillon looks at the topic of hypochondria. The subject is an elusive one, because the concept of hypochondria has changed greatly over the centuries. The word *hypochondrium* was used by Hippocrates to refer to the regions of the abdomen under the ribcage. The Greeks believed that the underlying organs were the source of disordered emotions. Since then hypochondria has been deemed to be variously a 'nervous' disorder, a form of melancholia, a type of