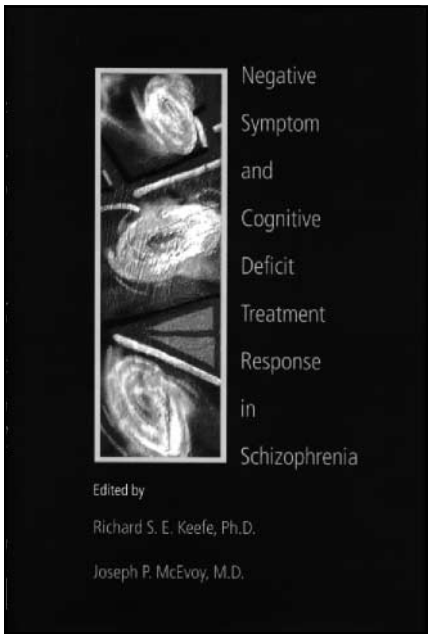
Book reviews

EDITED BY SIDNEY CROWN and ALAN LEE

Negative Symptom and Cognitive Deficit Treatment Response in Schizophrenia

Edited by Richard S. E. Keefe & Joseph P. McEvoy. Washington, DC: American Psychiatric Press. 2001. 202 pp. £39.00 (hb). ISBN 0 88048 785 2



In a paper entitled 'The dementia of dementia praecox', published in 1978, Johnstone *et al* refocused attention on cognitive impairment and negative symptoms in schizophrenia. This refocusing was timely because many patients with schizophrenia remained seriously disabled despite the encouraging efficacy of antipsychotic medication in treating positive symptoms. Clearly, therapy focused on positive symptoms was inadequate. This book examines the situation 23 years later. In those 23 years a huge amount of evidence regarding the nature of negative symptoms and cognitive impairment has accumulated. In particular, the link between cognitive impairment and poor functional outcome has been confirmed. Tantalisingly, we have a new generation of antipsychotic medication that offers the prospect of greater efficacy in treating both negative symptoms and cognitive impairment.

However, as I read the book, I experienced growing disappointment. In large measure, the reason for this was the limited utility of the assembled evidence. We still cannot define the criteria for a meaningful trial of treatment for negative symptoms in a way that would satisfy a rigorous regulatory body such as the US Food and Drug Administration. Concepts such as the distinction between primary and secondary negative symptoms appear useful until one attempts to define them precisely. Existing definitions of primary negative symptoms are too strongly tied to treatment non-responsiveness, which creates a bias against the older treatment in any trial comparing a new with an older drug. It might not invalidate a comparison of a new adjunctive treatment with adjunctive placebo, but the pharmaceutical industry has shown little enthusiasm for trials of adjunctive treatment.

Our knowledge of the pathophysiology of negative symptoms has advanced only a little since 1978, when the evidence pointed towards an association with enlarged cerebral ventricles. The more recent evidence indicating the involvement of potentially remediable disorders of neurotransmission offers some hope. However, until our understanding of mechanisms improves, rational therapeutic strategies directed at specific symptoms will be difficult.

In the case of cognitive impairments, the task of defining criteria for a meaningful treatment trial should be easier. The three main conceptual issues in trial design are the multiplicity of different aspects of cognition, which generates the problem of multiple outcome measures; the phase of illness in which the trial might be most meaningful; and the appropriate duration of the trial. This book touches on these issues but does not resolve them. Furthermore, the data offered on treatment of cognitive impairment was mainly derived from open-label trials.

One should not shoot the messenger just because the message is disappointing. None the less, the fault lies not only in the limitations of the evidence. There is a lack of detailed guidance for the future. For example, the discussion of cognitive tasks that might be useful in future trials of new therapies, or in clinical practice, is disappointing. We now know a lot about which aspects of cognition are most relevant. However, issues such as suitability of tests for repeated administration and the timescale of testing are addressed scantily.

The timing of publication of the book is another problem. Many of us found Keefe *et al*'s (1999) review of (mainly) open-label trials of the effects of atypical antipsychotics on cognition tantalising, but our real interest was directed towards the outcome of the larger, randomised double-blind trials in progress. The results of those trials have yet to be published fully, and this book provides little advance on the state of knowledge in 1999.

This book provides much information about one of the most important current issues in the treatment of schizophrenia and it covers both pharmaceutical and psychosocial aspects of treatment. It does not, however, provide enough useful answers.

Johnstone, E. C., Crow, T. J., Frith, C. D., *et al* (1978) The dementia of dementia praecox. *Acta Psychiatrica Scandinavica*, **57**, 305–324.

Keefe, R. S., Silva, S. G., Perkins, D. O., *et al* (1999) The effects of atypical antipsychotic drugs on neurocognitive impairment in schizophrenia: a review and metaanalysis. *Schizophrenia Bulletin*, **25**, 201–222.

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Communication and Mental Illness: Theoretical and Practical Approaches

Edited by Jenny France & Sarah Kramer. London: Jessica Kingsley. 2000. 478 pp. £24.95 (pb). ISBN 1 85302 732

When I was a trainee, just beginning psychiatry, I remember when I first discovered that simply because I had no idea what the patient was talking about it did not mean that I was not asking the right questions. Suddenly I realised, *this* is thought disorder. Any amount of words in the textbook had not been able to convey exactly what it was. Now I understood! Strangely enough, I got more than a little of

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the same feeling when reading this book, which is rather odd, since it purports to (deep breath here) "provide information to those multidisciplinary professionals who work in mental health and have little awareness and/or appreciation of the prevalence of various forms of communication breakdown in people with mental illness and therefore the place that the speech and language therapist (SLT) might have in helping to alleviate these problems". Only the difficulty is that I still have not reached the "Aha, so that's what it is" stage. Maybe it is me. Maybe not.

I am not saying that the book is not scattered with undoubted gems. I should mention here David Newby's concise chapter on communication and formal thought disorder in schizophrenia and a fascinating contribution by Alice Thackery entitled "What can we learn from the deaf patient?" But the problem may be that the editors had two quite different aims: selling the idea of the SLT as a member of the multi-disciplinary team to mental health professionals, and selling the ideas of working in mental health to SLTs and their students. Unfortunately, neither of these laudatory aims is satisfactorily fulfilled.

Psychiatrists working in rehabilitation, who probably have the most to gain from an attached SLT, would have to search quite hard here to discover exactly how an SLT would provide 'added value' to their team. SLTs and their students who are new to mental health will not learn a great deal about modern approaches to assessment and treatment from the early chapters of this book, which are curiously quaint in places. There is, for example, no mention of selective serotonin reuptake inhibitors in the chapter on the treatment of depression. Personal construct psychology gets a whole chapter, while cognitive–behavioural therapy is afforded only a passing mention. The declamatory style of writing is best conveyed by the statement "few personality disordered people excel academically". Those of us who work in universities might disagree here.

I must note, however, that people who specialise in communication can fail to convey ideas clearly – not just those with formal thought disorder.

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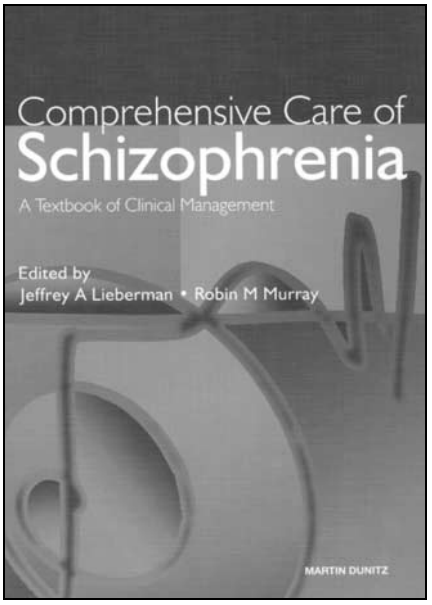
Comprehensive Care of Schizophrenia: A Textbook of Clinical Management

Edited by Jeffrey A. Lieberman & Robin M. Murray. London: Martin Dunitz. 2000. 256 pp. £46.95 (hb). ISBN 1 85317 893 4



If you have only £50 left in your library budget, buy this book. It is the best and most comprehensive textbook for the clinical management of schizophrenia that I have seen in a very long time. The attractive layout, exceptionally clear language and beautiful printing makes the book so easy and enjoyable to read that it could even be recommended for bedside reading. The deceptively user-friendly style disguises a wealth of information on evidence-based clinical practice, practical advice and thoughtful opinion where sufficient evidence is lacking. The text belies the adage that incomprehensibility is a sign of authority, since the authors convey complex aspects of diagnosing and managing schizophrenia in an easily accessible format suitable for a wide spectrum of mental health professionals.

The book covers all aspects of managing schizophrenia, discussing not only different stages of the illness but also special issues such as violence, schizophrenia in women and different systems of care in the developing and the developed world. There are very useful checklists, guidelines and diagrams, for both planning treatment and understanding biological aspects such as neuroreceptor binding affinities of antipsychotic drugs. One chapter covers the importance of the clinician–patient and clinician–carer relationships, not only in the illness in general but also during specific phases such as the prodrome. Clinicians in the UK continue to delay making and communicating the diagnosis of schizophrenia to patients and families, which can often cause unnecessary anguish and delay in treatment. This chapter advises clinicians how to handle and communicate uncertainty to patients and families, not necessarily by minimising the gravity of what might unfold. There are excellent chapters on childhood- and adolescent-onset schizophrenia, medical management of patients with schizophrenia, treating chronic schizophrenia and violence in the acute and chronic phases. The penultimate chapter is a series of first-person accounts. The chapters are all of a high standard and some, such as that on cognitive–behavioural therapy, are particularly good.

I can find no shortcomings in this book. Community mental health teams would be well advised to invest in it since it will be useful for clinicians from all disciplines and, given its up-to-date reference list, is unlikely to be superseded in the near future.

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Ethics Primer of the American Psychiatric Association

American Psychiatric Association. Washington, DC: APA. 2001. 102 pp (pb). ISBN 0 89042 317 2

This is a most curious publication. The word primer is derived from the Latin *primus* (first) and usually refers to a textbook that provides the first principles of the subject. *Ethics Primer* certainly does not do this. The slim volume comprises 11 chapters and an appendix containing the 2001 edition of the *Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry* (which has been published in many versions by the American Psychiatric Association (APA) since 1973).

Most of the authors are associated with the APA's Ethics Committee and deal with topics within their expertise. When tackling