

16. Fewtrell L, Prüss-Üstün A, Landrigan P, Ayuso-Mateos J. Estimating the global burden of disease of mild mental retardation and cardiovascular diseases from environmental lead exposure. *Environ Res* 2004; 94: 120-133.
17. Davis J, Svendsgaard D. Lead and child development. *Nature* 1987; 329: 297-300.
18. Dietrich K, Krafft K, Bormschein R, Hammond P, Berger O, Succop P, Bier M. Low-level fetal lead exposure: Effect on neurobehavioural development in early infancy. *Pediatrics* 1987; 80: 721-730.
19. McMichael A, Baghurst N, Wigg G, Vimpani E, Roberts R. Port Pirie Cohort Study: environmental exposure to lead and children's abilities at the age of four years. *NEJM* 1988; 319(8): 468-475.
20. Needleman H, Gastonis C. Low-level lead exposure and the IQ of children. A meta-analysis of modern studies. *JAMA* 1990; 263: 673-678.
21. Shukla R, Dietrich K, Bormschein R, Berger O, Hammond P. Lead exposure and growth in the early preschool child: A follow-up report from the Cincinnati lead study. *Pediatrics* 1991; 88: 886-892.
22. Bellinger D. Developmental Effects of Lead. *Childhood Lead Poisoning: What's New, What's Sadly Not*. Children at Risk Conference Environmental Health Issues in the Great Lakes Region, Chicago, Environmental Protection Agency USA, Region 5, 1998.
23. Bellinger D, Matthews J. Social and economic dimensions of environmental policy: lead poisoning as a case study. *Perspectives in Biology and Medicine* 1998; 41(3): 307-326.
24. Lockitch G. Perspectives on lead toxicity. *Clinical Biochemistry* 1993; 26(5): 371-381.
25. CDC. Preventing lead poisoning in young children: a statement by the Centres for Disease Control. Atlanta, Department of Health and Human Services 1985.

Book Reviews

Handbook of evidence-based psychodynamic psychotherapy: bridging the gap between science and practice

Levy R, Albon J eds. Humana Press: New York, 2008.

This is a superb book. It does what it says on the cover. It is the best current summary of scientific research in this area. The research in the book is mostly describing hypothesis-driven research using the best available measurement instruments. There are imperfections in this kind of work as the science is crude compared to the physical sciences. This book is written with the backdrop where psychoanalysis is "knocked flat on the ground" with almost zero influence as a power broker in the medical psychological and political worlds.

In my view the key element in psychoanalytic psychotherapy and indeed any psychotherapy, including behaviour therapy, is the human relationship. How this is managed is critical for the outcome of treatment no matter what form of psychotherapy is used. This is highlighted in this book.

To the huge credit of Freud and his followers they studied this relationship in great detail and what they found is still relevant today in what is called the permanent contribution of psychoanalysis. Many of the specific psychoanalytic theories were found to be time-bound and have disappeared except for a few 'die-hard' psychoanalysts and their disciples. No one form or theory of psychoanalysis or any other psychotherapy has been found to be the 'greatest of them all'. The Dodo bird was largely right.

Unfortunately psychoanalysts gradually began to see psychoanalysis as a theory of all mental phenomena and a treatment of almost all psychiatric and psychological conditions. There is always the danger with a theory of everything

The changing face of ADHD

Dear Editor – It is now accepted that there are three valid types of ADHD:

1. Full ADHD^{1,2} meeting DSM-IV criteria.
2. Late onset ADHD.
3. Sub-threshold ADHD which is a milder form of the disorder.

ADHD Questionnaires are screening instruments, the diagnosis is a clinical diagnosis.

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References

1. Faraone S, Kunwar A, Adamson J, Biederman J. Personality Traits Among ADHD Adults: Implications of Late Onset and Sub-threshold Diagnosis. *Psychological Medicine*, 2009; 39, 685-693.
2. Fitzgerald M. Attention Deficit Hyperactivity Disorder, Creativity, Novelty Seeking and Risk. Nova Scientific: New York, 2008.

that you have a theory of nothing. Psychoanalysis was grossly overambitious as usual. Pride comes before the fall of psychoanalysis to its current state. This book shows that psychoanalysis is well worth resuscitating by the 'emergency medical services'.

Indeed Levy and Ablon are so successful that by the end of the book they have psychoanalytic theory and therapy 'sitting up'. This is a more modest position but the correct position for psychoanalysis. Psychoanalysis and psychoanalytic therapy will never die and will have a modest 'healthy' future after its grandiose past during the so called golden age.

Any psychiatric team that has a trained psychotherapist of any persuasion is very well endowed and very lucky. Never more so than now when the biological treatments possess the unbalanced grandiose position that psychoanalysis had in the first 60-70 years of the 20th century. Human beings including psychiatrists abhor a balanced approach. They like extremes and the treatment now bares a great deal of resemblance to the opposite extreme in much of the 20th century. The psychoanalytic 'wars' and the wars between psychoanalysts and behaviourists must be confined to the dustbin of history. They were due to the narcissism of small differences anyhow. They share more commonalities than differences and the massive commonality is the therapeutic relationship. These kinds of relationships have existed for the past 120,000 years of Homo sapiens and indeed probably in the Neanderthals, Homo erectus, etc. and can be easily seen in the non-human world.

This book provides unequivocal evidence that psychodynamic psychotherapy has an evidence base but of course the same is true of cognitive behaviour therapy. It is of vital importance that all mainstream psychotherapies are valued, encouraged, and cherished.

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