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second story looks at the effects of dementia and how the Act can help individuals and their families faced with a sudden reduction in capacity to make decisions. The final story focuses on a young couple planning for the future loss of capacity brought about by long-term illness, in this case motor neurone disorder.

Each story enabled the basic tenets of the Act to be explored from the real people's perspective and their experiences. It is not the aim of the film to teach its audience the minutiae of the Act, but simply to introduce some key ideas, such as the 'lasting power of attorney' and 'deputies', which can then be built upon by further study. This is achieved with varying degrees of success for each of the three stories.

The film offers an introduction to the whole area of capacity, which could be particularly useful for carers and other healthcare professionals with little previous exposure. By using broad brush strokes it explains the types of difficulties faced by people with impaired capacity the Act hopes to overcome. The stories themselves have something of a 'feel-good' quality to them, with all participants extremely happy with their experience of the Act, making the film somewhat self-congratulatory.

Three Stories does, however, provide a good starting point for further enquiry. It gives clear examples of the types of situations the Act is designed to help with and it introduces key concepts and gives advice as to where further information can be found.

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Handbook for Psychiatric Trainees

Dinesh Bhugra & Oliver Howes
Royal College of Psychiatrists, 2008, £15.00 pb, 332 pp. ISBN 978-1-90467-134-3

This book aims to provide an overview of every aspect of a trainee's journey through postgraduate training in psychiatry. The diverse and varied chapters cover many topics I wish I had been able to easily read about before my first day as a psychiatric trainee, such as managing difficult clinical situations, personal safety, managing violence and the roles of other mental health professionals.

Recent changes in psychiatric training are covered in the first chapter, which provides a good overview of the background to Modernising Medical Careers (MMC), the Postgraduate Medical Education and Training Board (PMETB) and the rationale for workplace-based assessments. The Medical Training Application Service (MTAS) fiasco and the Tooke report (2007) are also mentioned. Unfortunately, the rapid changes in postgraduate training which occurred lately precluded the detailed practical discussion in this book of issues important to trainees, such as workplace-based assessments and portfolios. However, the handbook's strength lies in its consideration of other topics which will be of enduring relevance and utility throughout the trainees' careers.

For example, the chapter on how to get published is not only entertaining and informative, but also very useful for anyone trying to obtain a publication, including those with more modest ambitions than the research studies discussed. Less widely applicable but extremely useful for those considering working in the academia is the practical advice in the chapters on academic careers and higher degrees.

Many topics considered in this handbook, for example stress and time management, will be of use to psychiatrists at any stage in their career. Some chapters, such as those on clinical governance and the history of the National Health Service, will be particularly useful when preparing for consultant interviews. The discussion of lifelong learning and mentoring will be valuable reading for newly appointed consultants making transition from training.

To summarise, this handbook is an excellent source of information for psychiatric trainees as well as having a wider appeal. It has something to offer to medical students interested in a career in psychiatry right through their training to being a newly appointed psychiatric consultant. It should be on the bookshelf of every psychiatric trainee.

Tooke, J. (2007) *Aspiring to Excellence: Findings and Recommendations of the Independent Inquiry into Modernising Medical Careers*. MMC Inquiry.

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The Invisible Man: A Self-Help Guide for Men with Eating Disorders, Compulsive Exercise and Bigorexia

John F. Morgan
Routledge, 2008, US$22.95 pb, 184 pp. ISBN 978-1- 58391-150-1

It is now 30 years since the publication of Orbach's *Fat is a Feminist Issue* (1978). During this time there has been considerable research interest in the biological, social and cultural factors which might account for the asymmetry in incidence of body dissatisfaction and eating disorders between men and women. It is perhaps an inevitable consequence of this that eating disorders have come to be seen, particularly in popular culture, as essentially female disorders, leaving the not insignificant numbers of men who do develop these problems struggling with an additional burden of the stigma of having a 'girl's disease'.

By coincidence, while preparing this review, several well-known men in the UK have 'gone public' about their own eating disorders, perhaps acknowledging a shift in our readiness to look at the particular problems that men who have such disorders might face. *The Invisible Man* is thus a book which is long overdue, but hopefully one whose time has come. Written as a self-help guide for men with eating disorders, compulsive exercise and bigorexia, this book definitely 'does what it says on the tin'.

John Morgan provides a wide-ranging, thoughtful and thought-provoking survey of eating disorders, what is currently known about them and how to get help, written firmly and sympathetically from a male perspective. Always mindful of the particular difficulties faced by men, Morgan successfully backs up his argument that fat is more than a feminist issue in an introduction setting out the current social and cultural issues facing men in western society which make it particularly hard for them to seek help. The book then follows up with sections on how to make sure whether you have a body image disorder (including descriptions of the main diagnostic categories), science fiction and science fact, in which current knowledge about these disorders is lucidly set out (with chapters on body image distortion, compulsive exercise, steroid abuse and physical and mental health implications), and finally, a self-help manual in seven parts: 'Motivation', 'Sharing the Secret', 'Healthy Habits', 'Thinking Straight', 'Feeling Good', 'Seeking Professional Help' and 'Remaining Well'.

Throughout the book, Morgan is straightforward, direct, always optimistic and realistic about what can be achieved. It is difficult to see how any man struggling with facing up to eating disorder would not feel understood, supported and encouraged by reading this book, even if some might need to take their time to act upon it. The book should certainly be recommended to such men by both specialists and general practitioners.

If there are any quibbles, and this does seem like nit picking, there is some use of terminology that could do with more explanation for the general reader: words like 'hedonism', 'schemata' and even

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'hormones'. And the section on genetic influences rather assumes that the reader has quite a sophisticated understanding of what genes do. But, as everyone who struggles with eating and body dissatisfaction disorders has to learn, no one (and nothing) can be perfect.

ORBACH, S. (1978) *Fat is a Feminist Issue*. Paddington Press.

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The Oxford Community Treatment order Evaluation Trial (OCTET)

On 3 November 2008 supervised community treatment orders become available for the first time in England and Wales. These have been in discussion for nearly 20 years and are well established in Australia and New Zealand, and were introduced in Scotland 2 years ago. They have been controversial for a range of reasons – legal, ethical and empirical (Lawton-Smith *et al*, 2008). We are conducting a randomised controlled trial of their effect.

Why is this study necessary?

Many clinicians have criticized the introduction of community treatment orders without convincing scientific evidence of their effectiveness; in particular no convincing randomised controlled trial. The OCTET aims to remedy this. We have a unique opportunity as there is currently genuine clinical equipoise about their value. Despite a range of opinions nobody can confidently claim to *know* that community treatment orders are either better or worse than current practice. In such a situation it is both ethical and imperative to test the hypothesis.

Who is eligible?

We aim to randomly allocate patients who their clinicians (you) consider suitable for a community treatment order or management without a community treatment order for a period of 12 months. Eligible patients are those currently detained in hospital on section 3 (or unrestricted, non-forensic, section 37) with a primary diagnosis of psychosis. Learning from the North Carolina study (Swartz *et al*, 1999) we will restrict patients to those you think need sustained community treatment orders (i.e. months not weeks) and to services that can offer to provide weekly contact.

What does it mean for me in practice?

We have explored the ethical and legal implications of our trial at great length and confirmed that it is both lawful and practical. You would identify patients and ask them if they will see us. Our researchers will explain the study to your team and the patients and obtain written informed consent and conduct interviews at baseline, 6 and 12 months. If randomised to non- community treatment order you would continue to manage the patient as you do now (a mixture of section 3, section 17 and voluntary care). If randomised to a community treatment order then you would proceed with that. *Other than trying to maintain weekly contact your clinical practice is entirely unconstrained.* We anticipate that a proportion of patients in both arms will be discharged to voluntary care (either by you or the Mental Health Review Tribunal (MHRT)). We have confirmed that the MHRT understands that while the new Code of Practice *recommends* that section 17 should not be repeated it does not oblige it.

This is a vital trial for UK psychiatry and may inform practice internationally. The window of opportunity to conduct it is narrow (the first 18 months after introduction) so please consider taking part. We have prepared detailed briefing for clinicians, MHRT members and legal representatives, which, along with various fact sheets, are available on our website (www.psychiatry.ox.ac.uk/research/researchunits/socpsych/research/octet/) and would be delighted to discuss and explain more by emailing Jorun.Rugkasa@psych.ox.ac.uk.

Tom Burns
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Andrew Molodynski

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