

relative merits of academic evidence and professional judgement in the clinical setting.

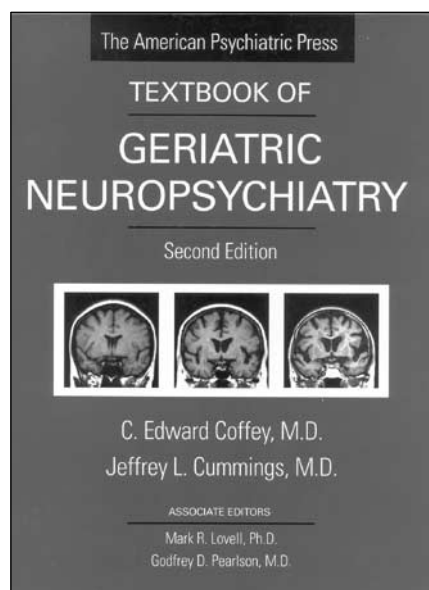
Since it is no longer possible to bury one's head in the sand at the mention of evidence-based medicine this book might be a sensible acquisition for those involved with psychological therapies who are trying to make sense of this part of 'the new NHS' for the first time.

**Department of Health (1999)** *The National Service Framework for Mental Health Standards and Models*. London: Department of Health.

**Dick Churchill** Clinical Lecturer, Division of General Practice, School of Community Health Sciences, University Hospital, Queen's Medical Centre, Nottingham NG7 2UH, UK

### Textbook of Geriatric Neuropsychiatry (2nd edn)

Edited by C. Edward Coffey & Jeffrey L. Cummings. Washington, DC: American Psychiatric Press. 2000. 1000 pp. £138.00 (hb) ISBN 0 88048 841 7



This is a new edition of an important and influential US-based textbook, dealing with biological aspects of geriatric psychiatry. This second edition has appeared 6 years after the first and the text is almost a third longer, with nine new chapters. It is divided into five easily digestible sections, each with its own editor: introduction to geriatric neuropsychiatry; neuropsychiatric assessment of the elderly; neuropsychiatric aspects of psychiatric disorder in the elderly;

neuropsychiatric aspects of neurological disease in the elderly and principles of neuropsychiatric treatment in the elderly. Every aspect of psychiatric disorders in older people is dealt with in a logical and authoritative manner.

The book attempts to establish a link between the neurobiology of psychiatric illness and that of neurological disorders which can cause disturbed behaviour and psychiatric symptoms. The emerging speciality of clinical geriatric neuropsychiatry is outlined by the editors. It has implications for where old age psychiatry finds itself in the UK, with an understandable desire to make innovative links with primary care and social work and to avoid the mistake perceived by many to have been made by geriatric medicine. The authors summarise the situation in the USA as follows.

Geriatric neuropsychiatry is an integrated speciality that draws concepts from a number of different fields and is subsumed under the general term 'neuropsychiatry'. Both geriatric psychiatry (old age psychiatry) and geriatric neuropsychiatry are concerned with care, education and research related to behavioural changes in older people. Geriatric neuropsychiatry emphasises links with basic science and the application of pharmacological treatments to disease and the assessment and management of psychiatric aspects of neurological disease. The interfaces between behavioural neurology, geriatric psychology, neuroimaging and gerontology are complex. The conclusion is that geriatric neuropsychiatry is a discipline in its own right, separate and distinct from the normal practice of geriatric psychiatry, in which a psychosocial and psychotherapeutic attitude takes the lead.

Is there an analogous situation in the UK? Psychiatry here is probably less polarised than in the USA, and many general psychiatrists would use a combination of drugs and a psychological or psychotherapeutic approach. The practising old age psychiatrist in the UK probably combines the skills of geriatric neuropsychiatry and geriatric psychiatry in one discipline, although as the field grows and specialisation increases, this may change. To have old age psychiatrists practising only old age psychiatry is a relatively new phenomenon, and it may be in the future that some professionals would choose to deal only with dementia. General psychiatry colleagues are seeing the advantages of referring people with chronic mental illness to our services when they reach a certain age.

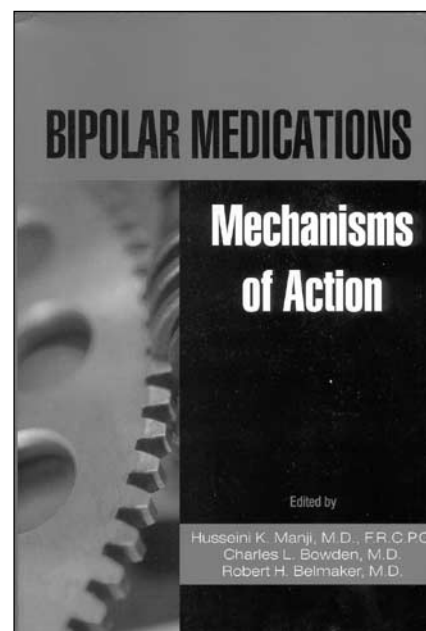
The approach taken in the book is refreshing and novel and certainly gets to the root very quickly of what many old age psychiatrists would regard as core business, that is the treatment of psychiatric manifestations of any disorder affecting older people, whether it be a neurological condition, a reaction to physical illness or a direct result of a psychiatrically defined disorder.

Whether or not one embraces the concept of geriatric neuropsychiatry in total the book is a masterpiece of the current state of the field (purists will ask, "Which field?") written by a senior and authoritative group of researchers and clinicians. As a textbook in this area, it is unrivalled.

**Alistair Burns** Professor of Old Age Psychiatry (University of Manchester) and Honorary Consultant Psychiatrist (Manchester Mental Health Partnership), Withington Hospital, Nell Lane, West Didsbury, Manchester M20 8LR, UK

### Bipolar Medications: Mechanisms of Action

Edited by Hussein K. Manji, Charles L. Bowden & Robert H. Belmaker. Washington, DC: American Psychiatric Press. 2000. 440 pp. £46.95 (hb). ISBN 0 88048 927 8



To both clinicians and researchers bipolar affective disorder is a fascinating topic for study. Bipolar disorder interfaces with every area of psychiatry, childhood and elderly forms are well recognised, there is a clear

overlap with both schizophrenia and unipolar disorder and also a significant comorbidity with addictions and personality disorders. Most major classes of psychotropic drugs have been used for the treatment of this disorder and it has been argued that the psychopharmacological revolution was initiated by the discovery by John Cade in 1949 of lithium as a treatment for mania. Lithium, of course, remains the gold standard against which all other treatments of this disorder must be measured.

It is with the subject of bipolar medications and their mechanisms of action that this volume edited by Manji, Bowden & Belmaker, three leading US researchers, is concerned. In it they seek to understand lithium and other 'bipolar' medications such as the anticonvulsants and atypical antipsychotics. If we understood how these treatments work we would have a better grasp of the neural basis of this devastating disorder. Despite 50 years of research we still do not really understand the action of lithium or of any of the other putative mood stabilisers. However, this volume investigates most of the major leads and reviews results from clinical studies of lithium withdrawal and evidence of the efficacy of new treatments.

This is predominantly a North American textbook, with a few contributions from Israel and the occasional chapter from the UK, Denmark, Canada and Japan. Contributors are mostly academic psychiatrists, basic scientists interested in this area and representatives from the pharmaceutical industry who are primarily concerned with the development of new treatments.

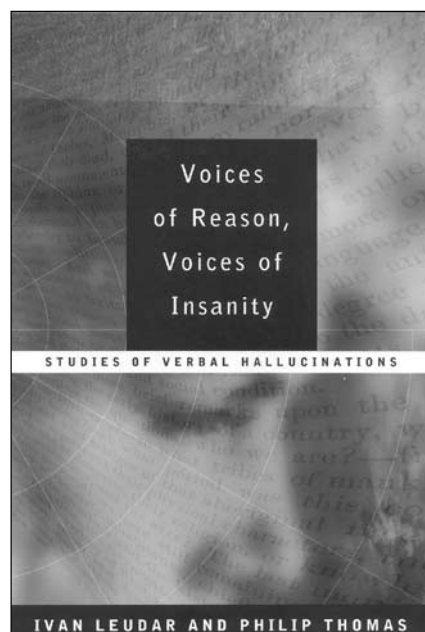
Overall, this is a very good book for the aficionado. It is frustrating that many of the chapters take a rather blinkered view of the various medications' mechanisms of action, often seeking to explain them entirely within a single frame of reference. There is no attempt to integrate the plethora of different findings and the book would be considerably enhanced by an authoritative concluding chapter by the editors. Notwithstanding this caveat, the book is a mine of information that should be purchased by departmental libraries. And although I would not recommend that trainees buy it, they should

dip into a library copy, as might established consultants and students.

**Allan Young** Professor of Psychiatry, Department of Psychiatry, Leazes Wing, Royal Victoria Infirmary, Newcastle upon Tyne NE1 4LP, UK

### **Voices of Reason, Voices of Insanity: Studies of Verbal Hallucinations**

By Ivan Leudar & Philip Thomas. London: Routledge. 2000. 214 pp. £15.99 (hb). ISBN 0 415 14797 5



What does it mean if you experience verbal hallucinations? Are you mad or divinely inspired? And what does the content of your hallucinations signify? Is it meaningful? Or is it un-understandable nonsense, an epiphenomenon of biological processes that points only to a neuropsychological address and a diagnosis?

Leudar & Thomas explore how people explain verbal hallucinations. They consider the voice hearers, the psychiatrist, the press and the public. They provide accounts from voice hearers with a psychiatric diagnosis and from those without. They document what these experiences have been held to

mean in the past and what meaning we place on them now. To Socrates, it meant that he was hearing a wise and divine daemon. To the contemporary British press, it typically means madness and unreasoning violence. To psychiatrists it is often a symptom of psychosis to be suppressed with medication. To voice hearers nowadays it is usually as mundane as most inner speech, similarly influencing their behaviour by directing and judging.

The authors aim to describe experiences and explicitly step back from explanations. They conclude that voices do not necessarily indicate insanity any more than thinking, imagining or seeing do: they are an unusual kind of private speech. So they have meaning to the hearer which can be understood if one listens.

This book is part of the growing body of opinion that believes hallucinations to be not random events but metaphors related to the hearer's personality and the stresses that precipitate his or her condition. This has therapeutic implications, recognised by cognitive techniques that draw out the structure and meaning of the voices. But Leudar & Thomas depart from some cognitive therapists' approach on one point: they have no wish to challenge the voice hearer's explanation of the voices, preferring instead to elucidate how the phenomenon is rooted in the patient's past experiences and life history.

The book offers a wide and detailed perspective. It struggles at times to bring material from diverse sources into focus and to maintain a coherent argument. But the content is fascinating and leads to a clear and important message. Leudar & Thomas sum up nicely the clinical perspective from which we have come: "The question 'Who is speaking?' is answered by 'Nobody, it's just hallucinations'. And 'What do the voices mean?' is answered by 'They mean your illness, nothing else' ". Through their book they remind us that, by listening to the patient, we will discover where to go.

**Frances Klemperer** Consultant in General Adult Psychiatry, South Kensington and Chelsea Mental Health Centre, 1 Nightingale Place, London SW10 9NG, UK