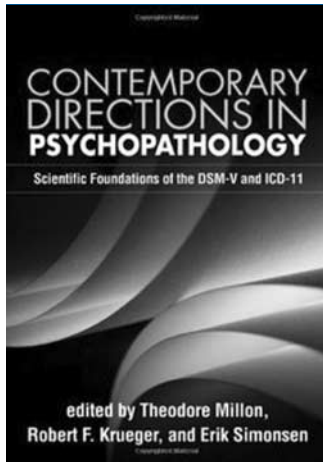


Book reviews

Edited by Allan Beveridge, Femi Oyeboode
and Rosalind Ramsay



**Contemporary Directions
in Psychopathology:
Scientific Foundations
of the DSM-V and ICD-11**

Edited by Theodore Millon,
Robert F. Krueger & Erik Simonsen.
Guilford Press. 2010.
US\$85.00 (hb). 636pp.
ISBN: 9781606235324

The present volume contains 30 chapters by a variety of experts, dealing with conceptual issues that need to be considered in preparation for the next revision of our classifications. The great change in psychiatric classification came with DSM-III, which consisted of 265 mental disorders and replaced clinical descriptions – where the task of the clinician was to recruit the patient to the nearest description – with the Chinese menu, now familiar to us all. Lee Robins pointed out that the rule laid down was that any given symptom could only appear in one disorder. She concluded: ‘I thought then, and I still do, that the rule was not a good one, because it deviates from the practice in the rest of medicine, where many diseases share symptoms’ (p. 268). Thus, although previously anxious symptom had been seen as an integral part of what was then ‘neurotic depression’, anxiety now had to be reassigned to anxiety disorders. Sadly, the arbitrary diagnostic rules built into our classification systems impose tunnel vision on many clinicians, who tend to reify the disorders described and no longer appear to notice symptoms which are there before them. Since then, successive versions of the DSM have added 89 new disorders, and abandoned diagnostic hierarchies, so giving birth to ‘comorbidity’. Recently work has been divided into topic groups, but ‘each working group was reluctant to give up their rights to a particular domain, even when it might have been better categorised elsewhere’ (p. 61).

When the American Psychiatric Association began to consider changes in preparation for DSM-V the problems seemed to be that many patients were found to have multiple comorbidity, that many more were diagnosed as ‘not elsewhere classified’, and that the categorical dichotomies of the DSM system might be supplemented by a dimensional system to allow various degrees of severity of a disorder to be recognised. Ortigo and others argue for a prototype diagnostic system, where each diagnosis would be rated on a 5-point scale, ranging from a poor to a perfect match to a prototype (p. 377).

Maj (p. 263) considers two questions, whether mental disorders are really as common as community surveys suggest that they are, and whether comorbidity can really be so common. He argues that there can be no firm answer to the first problem, and makes cogent objections to the latter. Zachar & Kendler (p. 127) distinguish between ‘disease realists’, who consider that there are qualitative differences between true diseases and normality, between which Nature has beneficently provided joints,

and empiricists, who reject these assumptions, and seek to make connections between observable phenomena. For them, validity refers not to whether a disease is really there, but to what kinds of inferences one can make about a patient on the basis of a particular diagnosis. The differences between these fundamentally different approaches to classification echo throughout the volume.

Many of the papers by psychologists clearly take the latter approach, for example those by Krueger’s group on the meta-structure of the diagnoses produced by the DSM-IV system. Yet unless the metastructure can be radically simplified the comorbidity problem is insoluble, and rival working groups will jealously hold on to their symptoms. The editors do not attempt to draw any general conclusions at the end, and indeed it would be impossible to do so.

David Goldberg Health Service and Population Research, Institute of Psychiatry, King’s College London, De Crespigny Park, London SE5 8AF, UK. Email: david.goldberg@iop.kcl.ac.uk

doi: 10.1192/bjp.bp.110.082602



**Psychotherapy
Is Worth It:
A Comprehensive Review
of the Cost-Effectiveness**

Edited by Susan G. Lazar.
American Psychiatric Publishing.
2010.
US\$60.00 (pb). 359pp.
ISBN: 9780873182157

Like a well-known cosmetic advert, this book makes psychotherapy beautiful: a book that proves we are worth it! As in all slogans there is some truth mixed with spin.

The book is divided by diagnosis and most chapters follow a logical format. Why is the condition important? For example, Rosenblatt states that anxiety disorders are ‘one of the most expensive disorders’, accounting for 31% of mental health costs at US\$46.6 billion in one year. This makes a compelling argument that mental health desperately needs cost-effectiveness studies. But there is too little on the quality criteria for health economics papers to allow readers to critique the studies effectively.

The methodology is basically a simple search strategy plus literature reviews. Here is where the promise is more than the reality: the authors simply use ‘cost’ as a principal search term and produce lots of studies about the overall costs of disorders with estimates of cost reduction. There are very few studies using established methodologies to assess cost-effectiveness. The best studies are summarised with tables to allow comparisons.

The sting is often in the tail, for example in the conclusions to the anxiety chapter:

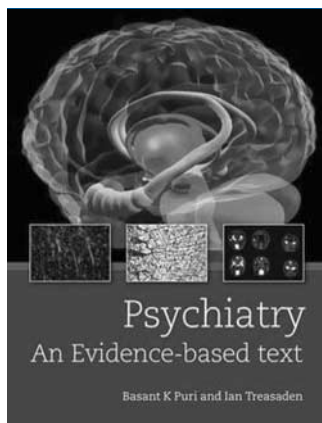
Although there are increasing data that specifically measure the cost-effectiveness of psychotherapy for the anxiety disorders, a strong case can be made . . . simply by considering the available data documenting the high costs of these illnesses and data indicating the cost of effective treatment. (p. 116)

Given the book's subtitle, such an inexhaustive approach is disappointing but perhaps inevitable as we know already there are not enough health economics studies to fill a whole book. Nevertheless, this is a good compendium of research and is generally up to date. The discussions have a strong US bias, but unlike many books of this type there is a reasonable coverage of non-American studies. The emphasis on diagnosis, however, limits the book too much, although a good chapter on medical conditions mitigates this.

For anyone trying to convince service commissioners that non-drug treatments are effective this book is invaluable. It argues cogently that psychotherapy can be cost-effective, but that is a big step from saying that it always will be, as cost-effectiveness depends crucially on how a service is delivered.

Frank Margison Consultant Psychiatrist in Psychotherapy, Manchester Mental Health and Social Care Trust, Gaskell Psychotherapy Centre, Swinton Grove, Manchester M13 0EU, UK. Email: frank.margison@mhsc.nhs.uk

doi: 10.1192/bjp.bp.110.084442



Psychiatry: An Evidence-Based Text

Edited by Basant K. Puri
& Ian Treasaden.
Hodder Education. 2009.
£125.00 (hb). 1323pp.
ISBN: 9780340950050

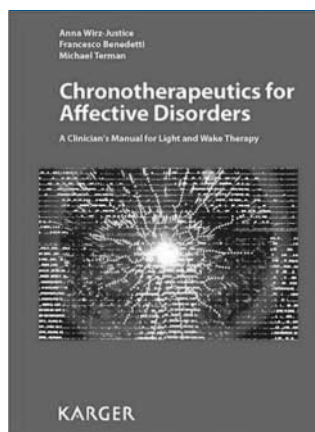
This is the newest addition to the standard texts for trainees preparing for the MRCPsych examination in the UK and Ireland. The breadth of topics covered is impressive and includes a history of psychiatry, basic psychology, statistics, neurosciences (including neuroimaging and anatomy), mental disorders, and medical and psychological management. The book touches on clinical specialties, management of mental health services and legal and ethical aspects of psychiatry, as well as subjects infrequently covered in other texts: emergency psychiatry, chronic pain and palliative care. Some of the chapters are supplemented with a reading list.

The book makes abundant use of tables, images and summary boxes. The sections on basic psychology and psychological therapies are likely to be sufficient for those preparing for the MRCPsych exam. This may sweeten the pill of the hefty price tag and obviate the need for additional textbooks. In the chapters covering mental illness, common pathologies are covered alongside the less common ones: psychosexual disorders and paraphilia. The sections on functional disorders are extensive and, rather perturbably, the chapter on multiple chemical sensitivities is considerably longer than the one on schizophrenia. The ICD-10 and DSM-IV criteria are provided for some disorders but omitted in others. This may prove frustrating to those preparing for exams who wish to have all the relevant information to hand.

Despite these few shortcomings, this book will provide a solid reference source which can confidently take its place next to its more established rivals.

Floriana Coccia Birmingham and Solihull Mental Health NHS Foundation Trust, The Barbary Centre, 25 Vincent Drive, Birmingham B15 2FG, UK.
Email: floriana.coccia@yahoo.co.uk

doi: 10.1192/bjp.bp.110.080200



Chronotherapeutics for Affective Disorders: A Clinician's Manual for Light and Wake Therapy

By Anna Wirz-Justice,
Francesco Benedetti
& Michael Terman.
Karger. 2009.
US\$48.00 (pb). 116 pp.
ISBN: 9783805591201

This book has three stated aims. The authors present the theory behind chronobiological treatments for affective disorder, document evidence of their efficacy and provide a step-by-step guide to clinicians as to how these therapies might be implemented. My main criticism of the book is that the balance between these three areas may not be optimal.

Manuals should probably instruct readers in how to do something rather than explain in depth why they should do it. However, whereas the guide to the implementation of chronotherapeutic techniques is detailed, the theory underlying these techniques merits expansion and I felt that evidence for their effectiveness was significantly lacking. For example, the efficacy of bright light treatment for non-seasonal depression is affirmed in fewer than 100 words, with only two references. In some European countries, chronotherapeutics are quite widely used and in Milan it is apparently routine for in-patients on medication for non-seasonal depression to receive light therapy and a single session of late-night wake therapy at the start of treatment. By contrast, in the UK, the authors would be preaching chronotherapeutics to the unconverted; most psychiatric professionals will need to know why they are using a treatment, not least because they might be asked by the patient.

Despite these criticisms, I found the book to be useful and engaging. It is well written and elegantly illustrated and it links to an informative website (www.cet.org) for the Center for Environmental Therapeutics, a non-profit agency dedicated to education and research in environmental therapies. The difficulties inherent in researching and promoting such therapies, in contrast to the international resources of the pharmaceutical industry, are noteworthy.

Most psychiatrists will have patients with unipolar or bipolar depression who are resistant to other treatments and this book may help to see them, literally, in a different light. There is a very useful level of detail about light therapy, including ways of estimating the best time of day at which it can be prescribed, since this varies between individuals. Helpful illustrative schedules are