

unusual, but Castle *et al* argue that understanding how women experience schizophrenia in biological, psychological and social domains can help our understanding of schizophrenia as a disorder. It is relatively well established that women with schizophrenia have, in general, fewer pre-morbid problems, a later age of onset of illness and a better response to treatment than men with this disorder. Other less well-known gender differences in epidemiology, clinical presentation, neuropsychology and neuroimaging are also reviewed, along with relevant animal and human studies of brain development and hormonal influences on psychosis. This literature review, the first third of the book, provides a useful broad perspective on gender differences in schizophrenia and highlights the importance of these differences in understanding psychotic disorders.

The second section of the book covers the scope for intervention in prenatal and postnatal care of these patients, particularly to prevent obstetric complications and potentially prevent psychosis in the next generation. Parental schizophrenia can influence child health in a number of ways, and some researchers have speculated that the impact of maternal schizophrenia is a growing problem because child-bearing in women with schizophrenia appears to have increased since the advent of community care. Although there is little clear research evidence of an increase in fertility, several studies have found that the majority of women with psychotic disorders have children. The compartmentalised nature of health and social services for these families is highlighted, although there are no easy answers on how to integrate the support needed by these families and how these services can help. There is little mention of what patients themselves perceive as their main problems and needs, but this reflects the paucity of qualitative research in this area.

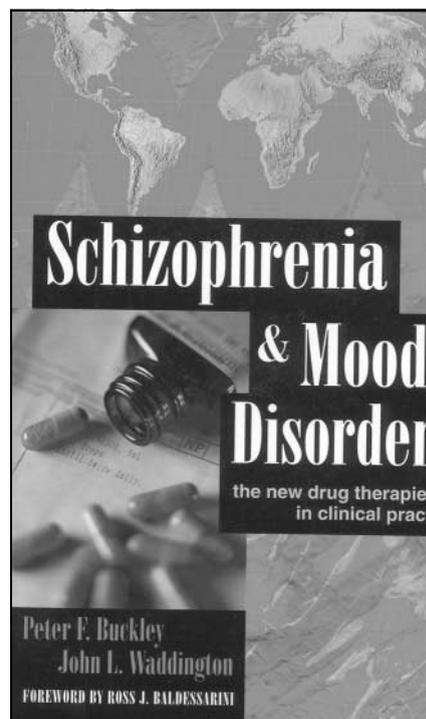
Treatment implications of gender differences are intriguing, although somewhat speculative, and many relatively new questions about management of schizophrenia in women are discussed. Is depot contraception, which is relatively commonly given to women with schizophrenia, counterproductive in the central nervous system owing to its effect on inhibiting the production of oestrogen in the ovaries? Should post-menopausal women with schizophrenia be prescribed hormone replacement therapy as part of their treatment? Are women with

schizophrenia at increased risk of osteoporosis and should they be offered routine bone-density assessment at the time of the menopause? This very readable book cannot provide definitive answers but the questions it raises are worth reading.

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### **Schizophrenia and Mood Disorders: The New Drug Therapies in Clinical Practice**

Edited by Peter F. Buckley & John L. Waddington. Oxford: Butterworth-Heinemann. 2000. 353 pp. £35.00 (pb). ISBN 0 7506 4096 0



Buckley & Waddington have attempted to summarise a large and changing area of research as well as to distil key findings relevant to the practising clinician. In addition, they have tried to appeal to a wide audience by assembling an impressive roster of international psychopharmacologists and having each chapter co-authored by luminaries from both sides of the Atlantic. However, the unusually restrained foreword by Ross Baldessarini

suggests that such an ambitious agenda has not been fulfilled.

This is neither a general textbook of psychopharmacology nor a detailed review of a specific condition, and as with any publication attempting to capture the current cutting edge, it has already lost some of its topicality. The greatest concern lies with the overall editorial style. The content is uneven, there are puzzling omissions and the focus never seems entirely balanced.

The first section, on schizophrenia, predictably weighs heavily in favour of atypical antipsychotics. Notably, even McGorry abandons previous opinions and hammers another nail into the coffin to bury the recent vogue for low-dose typical antipsychotics. However, much of the coverage of the new atypical drugs is let down by uncritical reference to manufacturers' literature and little convincing evidence of extensive clinical experience. Buchanan & McKenna, in their chapter on clozapine, provide the only example of an excellent synthesis of research evidence and practical advice drawn from considerable clinical experience.

The second section, on mood disorders, begins with a long and densely written chapter on the action of tricyclic antidepressants. Then follows an exposition on the possible modes of action of lithium. (These are hardly new drugs, which highlights our continued ignorance of the modes of action of our oldest medications.) This contrasts sharply with the very brief overview of future directions in research, with only half a page devoted to the role of the hypothalamic-pituitary-adrenal axis in depression, and no mention of some newer antidepressants, such as reboxetine.

Advice regarding the clinical management of bipolar affective disorder mirrors the latest North American guidelines. There are some interesting lessons drawn from research. For instance, sodium valproate acts as a chelating agent for trace metals, which may underlie its side-effect of hair loss; the clinical advice is to time doses between meals to minimise this problem.

The final section of the book covers topics such as prescribing during pregnancy and the use of psychotropics in children and elderly people. None is discussed in sufficient detail to satisfy the needs of clinical specialists such as child psychiatrists or psychogeriatricians. Mueser & Lewis's chapter on the treatment of substance misuse in schizophrenia stands out as providing a concise and critical review of

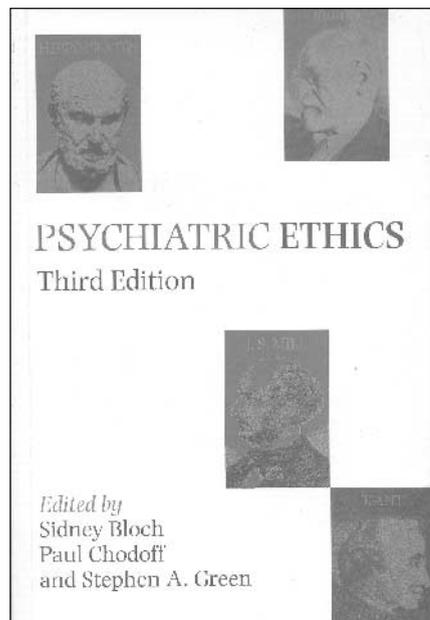
the research from which some potentially valuable clinical advice is drawn. The use of selective serotonin reuptake inhibitors to reduce drug craving and desipramine to block the effects of cocaine, and the possible role of typical antipsychotics in increasing cocaine supersensitivity and hence the risk of drug misuse are fascinating suggestions. In the final chapter, on pharmacoconomics, the authors concentrate entirely on North America, offering little of relevance to European health care systems.

This is not an essential text of psychopharmacology for trainees preparing for their membership exams, nor would it satisfy the specialist researcher. However, for a practising clinician wishing to gain a feel for the current direction of research in affective disorders and schizophrenia, it may just fit the bill.

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### Psychiatric Ethics (3rd edn)

Edited by Sidney Bloch, Paul Chodoff & Stephen A. Green. Oxford: Oxford University Press. 1999. 531 pp. £65.00 (hb); £34.50 (pb). ISBN 0 19 262900 0 (hb); 0 19 262899 2 (pb)



Sidney Bloch and Paul Chodoff made an important contribution to the literature on medical ethics when the first edition of *Psychiatric Ethics* was published in 1981.

No doubt the publication of the first (and in 1991, a second) edition have helped to encourage the development of interest in the area of psychiatric ethics, and since then there has been a large increase in the number of books published addressing ethical dilemmas in psychiatric practice. There has also been a considerable increase in academic interest, with new courses that look specifically at the relationship between philosophy and psychiatry, especially in the field of ethics. However, developments in knowledge and changing social practice pose new and different ethical dilemmas. What then is new about this third edition of *Psychiatric Ethics*?

Two chapter additions are particularly welcome. Professor Fulford addresses some of the conceptual aspects of mental disorder and the ethical implications for practising psychiatrists. Our understanding of different types of mental phenomena as symptoms, rather than simply experience, not only underpins psychiatry as a medical identity, but also justifies coercive interventions in the name of beneficence. Although sometimes it may seem obvious that there is such a thing as a mental disorder, which psychiatrists treat, Fulford reminds us that there is still much conceptual work to be done on what *constitutes* a disorder. There is a sense in which developments in neuropsychiatry make this more rather than less difficult. The presence of a brain abnormality may or may not 'explain' a patient's subjective mental experience, and Fulford discusses different types of mental disorder and the various sorts of explanation that may account for them.

Another new chapter also reflects changes in psychiatric practice and new tensions for the professional identity of psychiatrists. This is by Glenn Gabbard, on boundary violations in psychiatric practice. Awareness of this difficult area of psychiatric malpractice has grown over the past 10–15 years and has rightly been taken up as an issue for all mental health practitioners. Gabbard has published extensively in this area and he is well placed to offer a review of the literature and sophisticated thinking about boundary setting and maintenance. He raises questions about what patients can expect from psychiatrists and psychotherapists, and, perhaps more specifically, what it is that patients actually consent to when agreeing to come for psychotherapy. This chapter is particularly timely in the light of increasing interest (in the UK at least) in the formal regulation of psychotherapists.

Boundary violations, especially those of a sexual or financial nature, are clearly examples of psychiatric malpractice, which itself could be understood as a type of ethical failure. I was disappointed not to find in the third edition any discussion of racism and sexism in psychiatry as examples of malpractice. For instance, George Reich's chapter, on 'the use and abuse of psychiatric diagnosis', reviews the history of the misuse of psychiatric diagnostic labels in the former Soviet Union. However, he makes no mention of the potential for harmful use of diagnostic labels (whether wittingly or unwittingly) in Western psychiatry; for example, the question of gender or racial bias in relation to diagnoses in ordinary psychiatric practice. Over the past 2 or 3 years, there has been increasing interest in the question of racial bias within the practice of medicine generally, and there is no reason to think that psychiatry can be excluded. Indeed, English data consistently indicate that patients from some ethnic subgroups are overrepresented among detained patients, especially in secure settings. There is also continuing evidence that the use of some types of personality disorder diagnosis varies depending on the gender of the patient. Recent debates about the inclusion of certain types of personality disorder in DSM-IV and DSM-V have included discussion about the question of gender-role bias. This type of concern reflects the issue raised by Fulford about what constitutes a disorder.

The editors have encouraged authors to update their chapters from the previous edition, and some new authors have been invited to revise previous work. The content of earlier editions of *Psychiatric Ethics* was always uneven, and some of the old frustrations remain. The chapter on forensic psychiatry is biased towards American practice in so far as it concentrates on the ethical issues faced by clinicians who act as expert witnesses. There has been considerable debate in the American literature about the extent to which psychiatrists who act as forensic experts in criminal courts are acting medically, rather than forensically. Some authors have argued that expert witnesses do not have the same medical duty of care to those they examine that they have to those they actually treat.

Although this issue is of interest, focusing only on psychiatrists as expert witnesses omits the ethical dilemmas faced by clinicians in ordinary psychiatric practice dealing with the daily management of patients