

Book Reviews

Michael H. Ebert, M.D., Editor

The Essentials of Postgraduate Psychiatry, 3rd ed.

edited by Robin Murray, Peter Hill, and Peter McGuffin.
Cambridge, England, Cambridge University Press, 1997,
843 pages, \$120.00.

This is the third edition of a textbook purporting to portray the "Maudsley approach" to psychiatry. The textbook was first published in 1979 with the second edition in 1985. The Maudsley is, of course, the Institute of Psychiatry and the Bethlem Royal and Maudsley Hospitals in London. It is one of the leading psychiatric research and clinical centers in the world and is important as a training site, not only for British psychiatrists but for those throughout much of the former outreaches of the British colonial empire. Because of the geographic scope of the Institute, one must take great notice of the importance and influence of this volume. The Institute itself was recognized in 1993 by *Science Watch* as being the most widely cited psychiatric research center in the world.

The second edition, published in the mid 1980s, added several new subjects (adolescence, atypical psychosis, self-destructive behavior, and disorders of women). New topics are also covered in this late 1990s, third edition of the volume. This edition includes chapters on the neuroscientific approach to psychiatry and presents some material on health services research. The Maudsley approach is a blend of European phenomenology and British empiricism. What the editors make clear is that they want to combine their old traditions with the new international psychiatry, keeping a proper mix of theory and practice. Another goal, directly stated, is to offer an alternative to American psychiatry, which the senior editor believes is dominated by the pharmaceutical industry and the American Psychiatric Association.

I was immediately impressed with the high quality of the contributions and the remarkable similarity of the thinking and approach that I had experienced as a registrar (resident) at the Maudsley in 1970. The list of contributors has changed through the years and has expanded with subsequent editions, but the general tenets are quite enduring. The writing retains the elegance and clarity that the monographs and articles emanating from this institution have demonstrated for decades.

In most reviews of textbooks, it is asserted that there is an unevenness to the work because of the multiplicity of authors. This textbook has less unevenness than most such volumes. These authors are largely a distinguished group; several are department chairs. Many are former colleagues from my experience at the Maudsley.

The organization is in 4 parts: general principles, clinical disorders, psychiatry in special settings, and principles of treatment. The most interesting section to me was the first, particularly the chapters on "Mental State and States of Mind" by Paul

Mullen and the "Disease Concept in Psychiatry" by Anthony Clare. The 4 chapters of this section provide an extremely useful theoretical overview and description of the foundations of psychiatry. This is lacking in most texts, which often move abruptly into the clinical material. The section is useful as psychiatry struggles for a conceptual basis for the field.

A number of other chapters deserve special attention. They include the chapter on "Child and Adolescent Psychiatry" by Peter Hill, "Schizophrenia" by Robin Murray, and "Affective Disorders" by Peter McGuffin. Also at very high levels of interest are the chapters on "Psychiatry of Old Age," "Community Psychiatry," and "Behavioral and Cognitive Therapies."

The remainder of the chapters are of a good standard. Some of them are, of necessity, rather brief. It is remarkable that the authors were able to do so much in such a relatively few pages, compared to American textbooks of psychiatry. It is still somewhat lengthy, but succinctness is one of the advantages of specific chapters of this text.

I do not believe that biological psychiatry is as well developed at the Maudsley as it is in a number of centers in the United States. This is reflected in the relative brevity of the chapters dealing with diagnostic and treatment issues in this area. Nonetheless, the clarity and focus of what is presented are refreshing. In addition, the chapter on "Analytically Informed Psychotherapy," while incomplete by the canon of American tradition, is nonetheless a compelling and reasonable statement of this domain of psychiatry. There are a number of figures and diagrams in this chapter by Christopher Dare, which, in 28 pages, does more to clarify psychodynamic issues than many presentations 10 times this length.

A small criticism has to do with the decision to include in the text the numerous references. At times they are distracting and could have been confined to the end of the chapter. Nonetheless, the list of references at the conclusion of the volume is outstanding and comprehensive. An additional criticism is the textbook's expense.

Most American psychiatrists with a subspecialty interest will feel that their area has received less attention than is optimal. As a consultation-liaison psychiatrist, that was my initial reaction to the chapter on liaison psychiatry. As I reread it, however, I saw that Geoffrey Lloyd had, in 16 pages, condensed and illuminated the field like nothing I had ever seen before.

I believe that this book may be of some use for psychiatrists in training in the United States in preparation for their board examinations. Its conciseness and clarity and the introductory sections certainly make it worth the experience intellectually. Also, its clinical emphasis, even more than theory or biology, may be helpful. For psychiatrists who have completed their formal training and have an interest in world psychiatry, this is the textbook to consult initially. What the volume lacks in comprehensiveness, it makes up for in style, brevity, common sense

(healthy skepticism), and in the excellent list of references. Many of the concepts presented have not been stressed in our training programs and offer teaching faculty an additional point of view to use with both house staff and medical students. There are other excellent British textbooks, including some with largely Germanic influence, but I believe that this is the best one to bring American psychiatrists in contact with British and other European points of view.

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Science and Practice of Cognitive Behaviour Therapy

edited by David M. Clark and Christopher G. Fairburn. New York, N.Y., Oxford University Press, 1997, 437 pages, \$49.95 (paper).

Cognitive behavior therapy (CBT), in the words of David Clark in the preface to *Science and Practice of Cognitive Behaviour Therapy*, "has become a leading psychotherapy in most Western countries . . . [because] . . . of the close link between science and practice." This volume attempts to review the prodigious literature on the theoretical and practical bases for CBT.

CBT evolved out of the crucible of behavior therapy, and one of the early proponents of behavior treatment and theory in England was Michael Gelder. Along with such luminaries as Isaac Marks and Jack Rachman, Gelder established the Maudsley Hospital in London as an important center for work in this area. Under his subsequent chairmanship, the Department of Psychiatry at Oxford became a significant research center, particularly in CBT. It was in honor of Gelder's work that this book was dedicated as a Festschrift by the editors and contributors David M. Clark and Christopher G. Fairburn. Gelder himself wrote an excellent chapter, "The Scientific Foundations of Cognitive Behavior Therapy."

The book is divided into 2 sections. The first reviews the scientific foundations for CBT, including 5 short but excellent essays on the evolution of the field, the scientific data supporting cognitive theory and practice, information processing errors, and the like. The second section reviews the prodigious literature on the clinical application of CBT. Each chapter in this second section includes a review of the theoretical rationale for the treatment approach and clinical studies. There are 12 chapters dedicated to specific conditions such as panic disorder, depression, generalized anxiety disorder, and obsessive-compulsive disorder. There are even chapters on such diverse areas as hypochondriasis, atypical chest pain, and chronic fatigue, as well as an explication of recent developments in "Problem-Solving Treatment in Primary Care" by Dennis Gath and Laurence Mynors-Wallace. These are generally short, concise, and well-written chapters.

This book has much to commend it. It is thorough in scope but relatively brief in execution, making it a good review for a busy clinician or an excellent foundation for a survey course in CBT. It is not as comprehensive as other books on specific topic areas (e.g., the Aaron T. Beck and colleagues books *Cognitive Therapy of Personality Disorders* [Guilford, 1990], *Anxiety Disorders and Phobias: A Cognitive Perspective* [Basic Books, 1985], or the venerable *Cognitive Therapy of Depression* [Guilford, 1979]; or David H. Barlow's book *Anxiety and Its Disorders: The Nature and Treatment of Anxiety and Panic* [Guilford, 1998]) but represents a credible review of the current

status of CBT by acknowledged experts in the field. Alternative considerations of similar scope would include Judith S. Beck, *Cognitive Therapy: Basics and Beyond* (Guilford, 1995), or Arthur Freeman et al., *Clinical Applications of Cognitive Therapy* (Plenum, 1990).

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Panic Disorder and Its Treatment

edited by Jerrold F. Rosenbaum, M.D., and Mark H. Pollack, M.D. New York, N.Y., Marcel Dekker, Inc., 1998, 353 pages, \$99.75.

This volume on panic disorder offers comprehensive overviews by leading authorities for clinicians who diagnose and treat the disorder. The editors note that, although effective treatment is available, many patients continue to suffer because their problems are not recognized. Many experience attacks during which they feel about to die, yet successful treatment could give them back their lives. Drs. Rosenbaum and Pollack dedicate this book to improved care for such patients. They direct it toward psychiatrists, primary care physicians, and other clinicians who treat people with panic disorder. The book contains 10 chapters, beginning with diagnosis and treatment in primary care and the natural history of the disorder. Two chapters deal with etiology, including the neurobiological, genetic, and early environmental factors. Three more chapters cover treatment, including pharmacotherapy, cognitive-behavioral therapy, and approaches to dealing with treatment-resistant patients. Concluding chapters deal with hormonal influences (e.g., pregnancy, childbirth), relationship to alcohol and substance use, quality of life, and costs to society. An appendix reviews instruments for measuring panic.

The chapters are of consistently high quality, representing scholarly reviews of research in the field. Their authors make a concerted effort to synthesize material in an understandable and readable manner. I first turned to the chapter on treatment resistance by Roy-Byrne and Cowley, because I always have a few patients who have responded poorly to treatment. There, I found a thoughtful and thorough discussion, including a definition of treatment resistance, its prevalence, and approaches to consider. The authors indicated that most patients who do poorly have not been adequately treated or are intolerant of medication rather than being truly resistant. They provide important insights; for example, for 10% of panic patients, benzodiazepines are angiogenic, and some patients taking high doses of these drugs improve when the drug therapy is discontinued. The chapter seems to end abruptly, probably because I was hoping for more on enhancement or combination strategies, but not much is known about such strategies.

I felt the opening chapter on panic disorder in primary care was timely and especially well done. Panic is the most important anxiety disorder in medical populations, where it causes high service utilization. It not only complicates diagnosis and treatment, but interacts with medical illness in a detrimental fashion. Ballenger, in his extensive review, describes a variety of medical populations (e.g., patients with atypical chest pain, chronic lung disease) where panic disorder is frequently encountered. He also presents a solution to the undertreatment found in primary care. That solution involves screening patients and developing expertise within the practice using a psychiatrist or a trained physician extender.

Although the cause of panic disorder remains unknown, there is increasing evidence for the involvement of certain brain regions, neurophysiologic pathways, and neurotransmitter systems. As the authors of the chapter on neurobiology remark, the biological perspectives on the pathogenesis of panic have been energized by recent developments in neuroimaging and molecular genetics. They do not construct a comprehensive neuronal model (they have done this elsewhere¹), but point to an increasing variety of clinic implications—biological markers, pathophysiologic mechanisms, new treatment options—arising from work in this area.

A chapter on early life antecedents of panic is both extensive and thorough. The authors pull in findings from a number of fields, and go to some lengths to explain them. They explore the evidence for early temperamental antecedents, such as behavioral inhibition, and the etiologic significance of adverse early environments and parental attitudes. The authors of this chapter are especially thoughtful about their subject, noting, for example, that a child's anxiety may elicit overprotection from its parents just as parental overprotection may give rise to anxiety in a child. Much of the evidence in this area is preliminary. For example, behavioral inhibition in childhood is associated with adult panic, but may not be specific to this disorder.

The chapters on pharmacotherapy and cognitive-behavioral therapy are the high points of the book. Both are practical and full of good information on how treatments work, their limitations, and the means of ensuring best results. Points about how to manage sensitivity to medication and partial response to treatment as well as how long to continue drug therapy after remission has occurred are all useful. Clearly, cognitive-behavioral therapy is effective (perhaps more effective than pharmacotherapy) and has many uses apart from standard treatment, such as helping patients discontinue benzodiazepines. Ideally, both treatment approaches should be available.

The importance of panic disorder is underscored in the last chapter, which deals with morbidity. Not only does the disorder cause great suffering, but it also causes serious impairment. Persons with panic disorder have the highest utilization of medical services of any mental disorder, much of it unproductive. In 1990, the estimated cost of anxiety disorders, including panic disorder, was more than \$40 billion, most of it resulting from lost productivity. Because effective treatments are available, managed care has an opportunity to improve the quality of lives while reducing costs.

This volume provides an outstanding update on panic disorder for clinicians and, because it covers topic areas in depth, will be valuable for researchers as well. As is inevitable in an edited book, a few areas are not covered, such as clinical features, comorbidity, and mortality. However, the authors maintain a scholarly tone and point out limitations of current knowledge. In doing so, they point to many unresolved issues and questions. For example, does panic lead to the use of alcohol or does alcohol use give rise to panic? We have learned a lot about panic disorder in the past 2 decades, but still have much to learn.

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REFERENCE

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