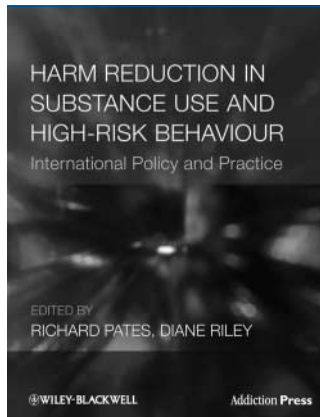


Book reviews

Edited by Allan Beveridge, Femi Oyeboode
and Rosalind Ramsay



Harm Reduction in Substance Use and High-Risk Behaviour

Edited by Richard Pates & Diane Riley.
Wiley-Blackwell. 2012.
£39.99 (pb). 488 pp.
ISBN: 9781405182973

This is a welcome and timely review of the policy and practice of harm reduction, particularly for UK policy makers and practitioners working with people with drug misuse, who are being encouraged to embrace the concept of ‘recovery’. Characteristically for addiction, a polarised debate is raging. In one corner there are those who believe that harm reduction, underpinned by opiate replacement therapy, simply perpetuates dependence and is a barrier to living a healthy and rewarding life, whereas abstinence from all drugs, both medicinal and non-medicinal, is the only valid measure of recovery. Russell Brand has been a recent vociferous champion of this view. Others have argued that harm reduction and recovery are not mutually exclusive concepts.

The editors have recruited a broad church of authors from many parts of the world – policy makers, academics, clinicians, educators, policemen, philanthropists and service users. It is refreshing and enriching to the field to have such an eclectic mix of contributions. At almost 500 pages, the book is a substantial tome, but it is easy to dip in and out of and never turgid.

The first section sets the scene with a historical overview of harm reduction and how it has been conceptualised around the world. There is a good account of the guiding principles of education, which underpins so much of the effectiveness of harm reduction, and how it differs from propaganda.

The next section focuses on international policy institutions, policy initiatives in the police service and in prisons, and the failure of the securitising approach in global drug control. There are some interesting contributions from advocates of drug use and ethicists who discuss harm reduction in the context of balancing benefits to the individual and society.

Section three describes specific harm reduction interventions across the main classes of addictive drugs, including alcohol and tobacco. The chapter on problematic compulsive behaviours focuses on gambling, which is now recognised as an addictive disorder in DSM-5.

Complications from injecting and the role of needle exchanges in harm reduction are highlighted. Supervised injecting facilities merited greater discussion in view of the current interest in the expansion of these services, particularly in the UK. I was disappointed that the chapter on stimulant use made no mention of contingency management, for which there is an increasingly

robust evidence base. The chapter on reconciling harm reduction with recovery is helpful for those caught in the headlights of this hot topic.

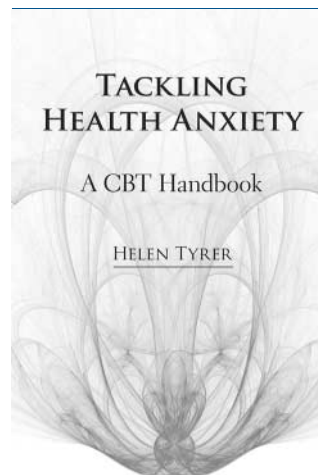
The final section takes the reader around the world (although there is no mention of China) and it is clear the UK is punching above its weight. The reluctance to let go of the prohibitionist model by politicians in North America is particularly apparent.

The multi-authorship brings with it considerable strengths, but some lack of harmony as well. For example, the chapter on cannabis discusses the psychopharmacological changes in dependence in great detail, but leaves the question of how to beat cannabis addiction in the air. There are no analogous accounts of the effects of opiate and alcohol addiction on the brain elsewhere in the book, which is a shame, because this awareness is critical to understanding the biological basis of both the compulsion to use drugs and relapse. Too often in addiction the profound effects of drug use on the brain are ill understood, and addictive drug use is simplistically conceptualised as a ‘lifestyle choice’.

The authors all have one thing in common. They bring an informed, thoughtful, compassionate, sometimes championing approach to the role of harm reduction interventions in improving the lives of people with substance misuse. It would have been interesting to give the abstentionist lobby the right of reply.

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Tackling Health Anxiety: A CBT Handbook

By Helen Tyrer.
RCPsych Publications. 2013.
£18.00 (pb). 150pp.
ISBN: 9781908020901

This slim and efficient book is in two parts. The first introduces the concept and features of health anxiety and a rationale for it replacing hypochondria as a diagnosis, while acknowledging overlap with somatoform disorders and medically unexplained symptoms. It argues the importance of recognition and appropriate treatment (by the right people in the correct setting) in reducing morbidity, reducing healthcare costs and improving overall outcomes for patients. The theory, techniques and practice of modified cognitive-behavioural therapy (CBT) for health anxiety are described.

Part two details the process of tackling common manifestations of health anxiety by ‘systems’ (cardiology, gastroenterology etc.).

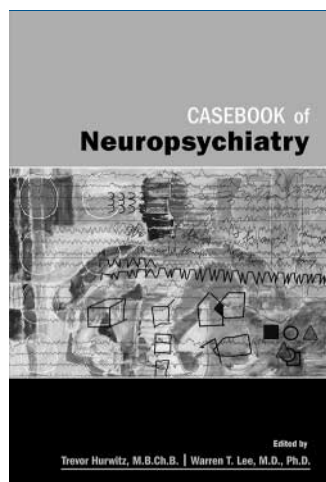
Fictionalised case presentations (sometimes including dialogue between therapist and patient) are used throughout to illustrate concepts and the practicalities of modified CBT.

This book is not written for psychiatrists, clinical psychologists or mental health nurse therapists. The stated aim is to encourage clinicians within general healthcare settings to provide CBT-informed interventions to patients with health anxiety. While accepting the arguments for this approach, it is uncertain that clinicians untrained in CBT would find the book sufficiently detailed to successfully deliver modified CBT; failure to mention clinical supervision of therapists is surprising. The explicit rejection of psychoanalytic mechanisms as having any role in the aetiology of health anxiety may be undermined by clinical examples that appear to show symptom resolution after 'catharsis'. It was disappointing that the concept of pathologically low anxiety about one's health (e.g. in people engaging in high-risk behaviours), mentioned in the introduction, is not developed. Little evidence is presented to support the clinical efficacy of the intervention or its tolerability to patients. A few errors of editing and proof-reading persist.

Nevertheless, there is much to recommend here. The patient group will be familiar to most psychiatrists, clinical psychologists and psychiatric nurses. The writing is clear, readable and memorable with suitably detailed and easily generalised examples. The useful descriptions of therapeutic strategies make them widely and immediately applicable; pitfalls or sticking points in therapy are anticipated, with strategies for tackling them clearly laid out. Various patients I have seen were brought vividly to mind while reading and I am hopeful that my approach to similar individuals in the future will be positively enhanced by this book and more efficacious.

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Casebook of Neuropsychiatry

Edited by Trevor Hurwitz & Warren T. Lee.
American Psychiatric Publishing, 2013.
\$75.00 (pb). 383 pp.
ISBN: 9781585624317

The discipline of clinical neuropsychiatry deals with a wide range of conditions across the domains of neurology and psychiatry. The study of organic disturbances in the central nervous system that give rise to mental diseases is equally challenging and fascinating, as illustrated by a number of recently published textbooks which have chartered this heterogeneous territory. What was missing from this rapidly evolving field was a practical tool to bridge the gap between the theory of brain–mind correlations and the

practice of cases routinely seen in neuropsychiatry clinics. This casebook achieves this goal by complementing existing textbooks and bringing the subject to life through a gallery of beautifully described clinical cases.

A team of experienced neuropsychiatrists from North America have joined efforts to cover the broad spectrum of neuropsychiatric conditions, in 38 clinical cases grouped into 11 sections according to the presenting symptoms. For example, the section on hyperkinetic states features Tourette syndrome in adults, psychosis associated with Huntington's disease, and tardive dyskinesia, while the section on alterations in consciousness includes descriptions of patients with Hashimoto's encephalopathy, dissociative disorders, anti-NMDA-receptor encephalitis, neuroleptic malignant syndrome, and neuropsychiatric systemic lupus erythematosus. For each clinical presentation, the reader is provided with evidence-based information on the differential diagnosis and diagnostic workup, neurobiological aspects and current treatment options. Key clinical points, suggestions for further readings and up-to-date references are a useful addition.

This book is at the same time informative and engaging, especially for those who are susceptible to the fascination of brain–mind interaction. Each of the 11 sections opens with a short introduction accompanied by a picture of the human brain, highlighting the neuroanatomical region which is critical for the understanding of the neurobiological context of the clinical presentations. Sometimes the choice of the brain region is obvious (e.g. hippocampus and inferior temporal lobe for the section on memory failure), but at other times it can be argued that the choice is less justifiable (e.g. basal ganglia for the section on depression). These are minor shortcomings for a practical volume which epitomises the current renaissance of clinical neuropsychiatry by reviving the tradition of Charcot's *Tuesday Lessons*.

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The Oxford Handbook of Philosophy and Psychiatry

Edited by K. W. M. Fulford, M. Davies, Richard G.T. Gipps, George Graham, John Z. Sadler, Giovanni Stanghellini & Tim Thornton.
Oxford University Press. 2013.
£95.00 (hb). 1344 pp.
ISBN: 9780199579563

Over 1300 pages long, comprising 73 chapters and featuring 90 authors, this is a massive book. Its sheer size alone is daunting, and when the editors breezily announce in the introduction that the text is primarily 'by philosophers for philosophers', one quakes a little at the prospect of actually reading it. The volume certainly