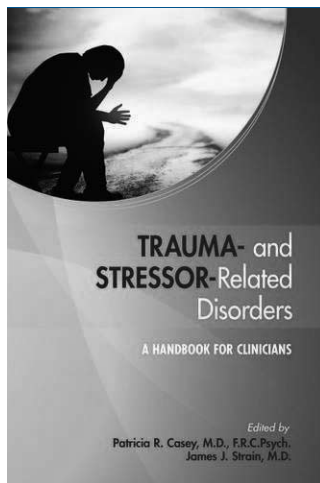


Book reviews

Edited by Allan Beveridge, Femi Oyeboode
and Rosalind Ramsay



**Trauma- and Stressor-Related Disorders:
A Handbook for Clinicians**

Edited by Patricia Casey
& James Strain.
American Psychiatric Association
Publishing, 2016.
£39.00 (pb). 220 pp.
ISBN 9781585625055

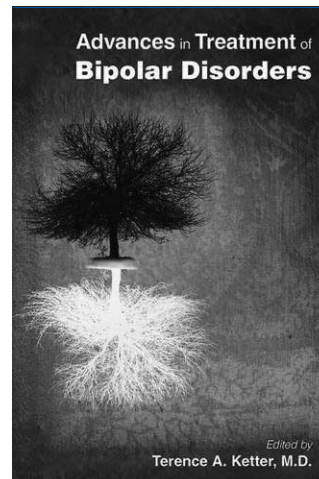
Trauma- and stress-related disorders are encountered by most psychiatrists regularly. However, with the notable exception of post-traumatic stress disorder (PTSD), they have received little academic attention. Other conditions considered more severe, such as depressive disorders, attract more interest and more research funding. Casey & Strain's book provides a much-needed guide to these debilitating but neglected conditions. The authors question whether the common stressor-related conditions of adjustment disorder (AD) and acute stress disorder (ASD) are mild sub-threshold conditions or threshold psychopathology.

The charge of 'the medicalisation of ordinary suffering' is one frequently levelled at psychiatry – a criticism based on the popular misconception that psychiatry views unhappiness, and even life itself, as pathology rather than as a core aspect of the human condition. Some academics have argued against the vagueness of the diagnosis and diagnostic criteria of AD and ASD, although this very factor makes them useful in clinical practice. Psychiatrists need the categories of ASD and AD to acknowledge distress with functional impairment which is in excess of cultural norms, without the need for a diagnosis of a depressive illness or anxiety disorder and its attendant ramifications for prognosis and treatment.

Trauma- and Stressor-Related Disorders provides a succinct, thorough overview of these conditions, without eschewing the controversies. The opening chapter sets the tone with the oft-debated topic of the borderline between normal and pathological responses to stress. Four chapters are dedicated to the much neglected diagnosis of AD, then one chapter each for ASD, PTSD, dissociation and bereavement. The final three chapters add further considerations: resilience in the genesis of these disorders, medico-legal matters, and the future for stress-bound conditions in the diagnostic criteria. The authors confront the controversies surrounding these diagnoses head-on, and stress the central role of the art of psychiatry: clinical judgement. The importance of clinical judgement, the skill of combining it with the diagnostic criteria and a nuanced understanding of the context and personalities in which disorders arise, is a strong theme in this book.

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**Advances in Treatment of
Bipolar Disorders**

Edited by Terence A. Ketter.
American Psychiatric Publishing,
2015.
£43.00 (pb). 365 pp.
ISBN 9781585624171

It has always been interesting to treat people with bipolar disorder, because of the challenges of their varied presentations and their inherent potential for originality. The advent of lithium and anti-psychotics opened the way for making real differences in their lives, but progress was slow in understanding the indications and limitations of treatments. Inspired clinician-researchers such as Jules Angst and Frederick Goodwin paved the way for a systematic approach to elucidating the condition. Charles Bowden's randomised controlled studies of valproate in the 1990s stimulated investment from the pharmaceutical industry that has enabled a firm evidence base to be developed and the introduction of a wide range of agents, particularly new antipsychotics and anticonvulsants with mood-modifying properties.

The challenge now for clinicians is to make sense of the new evidence and find ways to apply it for individual patients. The 2016 Guidelines of the British Association for Psychopharmacology provide a well written and balanced summary from a UK perspective. However, it is also instructive to recognise the perspective from the USA, where clinicians have different priorities and are very alert to new developments. Differences and indeed controversies exist – about the efficacy of anti-depressants, for example, and which agents deserve the epithet 'mood stabiliser'.

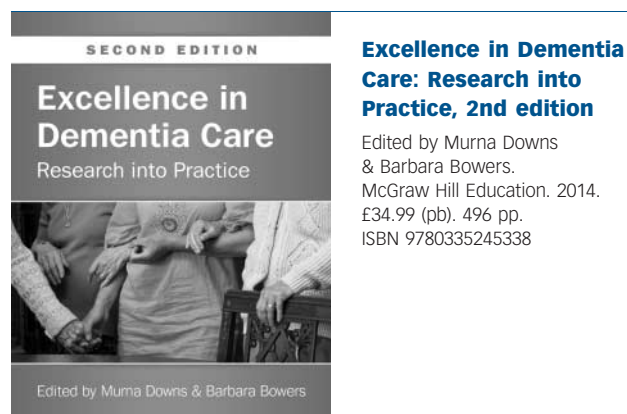
The editor and main author of this book, Terence Ketter from Stanford University, is known for his clear understanding of the relevance of clinical trial findings. With experts from specialist areas he presents eight chapters on topics ranging across the life cycle, and across the different phases of the illness. He analyses individual trials for what they tell us about the efficacy and side-effects of a particular drug, and how large a clinical effect it may yield, using number-needed-to-treat analyses and a five-tier hierarchy of evidence.

The chapter on mania endorses the combination of intramuscular haloperidol with lorazepam for severe agitation, in contrast to new National Institute for Health and Care Excellence guidelines (NG10, 2015). Ironically, although valproate does not have Food and Drug Association (FDA) approval for prevention, the combination of an antipsychotic (in the case of risperidone, quetiapine, aripiprazole and ziprasidone) with valproate or lithium does. For prevention in paediatric bipolar disorder the only FDA-approved medicines are lithium and aripiprazole. Amongst lower-tier options discussed are lurasidone and cariprazine, along with ketamine, modafinil, ramelteon and nutraceuticals such as omega-3 fatty acids. There is also a long chapter on pharmacology side-effects and interactions, a subject on which US clinicians are most expert.

This is a very useful book for any prescriber feeling frustrated by their limited ability to control bipolar disorder, whether in the acutely disturbed manic state, the resistant depressive condition, the complex mixed affective state, or in persistently recurrent illness. The book is up to date to 2015 and drugs not yet licensed for the condition are included.

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Excellence in Dementia Care: Research into Practice, 2nd edition

Edited by Murna Downs & Barbara Bowers.
McGraw Hill Education. 2014.
£34.99 (pb). 496 pp.
ISBN 9780335245338

Excellence in Dementia Care: Research into Practice is a book that demands attention, especially in an area where the best practice is not always well-publicised. However, the promise of the title raises expectations of academic rigour and of practical advice. This presents many challenges.

Style presents the first challenge. The book seeks to appeal to various audiences: practitioners and academics (in both health and social care), people with dementia, family members and policy makers. The style, therefore, has to compromise between these different groups' expectations. The compromise here is handled adroitly, combining elements of a student textbook (e.g. learning objectives for each chapter) with those of a practitioner's handbook (e.g. exercises and questions lending themselves to group discussion). The book does not quite meet the best standards for any of these genres – it is sometimes too chatty and under-referenced for a textbook, insufficiently didactic for a

handbook, and not always consistently up-to-date (a reference in a chapter to DSM-IV criteria was disappointing). Nonetheless, the compromise generally succeeds in offering something for everyone. There are hooks and discussions to engage all audiences, with many powerful case histories and each chapter starting with thought-provoking quotes. In particular, the concluding discussions on controversies in the field and pointers to further information will be helpful to most readers.

The second challenge is to choose content and depth of analysis for various points. Here the editors plumped more for breadth than depth. There are 27 chapters, divided into five general themes relating to dementia care: context, conceptualisation, best practice, care pathways, and promoting sustainable change. The breadth is impressive and the volume provides a referenced sourcebook for learning on many less accessible topics – such as the representation of people with dementia in the media. However, those wanting a deeper treatment of particular topics may need to supplement this book with other reading. The palliative care chapter, for example, offers only two pages on pain.

A further challenge is the choice of context. The wide-ranging geographical perspective is useful at a grand policy level. The sheer variety of contributors, from all types of academia and practice, provides many different viewpoints. There are some outstanding chapters – particularly those on selfhood and the body in dementia care, whole person assessment, ethics, and bereavement. However, practitioners may find that the content of some chapters appears less relevant in the UK where the social issues and organisation of services is markedly different from that described.

Perhaps it is questionable whether the content really matches the title. *BJPsych* readers using this as a textbook or reference source may want greater information on certain topics and a more consistently academic approach, while dementia care practitioners using it as a handbook might want the many exercises provided to be clearer in providing answers and practical approaches to the often thought-provoking questions they raise. However, almost anyone with any interest in this subject will learn something new from this book. It can be highly recommended for students or trainees seeking more information on dementia care practice, and for anyone concerned with health or social care policy seeking a well-researched and lively exposition of a diverse range of topics.

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