

After describing the scientific, medical, psychiatric and public health approaches to alcohol misuse, he comments on Biblical references to drunkenness and gives a detailed analysis of St Paul's teachings on the divided self and St Augustine's teachings on the divided will. He compares these experiences of internal conflict with subjective awareness of compulsion to drink. There is usually, in the successful combating of addiction, a first-order desire: 'I want a glass of wine,' and a second-order volition: 'I want not to want to drink'. Therefore, the self and the will are divided between 'delight in God's law' with refraining from drinking, and craving, 'waging war against the law of [one's] mind'.

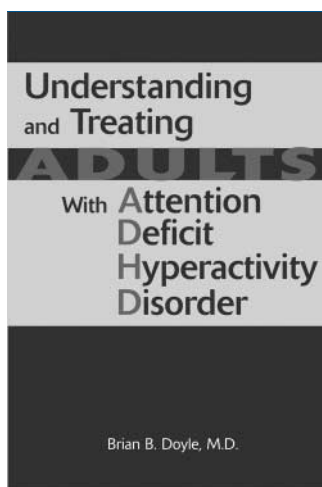
Alcohol misuse is compared with the tendency to sin, in which all are tempted but some manage to resist. St Paul indicated the power of sin to enslave and the freedom that comes in Christ; the conflict between will and action.

This theological model of addiction, which Cook applies to believers and non-believers alike, is developed both for individual and public health treatment. The internal conflict is serious; to be freed from addiction, a second-order volition is necessary – to want to want not to drink. However, the addict needs more than their own will power, as recognised by Alcoholics Anonymous, and the grace of God can come to all. Cook reckons that theology can be an important corrective to the tendency towards reductionism and determinism in contemporary discourse, with their consequence of nihilism in treatment. It is, therefore, an active and optimistic model.

This book is both explanatory and hopeful. Cook rejects the outmoded 'moral' model of alcoholism but proposes a theological model to explain how the battle for the will can be won by the grace of God. Although the book has addiction and its treatment as its central theme, there are also useful insights on the much-neglected area of the psychopathology of volition, which are relevant for other areas of psychiatry.

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**Understanding  
and Treating adults  
with Attention Deficit  
Hyperactivity Disorder**

Brian B. Doyle.  
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Attention-deficit hyperactivity disorder (ADHD) is common, yet much neglected, in the adult population. It is characterised by developmentally inappropriate levels of attention, impulsivity and overactivity that start in early childhood and, in the adult

condition, persist as a chronic trait-like condition. Around 15% of children diagnosed with ADHD retain the full diagnosis at 25 years of age and another 50% are in partial remission with persistence of significant symptoms associated with clinical impairments. The clinical picture shows age-dependent changes with decreasing levels of hyperactivity/impulsivity, persistence of behavioural inattention and development of internalising symptoms such as mood instability. In adults ADHD is further complicated by the increased risk for developing comorbid anxiety, depression, personality disorder (including antisocial behaviour) and substance use problems. Importantly, adult ADHD is a treatable condition with a response rate to stimulants that is similar to that seen in children yet, in the UK, there is a lack of training and information on how to diagnose and treat this condition.

This book therefore fills an important role in providing detailed information on diagnostic and treatment approaches to ADHD in adults in an accessible format. It is aimed at clinicians with the focus on diagnosis and medical treatments, particularly with stimulant medications (methylphenidate and dextroamphetamine). Other mental health workers, as well as patients and their families, wishing to learn more about the disorder would also benefit. Psychological interventions are well covered with general strategies and approaches but lack the detail required by specialists developing work in this field.

It begins by addressing the issue that ADHD remains a controversial diagnosis, even more so in adults than in children, resulting in many individuals not getting the help they need. The initial chapters deal with descriptions of the well-established disorder in childhood and lead on to ADHD in adults. This is a logical order that follows the developmental course of the condition from childhood through to adult life. The review of longitudinal follow-up studies is central to recognising how common the disorder is in adults and the chapter on the neurobiology of ADHD clearly delineates it as a neuropsychiatric disorder.

Guidelines for making the diagnosis are provided that cover common-sense approaches of taking a good clinical history, (including special attention to developmental accounts and using supportive evidence from informants), rating scales and neuropsychology. The author correctly points out that there are currently no tests for ADHD, with only low sensitivity and specificity from neuropsychological measures. One area that needs further development is the account of the mental state in ADHD. The author states that there are no standard or diagnostic symptoms in the mental state, yet clinicians working in this field widely recognise that there is a phenomenology of ADHD with, for example, subjective accounts of difficulties in attending, ceaseless, unfocused mental activity, difficulties sustaining effort on tasks and distractibility. This is covered in a short section that importantly mentions that a changeable mood is also characteristic of ADHD. The rest of the book focuses on descriptions of the key comorbid disorders and treatment approaches. Use of medication in the treatment of adult ADHD is particularly well covered. The overlap between ADHD and bipolar disorder is reviewed and clarifies that this does not refer to bipolar I disorder, but with less severe forms of chronic mood instability. The differences between them are also outlined. Finally, the book deals with treatment resistant cases and treatment of ADHD in the context of various common comorbidities.

This is an excellent book that provides a primer for general psychiatrists needing to increase their knowledge of a common yet widely neglected source of psychiatric morbidity. Some of the sections are specific to local issues in North America, such

as discussions of ADHD in Hispanic and African American people and sections relating to US legislature. Prevalence figures cited for children in the US of up to 10% can be off-putting to UK clinicians, particularly those who might already be sceptical. However, the author is careful to highlight the importance of clinical impairments and not just the existence of symptoms alone or minor impairments in work performance. This short, accessible

book will serve general adult psychiatrists well and bring them up to date in a key area of psychiatric treatment.

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