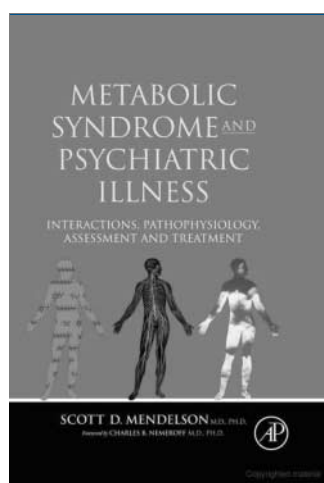


Paris also critically analyses research on psychotherapy. He recognises that the benefits of therapy are not specific to any theoretical orientation, but emanate from good empathy and interpersonal skills, skills that psychiatrists are in danger of losing with the current emphasis on biomedical approaches.

However, for all his concern to restore the humanity to psychiatry, Paris still believes that neuroscience will unlock the secrets of psychiatric disorders eventually, at least the severe ones. He holds out for a foolproof system of diagnosis based on biological markers of underlying diseases. It is difficult to know how this vision is compatible with his opposition to reductionism in psychiatry. If psychiatric problems can be traced to specific abnormalities in brain function, psychiatry is surely right to focus on biological interventions, and other approaches are simply cosmetic. If Paris wants to restore attention to the whole person, a more fundamental critique of the view of mental illness as a form of brain disease is required.

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doi: 10.1192/bjp.bp.108.056275



Metabolic Syndrome and Psychiatric Illness: Interactions, Pathophysiology, Assessment and Treatment

By Scott D. Mendelson.
Academic Press. 2008.
£57.99 (pb). 224pp.
ISBN: 9780123742407

There was a time, not so long ago, when weight gain in psychiatric patients was a matter of passing note, something unexceptional in the lists of adverse effects of psychotropic medications (usually quite far down) or, with resignation, attributed to 'poor lifestyle'. How things have changed! Obesity and its metabolic associations have come to occupy a prominent place in the psychiatric literature. While this undoubtedly reflects wider concerns such as the 'obesity epidemic' and healthcare inequalities, for psychiatry interest was initially stimulated by the realisation that the miracle many attributed to so-called 'atypical' antipsychotics might be tainted. Enter Gerald Reaven's concept of metabolic syndrome ('syndrome X', as was), a concept underpinning an intricate set of observations with potentially profound implications. As a number of studies (including the Clinical Assessment Trials of Intervention Effectiveness (CATIE), in one of its few findings to be accepted uncritically) prevalence alone, at over 40%, justifies concern.

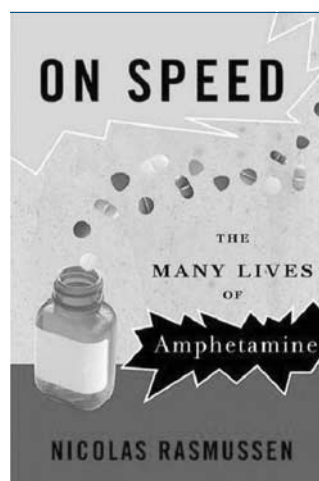
This book provides a detailed overview of metabolic syndrome and comes with powerful endorsement from prominent figures in American psychiatry. The author, a psychiatrist with a research background in neuroendocrinology, demonstrates an awesome knowledge of the fields of metabolic and nutritional medicine

and the comprehensive and up-to-date reference lists are tribute to both his knowledge-base and the speed of publication. Potential readers should, however, note the title. This book 'does what it says on the tin', not restricting itself to conceptualising metabolic syndrome as a consequence of psychiatric illness or its treatment, but speculating on ways in which metabolic disorder may itself contribute to the progression, if not development, of a range of psychiatric disorders. At one level this is innovative and fascinating; at another it diminishes the scholarship of the work by diluting fact in a deal of speculation. This, combined with brief outlines of psychiatric disorders preceding detailed discussion of metabolic points (irritating to the specialist reader), an absence of illustrations (essential for visually reinforcing dense metabolic material) and frequent resort to the first person, create the impression of a personal memoir whose primary constituency might lie beyond psychiatry.

The observations underpinning metabolic syndrome are tantalising, providing a framework for vague concepts such as stress and inflammation, and reinvigorating research disciplines such as neuroendocrinology that have hitherto not fulfilled their potential, all of which is lucidly outlined here. It is ironical, however, that as psychiatry delves ever-deeper, general medicine seems to be retreating, with an increasingly intense debate on not only the value of metabolic syndrome, but its very validity. For clinical psychiatrists, the concept can still have merit in emphasising that obesity is not just a cosmetic issue and that the doctor in us is responsible for overall patient welfare – including the consequences of our treatment decisions. For those psychiatrists who still value the doctor in them, the bigger points and general message of this book are just reward for the read.

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doi: 10.1192/bjp.bp.108.053462



On Speed: The Many Lives of Amphetamine

By Nicolas Rasmussen.
New York University Press. 2008.
US\$29.95 (hbk). 400pp.
ISBN: 9780814776018

The name Gordon Alles may not be as famous as that of Albert Hoffman but the chemist who synthesised beta-phenylisopropylamine deserves as much recognition as the progenitor of lysergic acid diethylamide (LSD) if the impact of his drug in the world were your guide. Alles' creation is better known as amphetamine, which, with its numerous sister compounds, including methamphetamine, MDMA (ecstasy), methylphenidate and fenfluramine, are pivotal in the history of psychiatric therapeutics in ways that have been forgotten in the light of

awareness of the potential misuse of these drugs and their behavioural toxicity.

Rasmussen is to be congratulated for excavating this hidden history. If you are interested in the history of addictive substances, then the 85 pages of footnotes that go with the 260 pages of text and 37 illustrations prove a distraction to a fascinating narrative. The story will take you by surprise in many ways, whether it be the scale of military use of amphetamine in Second World War and subsequently or the forgotten history of amphetamine as the first mass-marketed antidepressant (textbooks that start the story with imipramine need revision). Rasmussen documents in some detail how the discovery of the neuropharmacology of the amphetamines over several decades, much based on Skinner box experiments with rats, relates to development of the anti-depressants (monoamine oxidase inhibitors, tricyclics, selective serotonin reuptake inhibitors) and the dopamine hypothesis of psychosis. Connell's work on amphetamine psychosis is cited along with British studies from Newcastle on the use and misuse of prescribed amphetamines in the early 1960s in what is mainly a US-centred story with diversions to Germany, Australia and Japan along the way.

The potential for misuse of amphetamines was apparent from the outset when Alles tried his own creation and described a euphoriant and energising effect. The early, pre-1950 descriptions of amphetamine misuse and drug-induced psychosis among military personnel, students and those in the jazz music world, who were breaking open benzedrine inhalers in order to ingest high doses of amphetamine, are a prelude to the better known stories of the stimulants as they relate to the Beatniks, the

1960s counterculture and the 'rave' scene. However, official recognition of the harmful nature of these drugs and effective regulation of the pharmaceutical industry in relation to their production comes late in the story and had to await an epidemic of methamphetamine injecting and a broader concept of the nature of drug dependency from the World Health Organization than one restricted to the presence of a definite physiological withdrawal syndrome. Large profits were, of course, at stake.

If Rasmussen had finished his story in the 1970s, it would be one of rise and fall; bringing it up to the present day it becomes rise and fall and rise again. The recent rise is multi-faceted and includes the MDMA story, the rise of methamphetamine or 'ice' as an illicit drug easily made in a kitchen laboratory and as readily smoked as injected and, most surprising of all, a resurrected licit market for methylphenidate and amphetamine itself in relation to attention-deficit hyperactivity disorder (ADHD) as well as a persistence of the diet-pill industry. The use of amphetamines for ADHD, once seen as a rare disorder, in the USA is now on such a large scale that once again the diversion of these drugs into the illicit market is a significant concern.

This is a work of impressive scholarship on the life story of a family of drugs that continue to offer 'pep' in abundance in the capitalistic culture of the industrialised world despite a lack of evidence for objective performance enhancement.

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doi: 10.1192/bjp.bp.108.057661