comprehensive, within the limits of the research work available. It is accessibly written and I strongly recommend it as a complement to more clinically focused books.

The book begins with a chapter on the history of the subject by William Parry-Jones, who was the inspiration for the series in which it appears, and this volume is dedicated to his memory.

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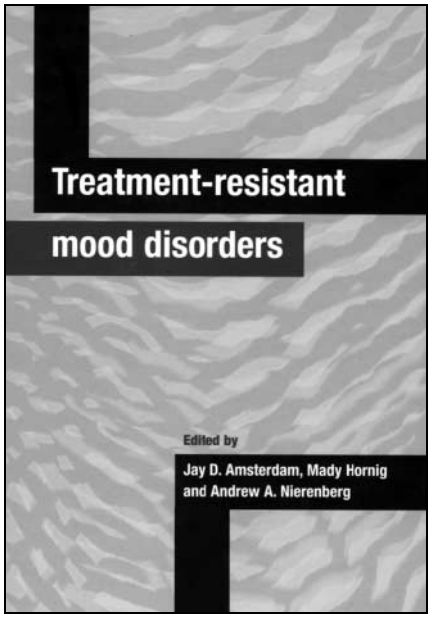
Treatment-Resistant Mood Disorders

Edited by Jay D. Amsterdam, Mady Hornig & Andrew A. Nierenberg
Cambridge: Cambridge University Press. 2001. 535 pp. £65.00 (hb). ISBN 0 521 59341 7



Given the strong evidence of the high prevalence of treatment-resistant and/or chronic affective disorders in the population and the impact that these conditions have on our services (not least in psychiatric out-patient clinics) a book on this topic is welcome. Each chapter is written by an expert and contains a wealth of detail and a good review of the literature. It is slightly out of date and this is a particular problem in relation to the chapters on neurobiology: for example, the imaging chapter does not include Shah *et al*'s (1998) influential study. The main problems, however, are that many of the chapters are written by people with strong views supporting their particular strategy and the chapters written by those taking an overview have an uneven use of evidence. These two problems amplify rather than counteract each other. For example, the chapter on electroconvulsive therapy (ECT) is written by Max Fink, who is overwhelmingly positive about the role of ECT in these cases (e.g. he writes, 'When depression is still debilitating after two adequate medication trials, ECT is the proper treatment'), and the debate on whether ECT response is reduced in patients who fail on medication is not discussed despite much recent controversy and research in this field. The overview chapter rehearses some of the studies without analysing the quality of the evidence. A further example is the use of T_3: this is enthusiastically supported by Joffe and lukewarmly supported in the overview chapter but nowhere is the fact that much of the evidence is based on open and/or poorly designed studies discussed. This part of the book therefore compares unfavourably with publications on the use of ECT that give recommendations and also indicate the strength of the evidence (e.g. Anderson *et al*, 2000).

However, in the chapters away from evidence base and algorithms the book has considerable strengths and gives very good summaries and a distillation of clinical wisdom about these disorders in a variety of populations, including adolescents, the elderly and the current or recently pregnant. These discussions would help the clinician with the assessment and management of cases and provide a logical basis for therapeutic trials. The book is also strong on the psychological aspects and it is pleasing to note that dysthymia – a difficult concept in relation to these disorders – is sensibly handled, as this has often caused confusion in the US/UK literature.

One often looks in these American books for tricks that will help in one's clinical practice, and I thought that I had found one with the description of the concept of tachyphylaxis, which was described as the loss of initial response to treatment despite maintenance of the drug at the initially effective dosage – I could see my patients telling their friends that the doctor had said they had a bad case of tachyphylaxis. However, a dictionary definition of this term is the *rapidly* decreasing response to a drug after a *few* doses, and so this does not fit the common clinical scenario (sometimes called, usually on the internet, 'poop-out'). Perhaps we need a new term? Bradyphylaxis? Or perhaps good old-fashioned tolerance would suffice.

Anderson, I. M., Nutt, D. J. & Deakin, J. F. W. (2000) Evidence-based guidelines for treating depressive disorders with antidepressants: a revision of the 1993 British Association for Psychopharmacology guidelines *Journal of Psychopharmacology*, **14**, 3–20.

Shah, P. J., Ebmeier, K. P., Glabus, M. F., *et al* (1998) Cortical grey matter reductions associated with treatment-resistant chronic unipolar depression. Controlled magnetic resonance imaging study. *British Journal of Psychiatry*, **172**, 527–532.

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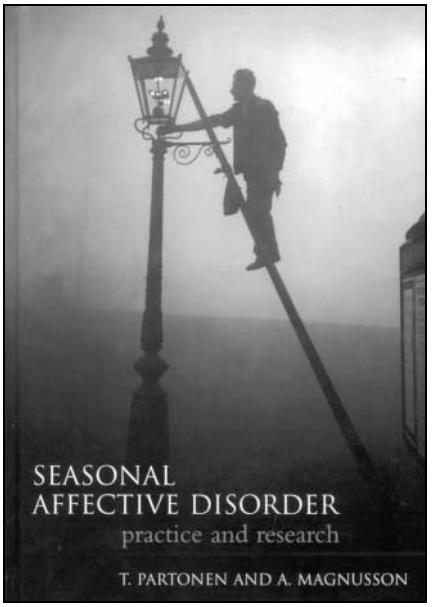
Seasonal Affective Disorder: Practice and Research

Edited by Timo Partonen & Andres Magnusson. Oxford: Oxford University Press. 2001. 311 pp. £59.90 (hb). ISBN 0 19 263225 6



As bright February sunshine poured through my window, I thought how appropriate that I should be reading about seasonal affective disorder (SAD). We all know how such sunny spring days can lift the gloom induced by weeks of grey cloudy skies and the endless drizzle of a British winter. However, is there a deeper intensity of winter gloom and the need for earlier,

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brighter light for some – the sufferers of the relatively recently recognised, and aptly named, SAD? This seems to be the book to find out. As the title suggests, the book benefits from using a broad research base to back up its claims. I was also impressed by the comprehensive coverage, ranging from clinically oriented chapters on diagnosis and treatment to more academic discussions related to demographics and postulated aetiologies. The condition remains controversial but sceptics are likely to be reassured by the acknowledgement of limitations to existing research found in most chapters. Supporters of the condition would benefit from consideration of the chapter by Eastman outlining the evidence that a placebo effect of expectation might account for positive results in many trials of light-box therapy. They should also critically appraise the evidence for the psychometric properties of the Seasonal Pattern Adjustment Questionnaire, a retrospective self-report measure initially designed to screen for, but not diagnose, SAD and upon which much of the research into SAD relies. The sceptics will gain food for thought from the detailed evidence regarding symptom patterns, epidemiology, comorbidity and treatment.

Those of us who do not have ready access to light-boxes or who have missed the seasonal aspect of a depressive disorder, reported by the book to occur in at least 1 in 100 adults, will be reassured to know that although light-box therapy is recommended, selective serotonin reuptake inhibitors seem to be as effective in achieving recovery and advising patients to have a brief walk each morning may also help. The fact that one chapter recommends that patients browse at different light boxes in cafés prior to purchase suggests that Britain may be lagging behind other countries in public awareness of the disorder.

The book has a clear style and provides a broad but detailed introduction to SAD. I would recommend it to clinicians seeing people with depressive disorders and to researchers in the field. I would encourage all to keep an open mind to the evidence presented and to its critical appraisal.

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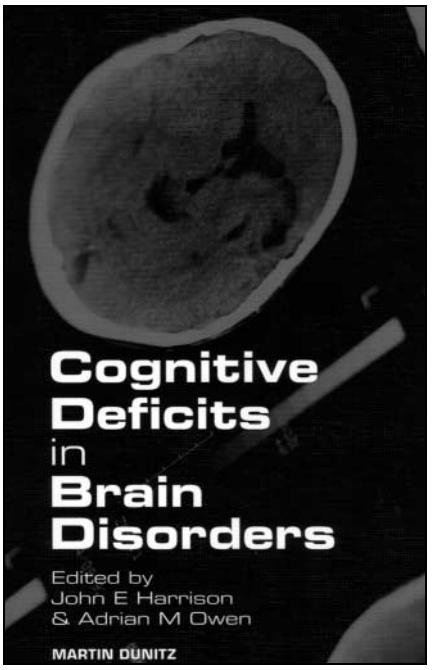
Cognitive Deficits in Brain Disorders

Edited by John E. Harrison & Adrian M. Owen
London: Martin Dunitz. 2002. 370 pp. £39.95 (hb). ISBN 1 85317 921 3



Act 1, scene 1: The editors sitting in a bar discussing neuroscience. They reflect that they have both often been asked to recommend a book that would summarise cognitive deficits in neuropsychiatric disorders for clinicians. They regret that they have been unable to do so, as they know of no such text. Then and there they resolve to remedy this situation. Skip to the punchline, have our heroes succeeded in their quest? Well, not quite but neither is their endeavour a failure. With the help of a broad cast of contributors they do provide us with an informative overview of the neuropsychology of assorted neurological and psychiatric disorders.

The problem is not so much what is included but what is missing. I was surprised that there was no discussion of dementia with Lewy bodies. Similarly, there was no chapter on vascular dementia. The paragraph on the differential diagnosis of Alzheimer's disease discusses both delirium and depression, but does not refer to either Lewy body or vascular dementias. The book's approach is that an understanding of the neuropsychology of disease states provides a vital source of information about normal brain function. While not disagreeing, I believe that this relationship is bidirectional and that an understanding of normal functioning is essential in order to address deficits in clinical populations. I had hoped that this book could be recommended to clinicians/trainees wanting a text that summarises the normal changes in cognition with ageing. Unfortunately, this is not the case, as normal ageing and the concepts of age-associated memory impairment, mild cognitive impairment and so on are not comprehensively discussed.

However, research and statistical methods, commonly used neuropsychological tools, neuropsychological concepts and overviews of a number of disorders of interest to a broad range of clinicians are clearly described. Perhaps the target of a comprehensive review of cognitive deficits for such a varied field of neuropsychiatric disorders was too ambitious.

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The Frontal Lobes and Neuropsychiatric Illness

Edited by Stephen P. Salloway, Paul E. Malloy & James D. Duffy. Washington, DC: American Psychiatric Press. 2001. 274 pp. £49.95 (hb). ISBN 0 88048 800 X

This text is intended as a summary of the relationship of the frontal lobes to neuropsychiatric illness. To some extent it is an expansion on a special issue of the *Journal of Neuropsychiatry and Clinical Neurosciences* (1994: vol. 6, pp. 341–477) covering a similar topic. The book begins with the anatomy and function of the fronto-subcortical circuits, which are elegantly explained with colour figures. An attempt is made at this early stage to incorporate neurochemical concepts into an overall neuroanatomical behavioural view of the frontal lobes.

The next section concentrates on the orbitofrontal cortex (again lavishly and helpfully illustrated), outlining in more complexity its role in the regulation of behaviour. In particular, studies in humans are discussed, as is the role of the orbitofrontal cortex in such conditions as drug dependency and obsessive–compulsive disorder. The area of working memory, and its dysfunction in schizophrenia, and the

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