Book reviews

EDITED BY SIDNEY CROWN and ALAN LEE

Everything you Need to Know about Old Age Psychiatry

Robert Howard presents the proceedings of another of the admirable Maudsley courses. We are not told its date, but evidence suggests 1998. It is an excellent update, although not cheap (except perhaps by comparison with attending the course) and given its ephemeral nature might have been more worthy of paperback format. The range is apt and wide. It includes genetics and prions; clinical, forensic and service aspects of the dementias; ethical questions; and a range of topics on functional disorders.

The contributors include many of the 'usual suspects', as well as less familiar names, and the standard of content and presentation is high. There is much nowadays that is technical and intricate, and some sections need close attention, but reading this book is real 'CPD'. None of the contributions reads like a mere verbatim text of a talk, and several must have been extensively reworked or re-edited for the book (at least, one hopes they were, for they would have made difficult listening). Thus, the pitfalls of publishing 'conference proceedings' have been successfully avoided.

Daunting, alongside some of the science, are names of new drugs, many being no doubt electronic coinages. A course of some of the listed new antidepressants, at £30 or £40 per month, may cost twenty or thirty times as much as a similar course of amitriptyline. This raises the naughty thought of a trial of the effect on their depression of giving to some depressed old people, instead of the drug, an equivalent addition to their pension. Happily, since the work was published, some prices have come down somewhat from those quoted.

My only small gripe is the dumbed-down title: Aubrey Lewis would shudder, and rightly. The editor writes that he chose the title in a "particularly cheerful and expansive state of mind", thereby leaving much to the imagination. But no one should be adding to the dumbed down that is already ubiquitous in academia, and the book, good as it is, is a long way from being 'everything'. Perhaps Dr Howard might choose an alternative for the future volumes (and courses), which one hopes that he will continue to produce.

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Aging and Male Sexuality

This book goes a long way towards disentangling the complexities of an increasingly common clinical situation. Imagine a 70-year-old man with depression, complaining that he is having problems achieving and maintaining erections. He suffers from diabetes, and is taking antihypertensives and an antidepressant. How much of his sexual dysfunction is a complication of his diabetes, a symptom of his depression, a side-effect of his medication or just to be expected in a man of his age?

In this excellent book Schiavi reviews the available research findings to elucidate the current state of our knowledge in this field. This involves a truly multi-disciplinary overview, including the science of ageing in the introductory chapters to give some estimate of how the 'healthy' ageing process affects sexual behaviour in men. Later chapters attempt a thorough and systematic review of the factors that can affect sexual function in older men, including medical and psychiatric illness and the effects of drugs (including alcohol). There is even a very welcome chapter reviewing what is known about the sexuality of older homosexual men, although this partly serves to demonstrate the paucity of research in this area.

The book's main strength is the author's insistence on the importance of the social, cultural and relationship context of sexual behaviour. In an era of sexual medicine, when male sexual dysfunction seems to have been reduced to a mechanistic problem to be solved by swallowing a tablet of sildenafil, it is refreshing to find a leading researcher taking this stance. He deplores the use of outcome measures such as coital frequency when motivational and affective dimensions of the sexual experience are ignored. He berates clinics that ignore the organic factors so common in the
sexual problems of the ageing male, but equally criticises medical approaches where the evaluation of psychological factors is “cursory at best”, with the focus on the penis at the expense of the individual and the context of his life. This is emphasised by the helpful and judicious use of case histories to illustrate the full range of presenting problems.

This is an authoritative yet readable book that should be helpful not just to those working specifically with older patients or in psychosexual clinics, but to any clinician interested in sexuality and how people in our society come to terms with the physical and psychological changes of ageing.

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Lost Innocents: A Follow-Up Study of Fatal Child Abuse
ISBN 0 415 20270 1

This excellent book reports on the authors’ second major study into fatal child abuse in the UK. It is a follow-up to their report, Beyond Blame (Reder et al, 1993). The book describes the findings of their study of the 112 part 8 reviews (a part 8 review is the procedure carried out by local area child protection committees and local authorities after a child has been killed or seriously harmed by his or her caregivers) reported to the Home Office during the year ending March 1994.

Reder & Duncan describe many significant findings, outline implications for practice and make important recommendations. For example, they suggest that many assessments of risk are inadequate, owing to a failure to obtain comprehensive information on caregivers. They discuss ‘cumulative error’, where a number of factors or decisions (each of which may be relatively harmless) may interact and compound each other so that the risk of a disaster is greatly increased. The need for a coherent framework to guide assessments is discussed. Strong arguments are made for the adequate resourcing of services and proper training and supervision of professionals. A revised model for case reviews, which would both allow for disciplinary action where appropriate but also enhance opportunities to learn how to improve practice, is considered.

This book, attractively presented, with well-chosen case vignettes and excellent reference list, author and subject indexes, should be required reading for health, social services and other professionals involved in working with children, especially (but not only) in child protection work. Professionals (including psychiatrists) who work in adult services should also read it, as they may be in a position to make important contributions to the identification and prevention of child abuse. Those responsible for planning services and allocating resources also need to consider the messages of this study. It is to be hoped that the findings of Reder & Duncan, along with other recent work in this area (e.g. Dent, 1998), will help in developing services to protect children from harm.


The Use of Psychological Testing for Treatment Planning and Outcomes Assessment (2nd edn)

This large volume is divided into four sections. The first begins with three useful chapters on the use of psychological tests in psychiatric screening, treatment planning and outcome evaluation, respectively. The section also contains good chapters on statistical procedures for single case designs and for group data, and a rather pedestrian chapter providing guidelines for the selection of tests for planning treatment and assessing outcome.

The bulk of the book consists, not, as one might expect, of review of available instruments for use in different circumstances, but of chapter-by-chapter reviews of particular instruments. In themselves the chapters are a useful source of information concerning these tests. However, no rationale is provided for the choice of the instruments reviewed or the exclusion of alternatives. Some are obvious choices, such as the Beck scales and the immortal Minnesota Multiphasic Personality Inventory and Rorschach test. For others, I would have liked to have been convinced that these were the best available measures of their kind. From the point of view of a UK reader, the choice reflects the North American origins of the book and omits such widely used measures as the General Health Questionnaire. Another example is the assessment of marital satisfaction by means of the Snider and Aikman measures, whereas in the UK the Golombok-Rust Inventory of Sexual Satisfaction is preferred. Interestingly, the only measure of British provenance is the Hamilton Depression Inventory, an Americanisation of Max Hamilton’s standardised clinical interview published in 1960.

There is a loose structure to each chapter which involves a description of the development of standardisation, psychometric properties, uses and interpretation. Beyond this the editor appears to have left it to the discretion of individual authors. Some have included case examples, some problems and limitations.

A book of this size is unwieldy. Even if one accepts that it is unlikely to be anyone’s choice of bedtime reading it is unnecessarily bulky, even as a reference work. Fewer and fewer people work with both children and
adults and in my opinion the child and adult sections should have been separated into two volumes.

Its main use is likely to be as a source of information on a particular psychometric instrument, once one has identified it as a focus of interest and established, presumably through a database, that it has a chapter on the instrument in question.

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**What Works with Children and Adolescents? A Critical Review of Psychological Interventions with Children, Adolescents and their Families**


Until relatively recently the evidence base has seemed to play little part in the planning of child and adolescent mental health services (CAMHS). Treatments offered to children and families attending many services have therefore been determined as much by the background and interests of the professionals running the service as by the needs of the child. Planning guidance for the purchasers and providers of CAMHS has also tended to eschew the evidence base, placing more emphasis on features like accessibility and comprehensiveness. As a result, in some areas it is possible that families have had easy access to comprehensive services that are at best ineffective or at worst harmful.

Empirically supported interventions have not thus far been widely used by CAMHS for many reasons. One of the most important is the assumption that the evidence base is too thin to allow rational choices about which treatments a service should offer. This book, along with other recent reviews, shows that the evidence base for psychological treatments is in fact larger and stronger than is often believed. In the book, Alan Carr and nine other psychologists present a review of the literature from 1977 to 1997. Many clinical problems are covered, including child abuse, elimination disorders, hyperkinesis, behavioural problems, substance misuse, anxiety, depression, eating disorders and pain. Within each domain the main psychological treatments are described and their evidence base is tabulated. The methodological features of the key empirical studies are described and their results displayed as effect sizes. Each chapter concludes with a summary of the evidence and with helpful lists of references to training manuals and self-help guides for parents and children.

*What Works with Children and Adolescents* is a very useful and comprehensive introduction to the empirical basis for the psychological treatment of child and adolescent mental health disorders. Any book that is as ambitious as this will inevitably have some problems. There were technical difficulties with the review: for example, the authors did not find every relevant study and they sometimes missed important methodological problems in those studies that they did identify (such as inadequate randomisation procedures). Moreover, the field is moving fast at the moment, so that some of their conclusions have been overtaken by the findings from more recent studies. Nevertheless, this is a helpful contribution that would make a useful addition to the departmental library.

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