Diagnostic and Statistical Manual of Mental Disorders (4th edn, text revision) (DSM–IV–TR)

The arrival of a book for review usually gives rise to pleasant anticipation, and whatever criticisms have to be made, it is that almost always possible to find some pleasant things to say. But finding praise for this tome is a problem – it is a volume too far. It is to be hoped that the authors of DSM–IV–TR agree that the assembly of psychiatric classifications has much in common with the compilation of dictionaries. They will then be in good company, since that most distinguished of lexicographers, Dr Samuel Johnson, warned that “lexicographers should never expect praise; they can hope only to escape undue criticism”.

The good news is that ‘TR’ refers to revision confined to the text of the descriptions and explanations that are a preamble to the lists of criteria by which the disorders are identified; with one exception discussed later, there are no changes to the criteria themselves. Presumably this means that DSM–V is some years in the future. The textual revisions that have been made are few and far between, which makes it difficult to understand why it has been thought necessary to reproduce the many hundreds of pages that are unchanged. The diligent reader will find the gist of these textual changes listed in the 14 pages of Appendix D, towards the end of the volume. This is not actually hidden, but it would have been helpful if its presence had been announced loudly and clearly in a more obvious place. Having read Appendix D, it is impossible to avoid asking “Why not just publish these changes in a small pamphlet that could be kept alongside the existing version?”

The justification for the only change in the criteria is worth quoting: “The criteria set for Tic Disorders has been corrected by eliminating the requirement for ‘clinically significant distress or impairment’ that was added to the majority of disorders in DSM–IV (Tic Disorders among them). This criterion has been problematic in Tic Disorders for a number of reasons, including the fact that it is at variance with clinical experience (i.e. most children with Tourette’s Disorder do not experience marked distress or impairment) and that it hinders epidemiological research and epidemiological studies”. The change is actually greater than that quoted in Appendix D, since the previous Criterion C, now omitted, did not just mention impairment, but went on to say “... impairment in social, occupational, or other important areas of functioning”. It seems natural to ask why this correction cannot be made for all the other disorders? One of the weaknesses of the DSM system has always been the frequently available option of including the social effects of disorders in the criteria by which the same disorders are identified.

The authors claim that most of the textual changes are justified by the findings of new research. This may well be true, but since the references are not given it is necessary to look elsewhere to assess this new evidence. This raises another problem about the purposes of so much explanatory and descriptive text accompanying the criteria. It is made clear in the first sentence of the Introduction that this volume, like its predecessors, has educational aims. Presumably this is why it reaches textbook size. The absence of literature references means that it is in no way a substitute for a good textbook, but the amount of information it contains (and the usual high standard of writing and presentation) means that many readers will be tempted not to bother looking any further. This degree of convenience can be the enemy of the critical and curious approach so necessary in psychiatry. There is a danger that the omission of references will suggest to young American clinicians that all they need to know is contained in the DSM–IV volume.

There are other signs that these otherwise distinguished authors are sometimes reluctant to acknowledge that there is another world out there. They have again missed the opportunity to note that although terms such as neurosis, hysteria and neurasthenia are not disorders in the DSM system, they are widely used throughout the rest of the world; none of these three terms is given an entry in the general index to the volume. This is a particularly unfortunate omission with regard to neurasthenia, since it means that the claim about taking notice of recent research cannot be taken very seriously. A comment should have been included on the recent large-scale international collaborative study on psychiatric disorders in general health care, coordinated by the World Health Organization. This found that the ICD–10 criteria for neurasthenia were fulfilled in an important proportion of consecutive series of patients (a mean frequency of 5.4% in centres in 14 different countries; Ustun & Sartorius, 1995). Whatever it means, more research is needed into this puzzling concept, and all educated psychiatrists should know about it.

Another example concerns ‘bouffée delirante’, designated here as “a French term”, but no hint is given of its importance in the history of French psychiatry in particular, and in the development of European and international concepts of acute psychoses in general.

Many experts are listed as contributors to the discussions and consultations that were required for the production of this revision. Librarians will probably feel obliged to purchase a copy, since it is clear that the DSM mountain has laboured. But the mouse-sized new content is unlikely to attract money from the personal pockets of private individuals.


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Women and Schizophrenia

Research and psychiatric services for patients with schizophrenia are usually developed for men, as the archetypal patient with schizophrenia is male. A whole book on women and schizophrenia is therefore
unusual, but Castle et al argue that understanding how women experience schizophrenia in biological, psychological and social domains can help our understanding of schizophrenia as a disorder. It is relatively well established that women with schizophrenia have, in general, fewer premorbid problems, a later age of onset of illness and a better response to treatment than men with this disorder. Other less well-known gender differences in epidemiology, clinical presentation, neuropsychology and neuroimaging are also reviewed, along with relevant animal and human studies of brain development and hormonal influences on psychosis. This literature review, the first third of the book, provides a useful broad perspective on gender differences in schizophrenia and highlights the importance of these differences in understanding psychotic disorders.

The second section of the book covers the scope for intervention in prenatal and postnatal care of these patients, particularly to prevent obstetric complications and potentially prevent psychosis in the next generation. Parental schizophrenia can influence child health in a number of ways, and some researchers have speculated that the impact of maternal schizophrenia is a growing problem because child-bearing in women with schizophrenia appears to have increased since the advent of community care. Although there is little clear research evidence of an increase in fertility, several studies have found that the majority of women with psychotic disorders have children. The compartmentalised nature of health and social services for these families is highlighted, although there are no easy answers on how to integrate the support needed by these families and how these services can help. There is little mention of what patients themselves perceive as their main problems and needs, but this reflects the paucity of qualitative research in this area.

Treatment implications of gender differences are intriguing, although somewhat speculative, and many relatively new questions about management of schizophrenia in women are discussed. Is depot contraception, which is relatively commonly given to women with schizophrenia, counterproductive in the central nervous system owing to its effect on inhibiting the production of oestrogen in the ovaries? Should postmenopausal women with schizophrenia be prescribed hormone replacement therapy as part of their treatment? Are women with schizophrenia at increased risk of osteoporosis and should they be offered routine bone-density assessment at the time of the menopause? This very readable book cannot provide definitive answers but the questions it raises are worth reading.

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Schizophrenia and Mood Disorders: The New Drug Therapies in Clinical Practice

Buckley & Waddington have attempted to summarise a large and changing area of research as well as to distil key findings relevant to the practising clinician. In addition, they have tried to appeal to a wide audience by assembling an impressive roster of international psychopharmacologists and having each chapter co-authored by luminaries from both sides of the Atlantic. However, the unusually restrained foreword by Ross Baldessarini suggests that such an ambitious agenda has not been fulfilled.

This is neither a general textbook of psychopharmacology nor a detailed review of a specific condition, and as with any publication attempting to capture the current cutting edge, it has already lost some of its topicality. The greatest concern lies with the overall editorial style. The content is uneven, there are puzzling omissions and the focus never seems entirely balanced.

The first section, on schizophrenia, predictably weighs heavily in favour of atypical antipsychotics. Notably, even McGorry abandons previous opinions and hammers another nail into the coffin to bury the recent vogue for low-dose typical antipsychotics. However, much of the coverage of the new atypical drugs is let down by uncritical reference to manufacturers’ literature and little convincing evidence of extensive clinical experience. Buchanan & McKenna, in their chapter on clozapine, provide the only example of an excellent synthesis of research evidence and practical advice drawn from considerable clinical experience.

The second section, on mood disorders, begins with a long and densely written chapter on the action of tricyclic antidepressants. Then follows an exposition on the possible modes of action of lithium. (These are hardly new drugs, which highlights our continued ignorance of the modes of action of our oldest medications.) This contrasts sharply with the very brief overview of future directions in research, with only half a page devoted to the role of the hypothalamic–pituitary–adrenal axis in depression, and no mention of some newer antidepressants, such as reboxetine.

Advice regarding the clinical management of bipolar affective disorder mirrors the latest North American guidelines. There are some interesting lessons drawn from research. For instance, sodium valproate acts as a chelating agent for trace metals, which may underlie its side-effect of hair loss; the clinical advice is to time doses between meals to minimise this problem.

The final section of the book covers topics such as prescribing during pregnancy and the use of psychotropics in children and elderly people. None is discussed in sufficient detail to satisfy the needs of clinical specialists such as child psychiatrists or psychogeriatricians. Mueser & Lewis’s chapter on the treatment of substance misuse in schizophrenia stands out as providing a concise and critical review of
the research from which some potentially valuable clinical advice is drawn. The use of selective serotonin reuptake inhibitors to reduce drug craving and desiramine to block the effects of cocaine, and the possible role of typical antipsychotics in increasing cocaine supersensitivity and hence the risk of drug misuse are fascinating suggestions. In the final chapter, on pharmacoeconomics, the authors concentrate entirely on North America, offering little of relevance to European health care systems.

This is not an essential text of psychopharmacology for trainees preparing for their membership exams, nor would it satisfy the specialist researcher. However, for a practising clinician wishing to gain a feel for the current direction of research in affective disorders and schizophrenia, it may just fit the bill.

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Psychiatric Ethics (3rd edn)
Edited by Sidney Bloch, Paul Chodoff & Stephen A. Green. Oxford: Oxford University Press. 1999. 531 pp. £65.00 (hb); £34.50 (pb); ISBN 0 19 262900 0 (hb); 0 19 262899 2 (pb)

Sidney Bloch and Paul Chodoff made an important contribution to the literature on medical ethics when the first edition of Psychiatric Ethics was published in 1981. No doubt the publication of the first (and in 1991, a second) edition have helped to encourage the development of interest in the area of psychiatric ethics, and since then there has been a large increase in the number of books published addressing ethical dilemmas in psychiatric practice. There has also been a considerable increase in academic interest, with new courses that look specifically at the relationship between philosophy and psychiatry, especially in the field of ethics. However, developments in knowledge and changing social practice pose new and different ethical dilemmas. What then is new about this third edition of Psychiatric Ethics?

Two chapter additions are particularly welcome. Professor Fulford addresses some of the conceptual aspects of mental disorder and the ethical implications for practising psychiatrists. Our understanding of different types of mental phenomena as symptoms, rather than simply experience, not only underpins psychiatry as a medical identity, but also justifies coercive interventions in the name of beneficence. Although sometimes it may seem obvious that there is such a thing as a mental disorder, which psychiatrists treat, Fulford reminds us that there is still much conceptual work to be done on what constitutes a disorder. There is a sense in which developments in neuropsychiatry make this more rather than less difficult. The presence of a brain abnormality may or may not ‘explain’ a patient’s subjective mental experience, and Fulford discusses different types of mental disorder and the various sorts of explanation that may account for them.

Another new chapter also reflects changes in psychiatric practice and new tensions for the professional identity of psychiatrists. This is by Glenn Gabbarb, on boundary violations in psychiatric practice. Awareness of this difficult area of psychiatric malpractice has grown over the past 10–15 years and has rightly been taken up as an issue for all mental health practitioners. Gabbarb has published extensively in this area and he is well placed to offer a review of the literature and sophisticated thinking about boundary setting and maintenance. He raises questions about what patients can expect from psychiatrists and psychotherapists, and, perhaps more specifically, what it is that patients actually consent to when agreeing to come for psychotherapy. This chapter is particularly timely in the light of increasing interest (in the UK at least) in the formal regulation of psychotherapists.

Boundary violations, especially those of a sexual or financial nature, are clearly examples of psychiatric malpractice, which itself could be understood as a type of ethical failure. I was disappointed not to find in the third edition any discussion of racism and sexism in psychiatry as examples of malpractice. For instance, George Reich’s chapter, on ‘the use and abuse of psychiatric diagnosis’, reviews the history of the misuse of psychiatric diagnostic labels in the former Soviet Union. However, he makes no mention of the potential for harmful use of diagnostic labels (whether unwittingly or unwittingly) in Western psychiatry; for example, the question of gender or racial bias in relation to diagnoses in ordinary psychiatric practice. Over the past 2 or 3 years, there has been increasing interest in the question of racial bias within the practice of medicine generally, and there is no reason to think that psychiatry can be excluded. Indeed, English data consistently indicate that patients from some ethnic subgroups are overrepresented among detained patients, especially in secure settings. There is also continuing evidence that the use of some types of personality disorder diagnosis varies depending on the gender of the patient. Recent debates about the inclusion of certain types of personality disorder in DSM–IV and DSM–V have included discussion about the question of gender-role bias. This type of concern reflects the issue raised by Fulford about what constitutes a disorder.

The editors have encouraged authors to update their chapters from the previous edition, and some new authors have been invited to revise previous work. The content of earlier editions of Psychiatric Ethics was always uneven, and some of the old frustrations remain. The chapter on forensic psychiatry is biased towards American practice in so far as it concentrates on the ethical issues faced by clinicians who act as expert witnesses. There has been considerable debate in the American literature about the extent to which psychiatrists who act as forensic experts in criminal courts are acting medically, rather than forensically. Some authors have argued that expert witnesses do not have the same medical duty of care to those they examine that they have to those they actually treat.

Although this issue is of interest, focusing on psychiatrists as expert witnesses omits the ethical dilemmas faced by clinicians in ordinary psychiatric practice dealing with the daily management of patients.
who are dangerous to others. The extremely complex problem of whether there is a duty to protect the public, and its accompanying question of whether such a duty could or should override any duties to the patient are not considered. This is surprising, given that since the second edition appeared a large amount of published research has addressed the relationship between violence and mental disorder, begging the question about the role of psychiatrists in the prevention of violence by their patients.

Some states in the USA have addressed this issue legally by developing Tarasoff-type legislation that mandates doctors to both warn and protect possible victims, but such legal strategies do not address the ethical question about the duty of care to the patient. Often this question is framed in the context of the duty of patient confidentiality and when it is justifiable to breach this in the interest of others. However, I would suggest that the ethical dilemma is broader than this because it raises questions about the role of psychiatrists as public servants who might be seen as having a primary duty to prevent patients from behaving badly to others. Again, this may be framed differently for those psychiatrists who work in private practice alone (as perhaps is common in the USA) and for those who are employed by a public health service (such as in the UK). It seems a pity that a book of this quality does not address this very practical question in a more detailed way.

Another weakness, in the chapter on ethical issues in psychiatric research, is the absence of analysis of what it might mean for a patient to be competent to volunteer for research. Real ethical concerns are generated by the need to carry out research into disabling conditions that impair capacity to give consent to participate in that research. Since the last edition in 1991 there have been considerable developments in research into different types of dementia and neurodegenerative diseases, especially the treatment of Alzheimer’s disease. The question “Who can consent to what, and on whose behalf?” could and should be explored in more detail. For example, some of the MacArthur studies on competence to consent to treatment suggest that diagnostic label alone will not tell you much about a patient’s capacity to make competent decisions to accept or refuse it. Patients’ competence to consent is affected not only by their mental state, but also by the way in which they are given information and the environment in which consent is requested.

If this is true of consent to treatment how much more true must this be in relation to consent to participation in research, where the person is not necessarily a patient at all, but in fact a volunteer? A key factor that distinguishes research from treatment is that the patient is not always the primary beneficiary of the intervention, and may in fact not benefit at all, either now or in the future. One of the difficulties with the literature on ethics and mental health research is that dilemmas tend to be written about from the point of view of researchers, who are naturally concerned that research should not stop because patients lack capacity to consent to participate in it. A blanket ban on research participation by incompetent subjects would certainly seem to be rather rigid. A more sophisticated approach, which looks at the capacity to consent to research as a fluctuating characteristic (like the capacity to consent to treatment), would perhaps do justice to the complexities of this area.

This is particularly so at a time when user views about treatment in psychiatry are increasingly being sought and used in the planning of care.

For the fourth edition I would urge the editors to commission some analysis of the problems faced by research ethics committees, whose participation in the research process affects not only the involvement of possible subjects, but also, increasingly, which areas of mental disorder are approved for study and which are not. Other possible contributions include something about the views of the users of psychiatric services, and how differences between users and deliverers of mental health services can be reconciled. Such a discussion could also be placed in the context of an analysis of the ethical dilemmas posed when different members of a clinical team take different ethical perspectives and come to different ethical conclusions. Lastly, it would be useful to have some discussion of resource allocation for psychiatric treatments. The ethics of resource allocation is discussed often in general medicine, but rarely in psychiatry.

Overall, the quality of the book is high, and I would recommend its purchase. Anyone who bought an earlier edition could benefit from buying the newest one, and I would certainly suggest it as an addition to a psychiatry library. My critical comments should be taken as an indication of how stimulating I found this book and how many ideas it gave me about my own ethical practice and that of psychiatry in general.

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