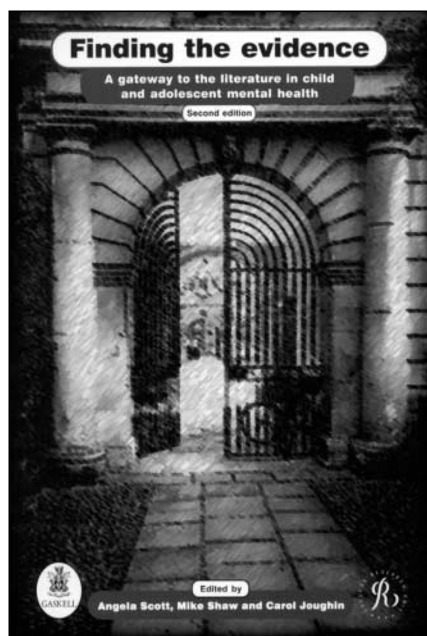

editors also hope to arrange for cited articles to be critically appraised and posted on the web. The ultimate aim is that full-text articles will be available through internet links.

This 'work in progress' consists of a guide to current evidence-based medicine for clinical practice. Two methods were used in its compilation. First, electronic search strategies were applied to identify relevant systematic reviews, meta-analyses and practice parameters of clinical guidelines. Second, experts were asked to choose non-systematic reviews, cutting-edge and classic papers and books. The experts were asked to address two critical questions about their particular field of expertise: 'What are the latest developments in understanding the management of the condition?' and 'What are the key messages from new research that are not being widely used?'

Part 1 of the book provides a description of terms for conducting an electronic search, as well as a guide to searching and a summary of a search strategy. In part 2 evidence is reviewed by clinical category. There are sections on emotional, physical and sexual abuse, attention-deficit hyperactivity disorder, bullying, conduct disorders and juvenile delinquency, and deliberate self-harm. The review continues with eating disorders, elimination and emotional disorders. Gender identity disorders, paediatric liaison, pervasive developmental disorders, post-traumatic stress disorder and psychoses are considered, as are substance misuse and tic disorders. A section is devoted to treatment approaches, which covers psychotherapeutic and psychopharmacological evidence reviews. Another section deals with emerging data-sets, where current evidence is not as well developed. The penultimate section includes assessment, attachment disorders, electroconvulsive therapy, mental health and deafness, and the mental health of children and adolescents from ethnic minorities. The final section is devoted to a review of service development and legal issues. Appendices contain further information on search strategies, randomised controlled trials for systematic reviews and meta-analyses, and critical appraisal tools. For the interested reader, FOCUS provides useful links to other evidence-based medicine resources that expand the information in the book.

The value of this publication lies in both its up-to-the-minute review of current data and the critical questions considered by the experts. The quality of evidence in child psychiatry is not as well developed as in other medical disciplines, and there is a relative lack of systematic reviews, meta-analyses and clinical guidelines. The role of the expert in developing an overall formulation and the raising of critical questions is often still primary in setting the gold standard. However, some of the topic areas covered here lack expert critical comments on the current literature. Treatment categories such as psychopharmacology and psychotherapy appear to be covered briefly and in an undifferentiated manner and might well have benefited from sub-categorisation. The 38 contributors to this work have done a good job in developing an initial database that will hopefully grow and may well become the first port of call for an up-to-date clinical review of 'the evidence'. That this will be useful to carers and relatives, as the editors hope, seems to be less realistic, as their needs are likely to be quite different from those of clinicians. A book to be recommended for the academic library and the individual academic, this is of less immediate value for front-line clinicians.

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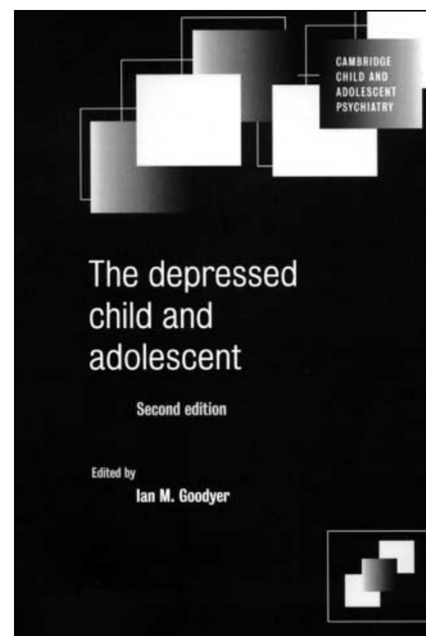
The Depressed Child and Adolescent (2nd edn)

Edited by Ian M. Goodyer.
Cambridge: Cambridge University Press. 2001. 388 pp. £39.95 (pb). ISBN 0 521 79426 9



This is the second edition of a book first published 7 years ago. Twenty-seven distinguished authors review research findings in a wide range of 13 subjects, including the developmental precursors of depression, physiological and family and genetic factors, mood regulation, clinical phenomenology and psychopharmacology. Comorbidity is discussed, especially in relation to anxiety disorders, and there are interesting short accounts of some possible relationships between depressive and bipolar disorders and attention-deficit hyperactivity disorders. Obsessive–compulsive disorder, another condition with striking cognitive and mood components that sometimes responds to antidepressant medication, might be mentioned in future editions, especially as there is an interesting chapter on the development of emotional intelligence. The chapter on psychotherapy points out the need for more interventions to be designed for this age group rather than adapted from work with adults, for a fuller understanding of risk and predisposing factors and for more outcome studies. It would be nice to think also that future editions might have more studies of psychosocial interventions available to review. However, this edition is

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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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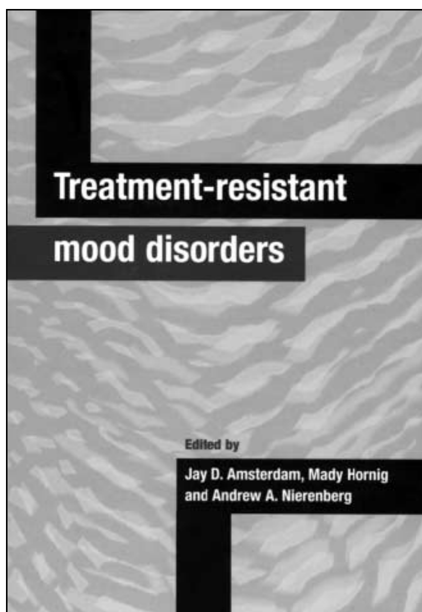
Treatment-Resistant Mood Disorders

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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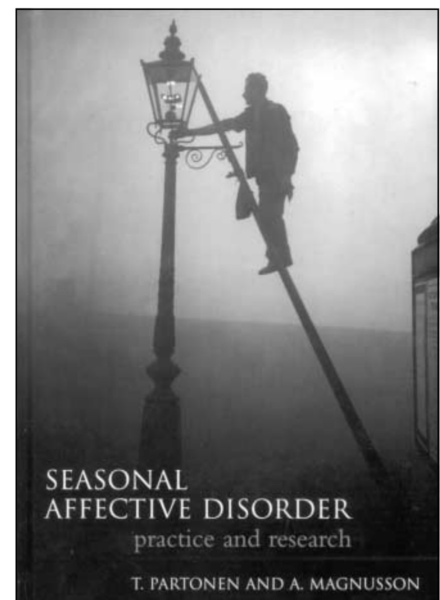
Seasonal Affective Disorder: Practice and Research

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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