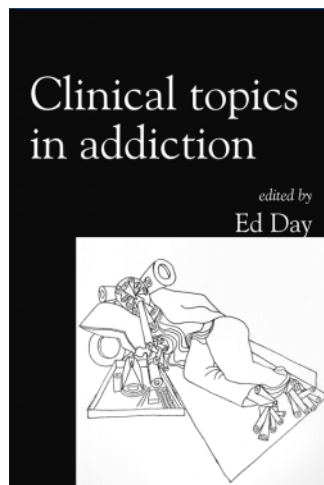


Book reviews

Edited by Allan Beveridge, Femi Oyeboode
and Rosalind Ramsay



Clinical Topics in Addiction

Edited by Ed Day
RCPsych Publications. 2007.
428pp. £25.00 (pb).
ISBN 9781904671503

The past 20 years have seen considerable changes in the pattern of drug and alcohol misuse and dependence in the UK. The number of individuals experiencing difficulties with these substances has increased markedly with affluence, changes in social ethos and the availability of both licit and illicit drugs. Following from this, there has been recognition of the importance of treatment in reducing the harms associated with drug and alcohol misuse and dependence.

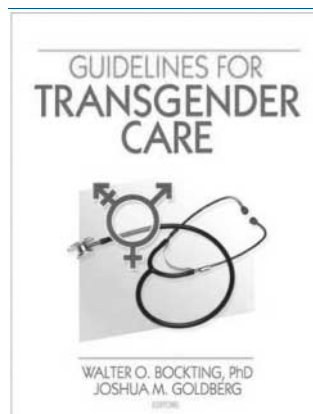
Day *et al* have produced a very useful guide to the assessment and treatment of such disorders incorporating both UK and international evidence and guidance. The basis is a series of articles published in *Advances in Psychiatric Treatment* and most of the significant topics are covered in this book. The information is well presented and easily accessible, with extensive referencing to facilitate further reading if required.

Like all edited books there is variability in quality between chapters, which I think is unavoidable and has been well managed by Day as editor. My only other criticism is that some topics are not covered in great depth such as contingency management (now recommended by National Institute for Health and Clinical Excellence guidelines), criminal justice intervention programmes and emerging substances of misuse such as methamphetamine and GHB. Again, this is perhaps unavoidable in a book of this size.

I would recommend *Clinical Topics in Addiction* to any clinician who has to deal with such problems; not just for the addiction specialists, but also for other psychiatric specialities and doctors in general practice surgeries.

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Guidelines for Transgender Care

Edited by Walter O. Bockting and
Joshua M. Goldberg. Haworth
Medical Press. 2007. 240pp.
US\$95.00 (pb). ISBN
9780789036117

The final chapter of this book might well have been the first. It provides the rationale for the compilation of these articles, the purpose of which is to offer training to community-based clinicians involved in transgender treatment. In 2003 the Gender Dysphoria Program at Vancouver Hospital was replaced by a community approach: hence the need for a training initiative. Each chapter covers separate areas, such as physical and mental health assessment, hormonal treatment, the 'real-life experience' and surgical interventions. The authors succeed admirably in their ambition and provide technical information of the type needed by a general practitioner (GP), mental health worker or general psychiatrist. Although the book is written for a North American audience, it is relevant to the UK setting. Increasingly, commissioners require patients to be assessed by their local mental health team before their GP can make a referral to a gender identity clinic. This book provides the basic information needed to carry out the initial assessment and will help the generalist understand the issues associated with hormonal and other treatments.

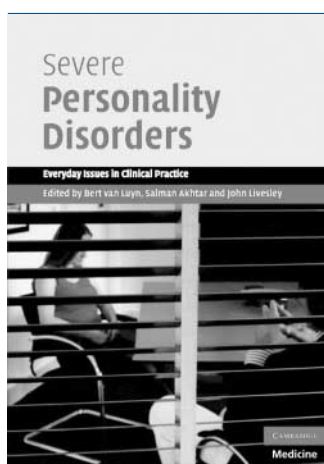
The strength of a compilation of this sort is the ability to dip in and out as needed. The weakness is the frequent repetition of basic facts. It is unfortunate that the authors do not follow their own three-tiered approach to training when organising the content of the book. Had they done so, it would be easier to use the book more effectively in a clinical setting. It is tantalising in its reference to some of the core dilemmas in offering treatment to people with gender dysphoria not least among which is whether it represents a disorder in the usual psychiatric sense. Many transgendered people reject this assumption and question why it is not treated in the same way as sexual orientation or accepted as a variant of the human condition just as valid as any other. Adopting that approach would leave little room for National Health Service involvement with no role for the psychiatrist or psychologist, the two disciplines accounting for the majority of specialists in the UK.

Although the book makes reference to various ethical dilemmas, the authors do not tackle them in any great depth. This is unfortunate as it is these very issues that can prevent a health-care worker giving the most appropriate help to transgendered people (referred to as transphobia). Other ideas are raised briefly without explanation; a discussion of the nature of the 'multi-gendered' would be most welcome. Similarly, they refer to complicating scenarios where the patient may suffer personality disorder or learning difficulty but seem to leave resolution of these issues to the 'experts'.

Transgendered people often complain that psychiatrists cannot fulfil the dual role of therapist and gatekeeper for gender reassignment services and this book is helpful in acknowledging that fact. Given that these guidelines are based on shared international criteria, the book will be of greatest value to the GP or mental health professional who is new to this topic.

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Severe Personality Disorders: Everyday Issues in Clinical Practice

Edited by Bert van Luyn, Salman Akhtar and John Livesley.
Cambridge University Press. 2007.
264pp. £50 (hb).
ISBN 9780521856515

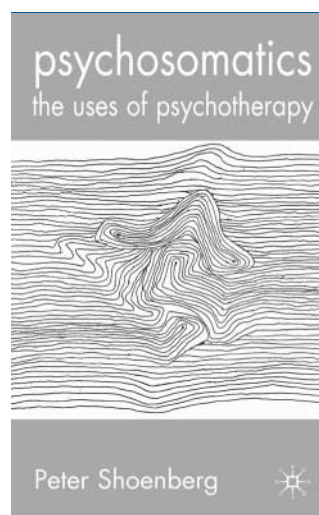
I picked up this book with interest, partly because its title suggested a practical book that deals with what are probably the most difficult patients that the average clinician comes across in ordinary practice, but I also hoped that this volume might open the lid on what is a highly significant diagnostic issue for psychiatrists involved in specialist care. The general evidence from the literature of personality assessment suggests the following law: 'the proportion of patients with severe personality disorder in a psychiatric service is directly related to the degree of specialisation of that service'. So I judge that almost all tertiary referral services (and this includes those in adolescence as well as adult psychiatry) have at least 50% of people with comorbid significant, if not severe, personality disorder as well as the primary diagnosis attracting the label of the service. Any helpful advice for practitioners in these services will therefore be of immense assistance.

Unfortunately, this book may arouse expectations that are too high and although it is described as 'a holistic, practical guide to the treatment of patients with a range of these disorders and should be read by all the members of the mental health team in dealing with this challenging clinical group' I guess that disappointment would be the primary reaction of the average clinician after reading this book. Why should this be the case? First, severe personality disorders are not defined anywhere by any of the contributors to this book. Severity is somehow assumed and perhaps is best equated with the adjective 'difficult'. This is not a satisfactory way of describing any psychiatric disorder and adding other adjectives such as 'challenging' just add to the tautology. The problem is most of the authors deal in highly specialised services, predominately concerned with one group of personality disorders, those with borderline conditions, and either

do not recognise or have nothing to say which is the slightest bit useful, about other groups of personality disorder. So for example, the importuning attentions of the dependent patient, the fulminating hostility of the angry one and the gross rigidity of the ultimate obsessional, do not get a mention within the 200 odd pages of this book. I am also concerned that in this super-specialised age that very few of the authors seem to be engaged in direct regular face-to-face management of severe personality disorder, and this seems to reflect a cynical comment made to me by a colleague some years ago that, 'the aim of promotion in psychiatry is to get away from the most difficult patients'. This may allow you to write about them with a better sense of perspective, but it makes your writings less valuable to the present day practising psychiatrist who reads about concepts such as 'ego-syntonic sadism', 'differential therapeutics', 'projective counter identification', 'meta-cognitive awareness', 'surgency' and 'homeostatic attunement' with mild amusement at first and alarm later, as though going on a stroll from a new holiday destination and finishing up on the surface of the moon. The best chapters are on practical issues such as managing suicidal crises (Paris) and day treatment programmes for borderline personality disorder (Bateman & Fonagy), and by John Livesley who in a measured summary of all that has gone before concludes that we need to be 'less concerned with comparing different modestly effective therapies and more concerned with determining the most effective intervention strategies for each domain of personality pathology'. We are at the beginning of developing good treatments for personality disorder but time after time during the reading of this book I wished for a little gentle modesty rather than stentorian proclamations of dramatic change.

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Psychosomatics. The Uses of Psychotherapy

By Peter Shoenberg.
Palgrave Macmillan. 2007.
296pp. £19.99 (pb).
ISBN 97800333946510

This book offers a good summary of the current knowledge on psychosomatics. Shoenberg's writing style is highly readable, very clear and to the point, avoiding unnecessary detours that waste the reader's time. This virtue of the text is, at the same time, its worst