

such adults in permanent residential care. Numerous visits were made over a three year period in order to document their daily lives, relationships and Service contact.

The result shows 90% of these adults on long-term psychotropic medication (i.e. anticonvulsants, neuroleptics, hypnotics), with 30% taking three or more different drugs. One account describes a young man taking a total of over 270 tablets per week. Polypharmacy, often for an individual with multiple disabilities, is time-consuming and prone to mistakes especially during short-term respite care. The anguish of these mothers who are attuned to subtle presentation of side effects and abnormalities in their adult child is evident. What are more disturbing are personal tales of irregular and often infrequent monitoring of efficacy or side effects, the lack of contact with prescribing psychiatrists, and the poor communication with general practitioners.

There is always a need to balance potential benefits against risks of potent medication. It is implied that medication is used for unwanted behaviour and not for psychiatric illness. While this may be justified in the short term for acute behavioural disturbances, it should not be to the exclusion of more labour-intensive, behavioural interventions.

As clinicians, most of us will be aware of this problem, and perhaps comfort ourselves in the belief that it affects a relatively small minority of patients. Read this book, and you will appreciate the magnitude of the problem, and the need for a radical shift in social and professional attitudes.

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Working with Young Problem Gamblers: guidelines to practice. By Paul Bellringer. 1992. Pp. 24. £3.50. Available from UK Forum on Young People and Gambling, 11 St Bride's Street, London EC4A 4AS.

This is written for those who work with young gamblers in an advisory and counselling capacity. It is refreshingly short at 24 pages and laid out in easy to read sections. There is an assumption that the reader will already have relevant skills in counselling and problem solving.

I like the focus on the need for a well structured model and am also impressed by the clarity and detail of the particular approach suggested.

There is a good mixture of basic information drawn from the fields of addiction and behaviour modification and an appropriate use of ideas which most of those in the field would recognise as relevant. These include the necessity for motivation on the part of the client and the importance of the worker being consistent and reliable and yet not taking too much responsibility. I liked the emphasis on achievable goals, involving the family, and being prepared to offer practical help such as with debts. Addresses are given for relevant organisations.

If I am to find a criticism then I note that there is little said about what to do with the large group of young gamblers in whom motivation is questionable or fluctuating. I would like to have read more about how to approach these youngsters and also how to respond to their worried families.

To conclude, this will be a useful book for those with a background in counselling/problem solving who wish to embark on or review their work with young gamblers.

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