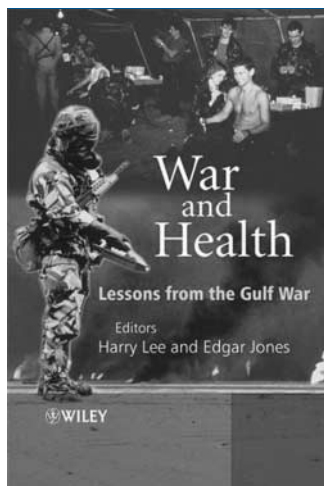


The book then moves on to look at what each different attachment status means for the individual, what is likely to be their developmental trajectory, their strengths and problems. Attachment disorder is then discussed and this is where the book becomes somewhat controversial. The authors go on to discuss interventions, those that are evidence-based and those that are not. They explain, for example, that although reactive attachment disorder is now recognised (DSM–IV) and there are some evaluated interventions, many professionals are using interventions not yet evaluated.

The book is well presented, each chapter has good headings and useful summaries. However, it is not the sort of book one reads straight through, but is a book to have to hand to help understand patients from an attachment perspective, or when considering a study.

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### War and Health. Lessons from the Gulf War

Edited by Harry Lee & Edgar Jones.  
Wiley. 2007. 154pp.  
£29.95 (pb).  
ISBN 9780470512296

There was a time when texts on military psychiatry were little more than a historical sideshow, of interest to the small fraternity of military psychiatrists and their more curious civilian colleagues. Sadly, with the prospect of warfighting in Afghanistan for the foreseeable future, increasing numbers of ex-service personnel are likely to present to National Health Service mental health services. Psychiatrists are singularly ill-equipped to deal with these – lacking an understanding of the unique stresses of service life as well as knowledge of the ways in which service-related psychopathology may present.

The first Gulf War (1991) has important lessons to teach: 16 years on, more than 6000 British veterans of the conflict (11% of those deployed) have developed a variety of disparate, seemingly unrelated, unexplained chronic, enduring, and sometimes disabling physical, cognitive and psychological symptoms. Considering that most of these individuals were previously fit to be deployed on military operations it is not surprising that many have attributed their complaints to Gulf service. Few, however, witness the ‘horrors’ of war or anything remotely meeting the ‘stressor’ criterion for a diagnosis of post-traumatic stress disorder.

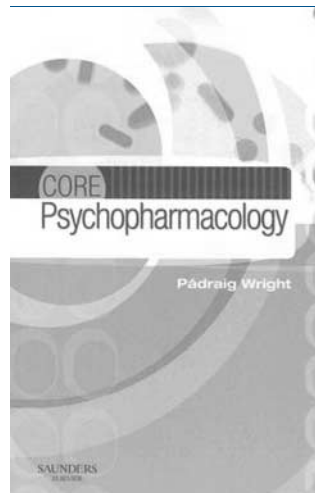
In their book, Lee & Jones summarise the evidence to date on Gulf War illness. Brief (and sometimes oversimplified) research findings are described in their historical, anthropological and cultural context. Gratifyingly, a chapter is devoted to the work of Combat Stress – the major UK voluntary service provider of mental health services to veterans providing invaluable support and one about which psychiatrists should know a lot more.

The book reminds us that there is a lot more to psychological trauma than post-traumatic stress disorder and makes an important philosophical point: in a psychiatric landscape ‘obsessed’ with operational diagnostic criteria many young psychiatrists have lost touch with their historical roots. How many of your trainees have read Jaspers lately? The book demonstrates the importance of context and rekindles (albeit obliquely) those Jasperian concepts of meaningful and causal connections which underpinned psychiatry for so many years – now (in my view) sadly forgotten.

*War and Health* is limited in its purview and the comprehensive text of military psychiatry encompassing current operations remains unwritten. Nevertheless, it is an excellent synopsis of a massive and disparate literature and if it helps colleagues treating veterans from the first Gulf War and whets the appetite for military psychiatry, then it will have done a very good job indeed.

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### Core Psychopharmacology

By Pádraig Wright. Saunders  
Elsevier. 2006. 272 pp. £29.99 (pb).  
ISBN 9780702028126

As a general adult psychiatrist I have found myself anxious to keep up-to-date with advances in psychopharmacology. However, I find it hard to keep clear in my mind the basics of drugs and their actions. My excuse (to myself, at least) is that these fundamentals are crowded out by the huge amount of clinical clutter involved in day-to-day psychiatric practice. I have read – and mostly failed to retain – the wealth of information and explanation in Stephen Stahl’s excellent *Essential Psychopharmacology*. British Association for Psychopharmacology courses have left me still feeling uneasy. Well, this little book is not a complete answer to my problems, but it does go a long way towards bringing the logic of pharmacology closer to the messy process of routine clinical activity.

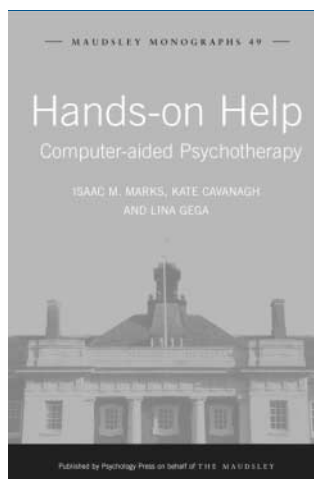
It is about the same size as the *British National Formulary*, only half as thick. It would be the ideal size for the pocket of a white coat, if only we still wore them, but is not too heavy to carry around in a briefcase. The introductory section sets our current preoccupations in context, with a brief history of modern psychopharmacology and an account of how new psychiatric drugs are developed and brought to market. The information on neurotransmission will be familiar to most but the section on pharmacokinetics covers an important subject that tends to be overlooked in day-to-day practice.

The major groups of drugs used in psychiatric practice are covered, with chapters on Parkinsonism, anti-epileptics, sexual disorders and a useful chapter on the special needs of children. Its trick – if that is the word – is to outline in each section the basic mechanisms underlying therapeutic and undesired effects, and to support these accounts with basic evidence (with references) in a concise and readable way. In addition, to reassure the anxious clinician, it presents the most important National Institute for Health and Clinical Excellence guidelines clearly in boxes. The section on clinical pharmacology contains a punchy summary of practical advice for prescribers – advice which, regrettably, I still see ignored every day. Refreshingly, it highlights the information that every patient should receive about their medication.

It does have some drawbacks. The familiar illustrations of brains, dendritic terminals and neuroreceptors are restricted to a 3-colour palette, so are not always as crystal clear as they could be. Headings of fine white print on a turquoise background can cause problems for ageing eyes and there remain some simple typos which should have been picked up. The book presents, the basic knowledge needed to understand clinical pharmacology, but it is not an encyclopaedia or a book of fundamental science. It does not have as much strength in depth as some would wish, so will not be for those of us engaged in a specialist area of pharmacology or therapeutics. A personal bee in my bonnet is the apparently inescapable division of antipsychotic medications into 'typicals' and 'atypicals'. It seems to me more sensible to consider each substance in terms of its unique profile of effects on neuroreceptors rather than as part of a large but heterogeneous group. The 'atypical bias' means that there is only half a page on depot antipsychotics. However, these are small complaints. I find it hard to imagine a more useful *vade mecum* for the hard-pressed general psychiatrist – it should also prove a life-saver for the trainees, general practitioners and psychiatric nurses who are its intended audience (and, maybe, some of their patients). Some may be put off by what seems like a relatively high price for a relatively short book – I am sure it will be money well spent. This is one for the briefcase, not the bookshelf.

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### Hands-on Help. Computer-aided Psychotherapy

By Isaac Marks, Kate Cavanagh  
& Lina Gega.  
Psychology Press. 2007. 273pp.  
£24.95 (hb).  
ISBN 9781841696799

Like organisms, technologies go through distinct developmental stages.

They start off as the hobbyhorses of enthusiasts, becoming invisible and ubiquitous with mass acceptance. Information technology (IT) is now on the cusp of a similar transition. Today, the focus is more on what you can do with IT rather than on the technology itself. *Hands-on Help* fits well with this theme as it puts the computers in the background and the psychotherapy to the fore. No special knowledge of IT is assumed or required.

That is not to say that this book is an easy read. The writers have been comprehensive, reviewing patient selection, effectiveness, efficacy and other aspects of computer-aided psychotherapy. While it is a narrative review rather than a meta-analysis, this dense content is not always helped by a rather unfriendly visual style and a tendency towards acronyms.

Each chapter, however, contains a helpful box summarising the main points. After the introduction we are taken through the main areas where computer-aided psychotherapy could be applied. For each indication the authors evaluate the research quality. They are honest, highlighting areas where the evidence is limited, of poor quality or even unresponsive to computer-aided psychotherapy.

The authors are honest too in describing computer-aided psychotherapy as a way of multiplying and enhancing, rather than replacing, human therapists.

With the recent approval by the National Institute for Health and Clinical Excellence of two computer-aided psychotherapy packages this form of treatment delivery is going mainstream. While not exactly an easy introduction, this book will be of interest to those developing psychotherapy services in today's National Health Service.

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