columns

education and justice. Part II goes on to tackle the key practice issues: first response, initial assessments, in-depth interviews, indirect and non-verbal approaches, and advice for parents and carers.

The Epilogue provides a framework from which to consider information, helping us all to adopt and maintain a systematic approach to this important field of work and to our future thinking and training developments.

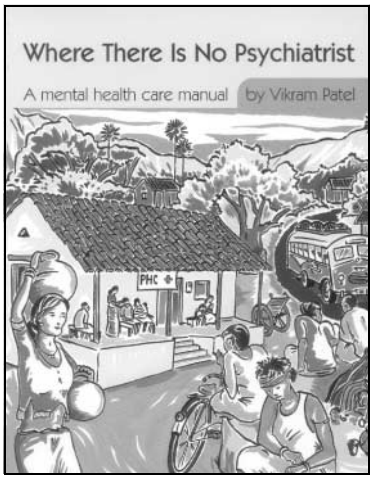
The general principles of the 'how to' communicate with children is applicable beyond the legislative framework of England and Wales.

David Jones has given us a 'must read practical' resource book, to help us to undertake one of the most challenging tasks of our working lives, communicating with maltreated children.

Sue Bailey Consultant Child and Adolescent Forensic Psychiatrist, University of Central Lancashire

Where There is No Psychiatrist: A Mental Health Care Manual

Vikram Patel
London: Gaskell, 2003, £8.00 pb, 288 pp., ISBN: 1-901242-75-7



When I learnt that this book was in preparation, the immediate question I asked was, 'Why has it taken so long for such a book to be written?' It was a quarter of a century ago when David Werner's book, *Where there is no Doctor*, came out. In a few years, the book had become a household name in many low-income countries. The book served as a reference text for health workers and lay people, and many families kept a copy for their own use. The book enabled ordinary people to understand common diseases and empowered them to 'do something' rather than watch helplessly as the patient suffered. It was often the only source of help for a teacher in a boarding school in a rural area, miles from the nearest health centre, when a pupil became sick in the middle of the night and there was no telephone or transport.

Can *Where there is no Psychiatrist* fulfil a similar role? I think this is what the author had in mind. The need for a simple manual, which could help rural health workers to recognise and manage common mental disorders, has been apparent for many years. During the past few decades, there has been increasing awareness of the magnitude of mental health problems and their impact on individuals, families and communities. Attitudes towards mental illness have also changed, with more people coming forward for treatment. Despite this positive development, access to mental health care in low-income countries is still extremely poor and there is a serious shortage of mental health care workers. However, most of these countries have large numbers of community workers who could be deployed to deliver mental health care if they had the necessary knowledge and skills. *Where there is no Psychiatrist* might go some way in providing such knowledge and skills.

The book is divided into four sections. Section one gives an overview of mental disorders, their assessment and management. Here, the author attempts to explain the concept of mental illness, particularly non-psychotic conditions, in simple terms that can be understood in cultures where mental illness is often equated with psychosis, and depression and anxiety are not recognised as mental disorders. The use of many illustrations and case histories is extremely helpful.

Section two describes specific clinical syndromes ranging from the traditionally recognised psychotic and non-psychotic conditions to emerging problems, such as HIV/AIDS, domestic violence and abuse.

Section three deals with the challenging problem of integrating mental health care into other sectors. Integration is a major determining factor in success or failure in the delivery of mental health care by primary health care workers. The issues of prevention and mental health promotion are also adequately treated here.

The final section focuses on drugs for the treatment of mental disorders. The drugs chosen are similar to those in the World Health Organization list of essential drugs for primary health care. Information on resources available in the community and how to use them, the flow chart to aid diagnosis and the management of common conditions, is also described.

So, will this book fulfil a similar role to *Where there is no Doctor*? My personal answer is yes but, time will tell. Many users of the book may require some training.

Wilson Acuda Academic Psychiatric Unit, Keele University Medical School, Harplands Hospital, Stoke-on-Trent ST4 6TH

Insomnia Principles and Management

Martin P. Szuba, Jacqueline D. Kloss & David F. Dinges (eds)
Cambridge University Press, 2003, £36 pb, 288 pp., ISBN: 0521010764

Although published by Cambridge University Press, this is a largely American multi-contributor production, with the exception of one chapter author from Brazil and three from Canada. For all that, the book is an impressive 'teaching text', taking the reader from the basics to current thinking on insomnia in terms of neurotransmitters and the role of brain structures such as the amygdala in the modulation of arousal.

The subject matter gives practical advice to the clinician trying to manage insomnia in the out-patient department setting, with occasional clinical case illustrations in the body of the text, but also appendices devoted to practical scripts on 'sleep hygiene', 'sleep-restriction' and 'stimulus-control'. There will not be many general clinicians who have not struggled to help the persistent complainer of poor sleep. This book gives some of the tools on how to try and help with this problem rationally.

The book demystifies much of the terminology of the sleep disorders specialty. The authors give a clear account of topics such as insomnia due to circadian rhythm disturbances, and the use of hypnotic medications, including melatonin.

The pharmacology of the newer hypnotics (zopiclone, zolpidem, zaleplon) finds a place for discussion, but critically, lacks bite and detail. These drugs are clumped together as 'non-benzodiazepine sedatives', but there is clearly more to be said here that is not (e.g. structural differences from the benzodiazepines, interaction with the GABA-A receptor, or benzodiazepine-1 receptor). There is, however, in compensation a useful discussion on dependence risk which will be of interest particularly to prescribers of these drugs.

The book is attractively-covered, handily-sized, light to carry, and packs in an amazing amount into 285 pages (and the print size is not too small either). The book is sparse in terms of illustrations and tables, but generally, and especially given its multi-contributor format, reads clearly and fluently. Each chapter is extremely well-referenced with up-to-date references. A table of abbreviations (given that there are a lot) and their meanings is

https://doi.org/10.1192/pb.28.11.430-a Published online by Cambridge University Press

columns

sorely missed, and there is no glossary of terms, which is a minor inconvenience.

For the introductory reader, there are not many up-to-date books available that can easily match the breadth and reasonable depth of coverage aimed for by this book. It achieves splendidly its aims which in the editor's words, are 'to offer state-of-the art, evidence-based reviews of salient clinical issues and research needs in the many areas falling under the rubric of the term "insomnia"'. The book deserves a wide readership, and as it is budget-priced, should get it.

M. Bodani Specialist Registrar, General Adult Psychiatry, Adamson Centre for Mental Health, St Thomas' Hospital, London SE1 7EH

miscellany

DARE: the Drug-Induced Arrhythmia Risk Evaluation Study

Ventricular arrhythmias due to psychiatric and other drugs can cause life-threatening events that are usually due to prolongation of cardiac repolarisation, Torsades de Pointes (TdP) and ventricular fibrillation (VF). These events have generated public and medical concern due to their unpredictability and the lack of understanding of their epidemiological and clinical significance. Drugs such as thioridazine and droperidol have been withdrawn from the market because of this side-effect.

The DARE Study is a collaboration between St George's Hospital (London) and the Drug Safety Research Unit (DSRU) (Southampton), funded by the British Heart Foundation. The lead researchers are Professors A. J. Camm and S. A. Shakir. The study was launched officially on July 1 2003 and will run for 5 years.

The study's principal aims and components are: (1) an epidemiological study to systematically document and follow up incident cases in England, comparing them with controls – the relative risk of predisposing clinical factors will be calculated and both epidemiological cohorts will be described and the outcomes compared; (2) a genetic study to analyse blood samples from cases and controls for mutations and polymorphisms of the cardiac sodium and potassium ion channel genes implicated in the Long QT and Brugada syndromes. We hypothesise that there is a significant association of genotype with drug-induced arrhythmia.

We expect that the predictability and awareness of the condition will thus be increased and result in safer prescribing and drug development.

The study will rely on recruiting patients (cases) who have had a proarrhythmic event via psychiatrists and hospital physicians in England. **Inclusion criteria** will be **at least one of the following**, diagnosed as secondary to therapeutic drugs administration or drug overdose:

- Documented TdP, VF or non-polymorphic ventricular tachycardia
- Exacerbation of an already existent ventricular arrhythmia
- Severe drug-induced QT prolongation (QTc interval $\geqslant$ 500 ms)
- Moderate drug-induced QT prolongation (QTc interval $\geqslant$ 450 ms (male) or $\geqslant$ 470 ms (female)) ***and*** a clinical history of syncope or presyncope.

An information pack will be provided to all psychiatrists interested in participating in this study. The pack will include 'consent to contact cards' for both the patient and psychiatrist, to briefly complete and return to the DSRU. This is all that will be required and we will address any local research ethics committee issues that may arise. If the patient permits contact to be made then a Research Nurse will arrange to visit him or her at home to discuss the study further and obtain consent. A questionnaire will be completed and an ECG and blood sample taken if the patient consents. The patient will also be asked to separately consent to access to their hospital and general practice medical notes.

We would be delighted to provide further details to interested health professionals, and are keen to visit any interested units in order to make a brief presentation. Please contact us on (023) 8040 8615, dare@dsru.org, or via www.dsru.org for further details, or if you feel that you may have a patient meeting the inclusion criteria.

forthcoming events

The Third Annual UK Meeting for those with a special interest in **Psychodermatology** will be held at The Medical Society of London, Chandos Street, London, W1 9EB on Thursday, 27 January 2005 from 1.30 (coffee) to 5.30 p.m. (wine). For programme details please contact sharon.singh@chelwest.nhs.uk. Tel 020 8746 8170.

The British Neuropsychiatry Association (BNPA) would like to announce their next meeting which will be held at the Institute of Child Health in London on 9–11 February 2005. The programme is as follows. Day 1: Dementia – from Local to Global (in collaboration with Institute of Social Psychiatry). Day 2: The Neuropsychiatry of the Dementias, Catatonia. Day 3: Adult outcome of Asperger's Syndrome and ADHD. For further information please contact: Gwen Cutmore, BNPA Conference Secretary, Landbreach Boatyard, Chelmer Terrace, Maldon, Essex, CM9 5HT. Tel/fax 01621 843334; e-mail gwen.cutmore@lineone.net.; website http://www.bnpa.org.uk.

The World Psychiatry Association (WPA) would like to announce the **XIII World Congress Of Psychiatry** to be held in Cairo, Egypt on 10–15 September 2005. The WPA World Congress is a major event that takes place every three years in different geographical parts of the world. This is the first time that a WPA World Congress will take place in Africa. This scientific meeting will highlight the recent advances in neurosciences and the admixture of culture in shaping the aetiology and management of mental patients. For further details please visit www.wpa-cairo2005.com (College's link-web: http://www.rcpsych.ac.uk/conferences/diary/index.htm#2005) or contact the event secretariat (tel +34 91 361 2600; fax +34 91 355 9208; e-mail secretariat@wpa-cairo.com).

https://doi.org/10.1192/pb.28.11.430-a Published online by Cambridge University Press