symptomatic relief'. He rightly attributes the underuse of lithium to a lack of Big Pharma promotional activity but incorrectly states that antipsychotics reduce quality of life. The section on the dopamine hypothesis of schizophrenia neglects to mention virtually all the best evidence to support it. That on genetics is a bit dismissive and confused – there are many reasons why risk genes overlap across disorders and this does not pose any more threat to our diagnostic system than, say, the notable genetic overlap between schizophrenia and multiple sclerosis. Scull is on firmer ground highlighting DSM-III as being driven by a very necessary desire to enhance diagnostic reliability, and he is right that Big Pharma have exploited successive DSMs rather than been in league with psychiatry as some conspiracy theorists would like to believe. To say, however, that there are no diagnostic tests for psychiatric disorders is to ignore all the known causes of intellectual disabilities (known as learning disabilities in the UK health services) and the dementias. Not to compare this with the rest of medicine is to avoid the fact that many diagnoses such as migraine, Parkinson's disease and most epilepsies remain clinical – generally with a 10% misdiagnosis rate. To state that the causes of major mental illness 'remain as enigmatic as ever' is simply wrong, even if that knowledge has not translated into patient benefits.

The last chapter is a particular disappointment, being all too reminiscent of some *Mad in America* polemic and falling back on tired, misplaced calls for a 'paradigm shift' away from the perennial purported 'crisis' in psychiatry. Yes, at its worst, psychiatric diagnosis could be a DSM tick-box exercise, and out-patient reviews little more than medication checks, but none of my colleagues practise that way. Yes, the general (but not entire) lack of validating biological tests in psychiatry leaves us open to ever increasing numbers of diagnoses but this is not '18th century practice'; indeed, it allows for the emergence of novel conditions such as pathological gambling. There is no doubt, however, that the numbers of American children diagnosed and treated for attention-deficit hyperactivity disorder far exceeds the 1% or so likely to benefit – even worse, arguably, are the numbers of children diagnosed with bipolar and treated with lithium.

The bottom-line is that most people who present to psychiatric services get evidence-based interventions and are satisfied with their treatment. To help more, better, we principally need better funded mental health and social services. Increased research funding could allow us to target existing therapeutics and develop better interventions for people with histories of childhood adversity and ongoing disadvantage. That would certainly be more useful than repetitively criticising psychiatry – or indeed bemoaning the death of socialism as a political force. One may as well howl into the wind. With the Wellcome Trust and others spending billions on mental health research over the next decade we can expect notable progress, but it takes time – and that does not lend itself to dramatic copy.

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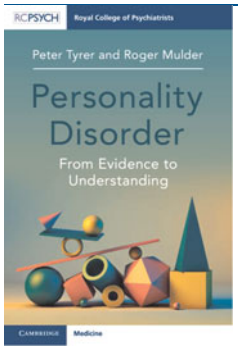
doi:10.1192/bjp.2022.204



Personality Disorder: From Evidence to Understanding

By Peter Tyrer and Roger Mulder
Cambridge University Press. 2022
£29.99 (pb). 172 pp.
ISBN: 9781108948371

Psychiatrists

Every psychiatrist and mental health professional should read this concise, elegant and witty account of the ICD-11 classification of personality disorders. The authors tackle historical, epistemological and ontological critiques of the personality disorder concept and dismantle decades of well-intentioned classifications that appear not to have served the patient well. The authors engage with cultural and national patterns in character, and comorbidities with other mental illnesses. Evidence on treatment outcomes (which is reassuringly hopeful) is provided, along with criticism of diagnostic practices that claim stigma and 'isms' are reinforced by such labels and can harm patients.

ICD-11 disrupts previous classifications on the basis of extensive field trials. The major shift is away from categorical classification to one of difficulty in relationships, inadequate social skills and personality difficulty. 'Personality disorder', rather than 'personality difficulty', is persistent, and occurs in all situations or contexts; there is impaired social and occupational function and associations with harm to self or others. Once a personality disorder in terms of severity is confirmed, it can be further classified into domain traits, of which there are five: negative affectivity, detachment, dissociality, disinhibition and anankastia.

With care the authors dissect the justification for retaining one category, borderline disorders, owing to appeals from clinical leaders and groups, given the evidence base on what works is compelling. Indeed, clinicians will have to familiarise themselves with the new classifications and develop a body of evidence that tests their value to people with impaired personality function.

There are descriptions about how to assess personality using the new system, and four structured measures of outcome, assessment tools, are included in the appendices. The two areas that could be strengthened include the reference to race and ethnicity, albeit, this is my particular interest in clinical and research terms; and then cognitive analytic therapy appears to be misrepresented as lacking a manual or practical value. This incisive account offers much information in a relatively easy to read format. If there is one thing you should read on personality disorder, this is it.

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doi:10.1192/bjp.2022.206

https://doi.org/10.1192/bjp.2022.206 Published online by Cambridge University Press