

teams, and it is one of the first comprehensive multi-author texts on the subject. The majority of the contributors are from Scandinavia, and there are useful descriptions of services in these countries which make it clear that if tertiary disability is to be minimised, community care must be accompanied by specialist backup from multi-disciplinary teams who have the neuropsychiatric skills to provide not merely assessments, but also long-term monitoring and support.

The opening chapter, on epidemiology, gives a useful up-to-date review of the literature, noting the relative lack of total population studies, especially of those with mild learning disability. The detailed descriptions of epilepsy in Angelman's, fragile X and Down's syndrome provide useful models for consideration of the possible underlying mechanisms (the last of these also has a separate chapter devoted to it).

The chapters on new anticonvulsants and the role of surgery in the treatment of intractable seizures will be of particular interest to the clinician, and it is gratifying to learn that learning disability is no longer a contraindication to surgery. Intellectual deterioration is also no longer to be regarded as an inevitable consequence of chronic epilepsy, but, as Stephen Brown points out in his excellent review of the topic, it does present as a major problem in a minority. It would have been helpful to have had a fuller review of the educational difficulties affecting people with epilepsy, although these are alluded to in the chapters on services. This book can be recommended as an authoritative text for both clinicians and researchers.

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CAN: Camberwell Assessment of Need

By Mike Slade, Graham Thornicroft, Linda Loftus, Michael Phelan & Til Wykes. London: Gaskell. 1999. 144 pp. £45.00 (pb). ISBN 1-901242-25-0

This book is intended for people who are using or are considering using the Camberwell Assessment of Need (CAN). The CAN was developed by the Section of Community Psychiatry (PRISM) at the Institute

of Psychiatry. It is described as "a tool for assessing the needs of people with severe and enduring mental illness", covering both health and social needs. It was developed for use by mental health care professionals, service users or other non-mental health professionals, and has clinical and research versions.

In the UK, a needs-led approach is a central theme in the individual care of those with severe mental illness (National Health Service and Community Care Act 1990), and this has been encouraged by the introduction of the Care Programme Approach. In this book the authors discuss the concept of 'need' and how it can be defined and assessed. They emphasise that need is a subjective notion and that the judgement of its presence or absence depends on the viewpoint being taken. They argue that with the use of a tool such as the CAN the differences in perception of need between users of mental health services and the involved professionals can be identified, and then negotiation can take place to agree a care plan. The authors also recommend the CAN for use in assessing population need. They argue that if services are to be appropriately developed, an agreed method for assessing need is required, and suggest that the CAN is one of only four instruments available for needs assessment. Furthermore, it is the only one that is suitable for use by those without extensive experience.

There are dissenting voices. Priebe *et al* (1999) question the entire concept of need. They cite the subjective nature of needs and the low-to-moderate congruence between

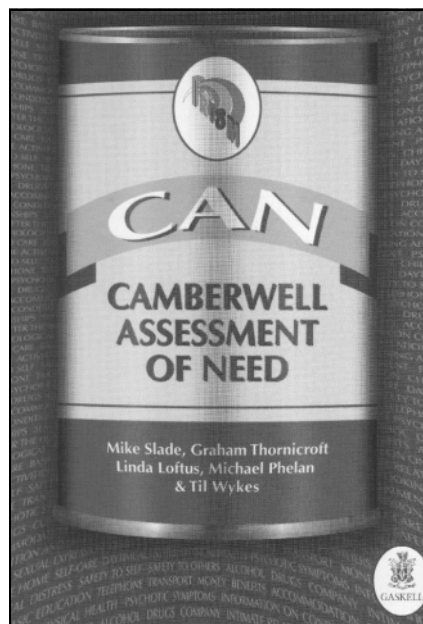
needs assessment of patients, keyworkers and others. They argue that the term 'need' implies that there is a specific effective intervention available to meet it, greatly oversimplifying the complex process of decision-making.

This book includes a description of the development of the CAN and a paper describing its reliability and validity. The authors emphasise that needs assessment should be part of routine clinical practice and that the CAN is brief to administer and can be used by a wide range of professionals without formal training. Indeed, this book gives all the information needed to use the CAN in any setting, with separate manuals for each of the three different versions (research, clinical and short). They also included a training package and copies of the three versions for photocopying. The training package and manuals are brief, pragmatic and easy to follow.

In summary, the weakness of the book may lie in the basic concept of need, rather than the text itself. However, if you accept that needs assessment is a useful concept and have decided to measure need, this is the book to purchase.

Priebe, S., Huxley, P. & Burns, T. (1999) Who needs needs? *European Psychiatry*, **14**, 186–188.

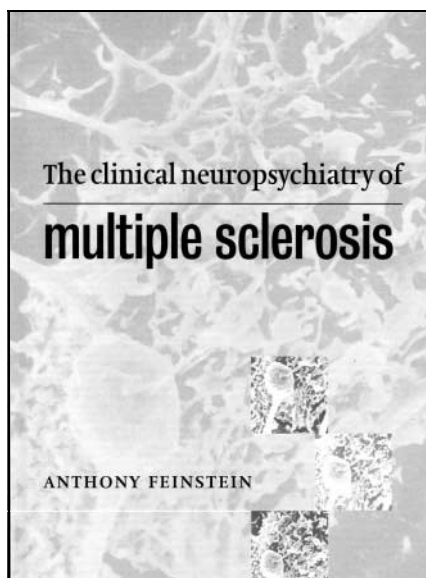
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The Clinical Neuropsychiatry of Multiple Sclerosis

By Anthony Feinstein. Cambridge: Cambridge University Press. 1999. 204 pp. £40.00 (hb). ISBN 0-521-57274-6

Mental and cognitive disorders in multiple sclerosis (MS) have been reported at least since the time of Charcot. However, very little space has been devoted to these abnormalities in the medical and psychiatric literature over the past century. Thus, MS has remained an essentially neurological, rather than neuropsychiatric, condition. Only during the past decade or so has interest in the psychiatric aspects of MS developed, and although there is now a considerable body of knowledge on the neuropsychiatry of the disease, there is still a lack of overviews on the subject.



Feinstein claims to provide “a detailed survey of the emotional, behavioural and cognitive disorders prevalent among patients with multiple sclerosis” and “clear clinical guidelines [. . .] for (their) diagnosis and treatment”. This is a clinically oriented volume, which is well researched, written and edited. It will undoubtedly please readers seeking the practical clinical information and advice that is rarely found in neurology textbooks. The book begins with a helpful and clarifying introduction on the diagnosis of MS and definitions of its nomenclature, followed by chapters on depression, bipolar disorder, pathological laughter and crying, psychosis and cognitive dysfunction. Most chapters contain clinical vignettes, and all have helpful summary points at the end. Data are also provided on the correlation between brain lesions on magnetic resonance imaging and various abnormal mental states and cognitive deficits. There is an imbalance between the amount of space devoted to cognitive dysfunction (five out of ten chapters) and that given to the more strictly psychiatric aspects of MS. Also, reference to the effects of newer therapies, such as the beta-interferons and their alleged (and debated) potential to induce depression in a proportion of patients, would be welcome.

This work succeeds in providing a detailed review of the mental and cognitive disorders observed in MS. And although the provision of clear treatment guidelines is hampered by the small number of proper randomised placebo-controlled trials of treatments for depression, mania, or

psychosis in MS, this is not the author's fault.

Feinstein should be congratulated for his effort in reviewing and bringing together what is known of the psychiatry of MS into this monograph, which will be useful to those interested in the psychiatric manifestations of structural brain disease and to clinicians who either have patients with MS under their care, or who encounter them in the course of their clinical practice. The volume would be a welcome addition to academic medical libraries and some departmental libraries. Those with a special interest in MS should benefit from the inclusion of this book on their personal shelves, although they might want to check whether a paperback edition is planned.

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Psychological Problems of Ageing: Assessment, Treatment and Care

Edited by Robert T. Woods. Chichester: John Wiley & Sons. 1999. 352 pp. £19.99 (pb). ISBN 0-471-97434-X

This book is intended to be a focused text for all professionals involved with the care of older adults, which is a broad perspective. It rises to the challenge admirably.

I particularly enjoyed the thought-provoking chapter on identity management in later life by Peter Coleman, and the chapter by Steven Zarit and Anne Edwards on family care-giving. Both offer stimulating reading and have implications wider than their titles might suggest. I found a small paragraph about multiple roles and role strain in relation to care-giving pertinent to work I have been involved in on burnout and stress among old age psychiatry staff. I love the hypothesis that an additional role might generate energy which can be used to fulfil the demand of other roles, but I have some worries about where it might lead those among us who already feel overcommitted.

Other chapters are probably less useful to psychiatrists. I singled out Robert Woods' chapter on mental health problems in late life for mention here, but later found myself mulling over post-traumatic stress disorder

in late life and the impact of the Second World War. Also, we can become blasé about what Woods calls the “uncharted territory” awaiting many old age psychiatrists: a deluge of patients with dementia and depressive illness in late life. Woods is right that clinical psychologists have a key role to play in understanding, assessing and treating the whole range of mental health problems affecting older adults. But so too do old age psychiatrists, and we must continue to have a vision of old age psychiatry services which are comprehensive, collaborative and multi-disciplinary and which are resourced to allow the reality of both psychological and physical treatments. Another perspective is always useful: perhaps this chapter is relevant to old age psychiatrists after all.

Time now for my confession. I made a mistake with this book: I decided to read it from cover to cover for relaxation. This proved to be a recipe for insomnia, and I suggest it is better used as a sourcebook, or text to refer to on relevant topics. If I had not been asked to review this book, I doubt that I would have bought it, but that would have been my loss. It will be particularly useful for trainees, but cynics who have lost touch with their training will also enjoy it.

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