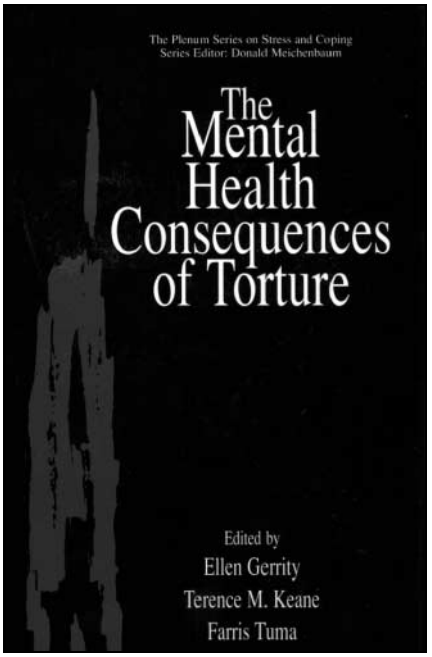
Book reviews

EDITED BY SIDNEY CROWN and ALAN LEE

The Mental Health Consequences of Torture

Edited by Ellen Gerrity, Terence M. Keane & Farris Tuma. New York: Kluwer Academic/Plenum. 2001. 375 pp. $49.50 (hb). ISBN 0 306 46422 5



This multi-author volume arises from a report by the Working Group of the US National Institute of Mental Health on the mental health consequences of torture. The establishment of the Working Group was stimulated by representatives of South Africa who attended a multi-disciplinary, multi-agency research conference on the survivors of torture in April 1997.

One of the psychological responses to torture is, of course, post-traumatic stress disorder (PTSD) and a number of the authors, as well as Terence Keane, will be recognised as experts in this field. Unfortunately, a consequence of this is that a number of chapters appear to have no particular connection with torture but could be included in a general book on PTSD. For example, chapters on psychosocial models and neurobiological models will be very familiar to those knowledgeable about PTSD. However, if one knew little about the topic, these chapters in themselves would be insufficient as a general introduction.

I felt that the book failed to provide a coherent account of what is unique about torture in comparison, say, with domestic assault or rape.

There are some chapters of interest, in particular the one written from the perspective of survivors by Sister Dianna Ortiz, which contains a number of harrowing quotations, which put the topic in perspective. There is too much repetition in the introductory sections of many of the chapters. Others, for example on refugees and asylum-seekers, are brief and somewhat superficial. All are, however, generously referenced and this is of value.

I fear that the result is not untypical of a multi-author volume produced via a working party and that it will not add greatly to the treatment and care of survivors of torture.

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Use of Drugs in Psychiatry (5th edn)

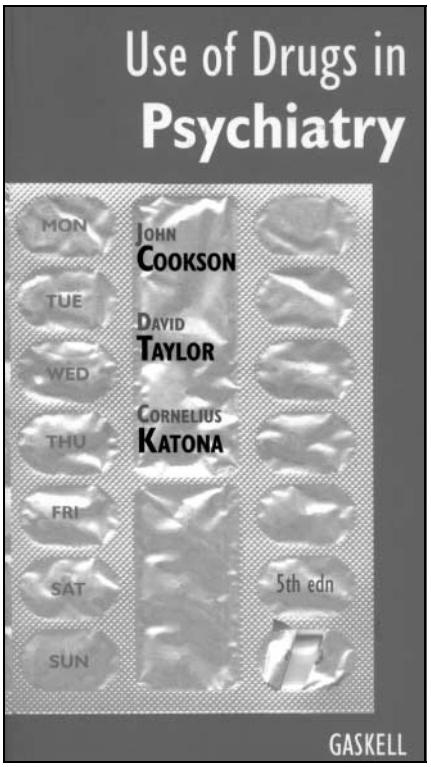
By John Cookson, David Taylor & Cornelius Katona. London: Gaskell. 2002. 416 pp. £20.00 (pb). ISBN 1 901242 29 3

Those of us who have 'grown up' with earlier editions of this book, originally authored by Brian Barraclough, will welcome its 5th edition. The format is still small enough to fit into a pocket, but at over 400 pages of higher quality paper the limits of portability have almost been reached. Staggered tabs printed over the outer edge of the pages divide the book into three sections.

The first section covers general topics such as history, classification of drugs, methods of evaluation, pharmacokinetics and dynamics, principles of prescribing, cost and issues of consent. This last identifies the book as essentially English. A short summary of consent to treatment in other English-speaking countries such as the USA, Australia or even Scotland would not have come amiss, both to make the book travel better and to enlighten the English reader about principles of ethical and legal issues.

The second part covers the whole of psychiatry, including aetiology, diagnosis, general management and drug treatment. Some useful tables give risk factors for violence and the Positive and Negative Syndrome Scale (PANSS) items. Trial results are summarised consistently, using number needed to treat as a clinically intuitive effect size.

The final section gives a systematic review of psychotropic drug classes. Although generally the advice given is sound, there are some idiosyncratic opinions: for example, 'In general the risks of continuing these drugs [chlorpromazine, etc.] during pregnancy will outweigh the risk (to the mother and the future child) of untreated psychotic illness' (p. 300). There is an exaggerated emphasis on the separation of atypical antipsychotics from classic antipsychotics. Their chapters are pointedly separated by one on anticholinergic medication. I had always assumed that the



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continuing use of the term 'atypical' was a marketing strategy, as sulpiride, amisulpride and risperidone behave very much like classic antipsychotics if used in equivalent dose, and not like clozapine.

This book is more suitable for the bedside table than the coat pocket. The trainee will find lots of interesting and important information in one place, and the experienced clinician may like to find updates on areas outside his or her expertise.

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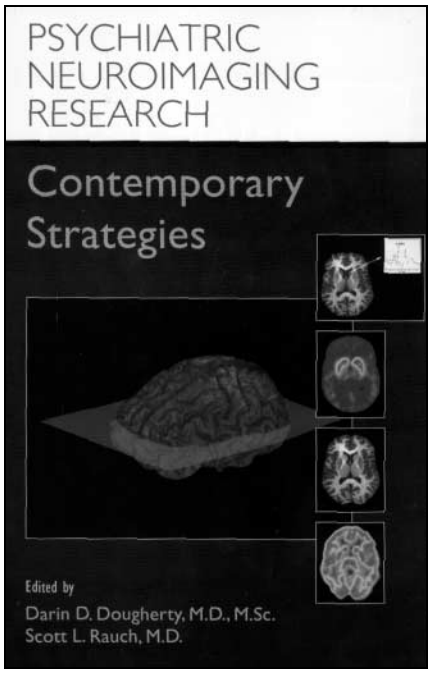
Psychiatric Neuroimaging Research. Contemporary Strategies

Edited by Darin D. Dougherty & Scott L. Rauch. Washington, DC: American Psychiatric Publishing. 2001. 417 pp. £67.50 (hb). ISBN 0 88048 844 1



The achievements of neuroimaging in psychiatry have been modest, although perhaps no less than those of any other technique for investigating the cause or mechanism of mental disorders. The cardinal reason for this limited success is the immense complexity of the human mind and brain. The problem is not a lack of studies reporting intriguing findings, but rather the lack of consistency between them. Two of the earliest imaging findings, ventricular enlargement and hypofrontality in schizophrenia, both of which were reported more than a quarter of a century ago, have eventually been confirmed in numerous studies, but fundamental aspects of these abnormalities, such as the time course of ventricular enlargement and the circumstances under which hypofrontality can be elicited, remain uncertain on account of inconsistent findings.

In contrast to the modest advances in understanding of mental disorders, the rate of evolution of imaging technology and of study design is breathtaking. This book provides a taste of a variety of contemporary strategies. Among the recent technological advances reported are diffusion tensor imaging, which provides information regarding the orientation of myelinated fibres, and the use of transcranial magnetic stimulation (TMS) with functional imaging techniques. TMS provides reversible disruption of brain function at a localised cerebral site, and hence makes it possible to examine the effect of transient loss of local function on the pattern of cerebral activity elsewhere in the brain. Thus, we now have the technology to assess both the structural connections (mediated by myelinated fibres) between brain regions, and the remote functional consequences of local malfunction. Perhaps these techniques will illuminate the way in which the coordination of activity in distributed neural networks is disrupted in disorders such as schizophrenia.

The past few years have also seen the development of many new approaches to experimental design in the imaging of regional brain function and also in the imaging of neuroreceptors. The use of positron emission tomography (PET) or single photon emission computed tomography (SPECT) with displaceable ligands to provide an indirect measure of the release of endogenous neurotransmitters has opened the door to many exciting possibilities. It has also provided a partial resolution of the perplexing conflict between previously reported findings regarding D_2 receptor levels in schizophrenia. Previous studies using the ligand raclopride indicated no elevation of D_2 receptor density in the basal ganglia in schizophrenia, whereas studies using the ligand *N*-methyl spiperone did indicate an elevation. Although the mechanism is imperfectly understood, it is now clear from the work of Laruelle and colleagues that substituted benzamide ligands, such as raclopride, are displaceable by endogenous dopamine, whereas ligands such as *N*-methyl spiperone are not. Use of radioactively labelled raclopride to measure D_2 receptors before and after treatment with a dopamine-depleting drug reveals that the level of endogenous dopamine is abnormally high in schizophrenia, suggesting that when raclopride is used to measure D_2 receptor density, an elevated level of endogenous dopamine obscures an abnormally high concentration of D_2 receptors. Thus, the current evidence indicates not only that D_2 receptor density is increased in schizophrenia, but also that there is an excessive release of endogenous dopamine.

The technique for measuring endogenous dopamine offers the prospect of measuring the effect of various pharmacological or psychological challenges that might be expected to modify dopaminergic activity. However, enthusiasm for this technique should be tempered by the fact not only that the physiological basis of the effect is imperfectly understood, but also that the effects of interest are small and difficult to measure.

Although many psychiatric imaging studies in the past three decades have focused on schizophrenia, this book draws attention to the rapid rise in the use of elegant experimental designs to study other disorders. Whalen, Curran & Rauch provide a stimulating account of strategies for evaluating implicit information processing that appears to play a key role in anxiety disorders. Several chapters report advances in the study of mood disorders. In particular, the chapter by Drevets addresses the likely reasons for the conflicts between previously reported studies of regional cerebral activity in depression, and argues cogently for integrating structural and functional imaging modalities. Pine *et al* provide a clear account of the way in which functional imaging has contributed to the understanding of attention-deficit hyperactivity disorder.

Overall, this volume provides an introduction to most of the major developments in psychiatric neuroimaging technology that occurred in the final decade of the 20th century. As would be expected from a multi-author volume, the quality of the technical detail varies, but overall, the editors have done a good job in ensuring

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