



reviews

Treating Bulimia Nervosa and Binge Eating: An Integrated Metacognitive and Cognitive Therapy Manual

Myra Cooper, Gillian Todd & Adrian Wells.
Routledge, 2008,
£22.99 pb, 264 pp.
ISBN 9781583919453

Since 1979, when Gerald Russell described bulimia nervosa¹ and Aaron Beck published *Cognitive Therapy of Depression*,² cognitive-behavioural therapy (CBT) has been repeatedly applied in people with bulimia; Fairburn's CBT for bulimia nervosa demonstrated particular efficacy over the 1980s and 1990s. Fresh speculation and creativity are always crucial, though. As new features of the disorder and potential obstacles to treatment have been observed, CBT has expanded its repertoire – for instance, Ulrike Schmidt's BitE by BitE added motivational enhancement techniques.³

Wells's 'metacognitive' stance is the new ingredient here. This has much in common with 'mentalisation' and 'mindfulness'. In this state of mind we can take a step back from our knee-jerk responses to life, see ourselves more objectively and cultivate non-judgemental wisdom. It involves not only thinking, but *thinking about thinking*, not only learning, but *learning about learning*, in that striving towards maturity which characterises all effective therapies. It moves ahead of classical CBT by not asking 'Is this thought correct?' so much as 'Is this the most helpful way to think about things?' However, the excellent chapter which traces the development of structured evidence-based therapies for bulimia stops disappointingly short of integrating its claim for the use of metacognition into the discussion.

I have two important reservations. The first is that metacognitive therapy is so far unproven. Second, I would be reluctant to move directly into metacognitive work without at least trying to introduce regular, spaced eating patterns. For me, this is the single most crucial intervention in changing minds and brains, even where years of previous therapy have failed. I am supported in this view by two masters: Fairburn claims this intervention is 'fundamental to successful treatment',⁴

highlighting the gratifying early success experiences that result; Waller's group, too, emphasises 'the introduction of structure to dietary intake'.⁵

It is brave to publish another textbook of CBT for eating disorders so soon after the appearance of two new classics (*Cognitive Behavioral Therapy for Eating Disorders* by Waller and colleagues⁵ was followed in 2008 by Fairburn's acclaimed account *Cognitive Behaviour Therapy and Eating Disorders*⁴). Readers seeking an education in both eating disorders and CBT should devour either or both of these. Should you invest too in Cooper's modestly-priced paperback? The authors are streetwise clinicians who know exactly what they are talking about. Sample stories – such as 'Jasmine's' – illustrate the plight of having bulimia tellingly. There is a particularly good set of evaluation scales, useful photocopyable handouts, and the directions for introducing detached mindfulness can be used across different diagnostic groups. So if you work regularly with individuals with bulimia nervosa, I recommend you add this book to your collection, but not that it be used as your main resource.

- 1 Russell G. Bulimia nervosa: an ominous variant of anorexia nervosa. *Psychol Med* 1979; **9**: 429–48.
- 2 Beck A, Shaw B, Rush A, Emery G. *Cognitive Therapy of Depression*. Guilford Press, 1979.
- 3 Schmidt U, Treasure J. *Getting Better Bit(e) by Bit(e): A Survival Kit for Sufferers of Bulimia Nervosa and Binge Eating Disorders*. Psychology Press, 1993.
- 4 Fairburn CG. *Cognitive Behaviour Therapy and Eating Disorders*. Guilford Press, 2008.
- 5 Waller G, Cordery H, Corstorphine E, Hinrichsen H, Lawson R, Mountford V, et al. *Cognitive Behavioral Therapy for Eating Disorders*. Cambridge, 2007.

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Combating Sleep Disorders

Kathy Sexton-Radek & Gina Graci
Praeger Publishing, 2008,
£19.95 hb, 152 pp.
ISBN 9780275989736

Sleep disturbance is a common problem in both community samples and in patients

presenting to mental health services. The title of this book is perhaps a little misleading in that much of the text is focused on behavioural and psychological approaches to insomnia.

Chronic insomnia may cause impairment of daytime functioning in up to 10% of community samples. The health risks of insomnia include depression with an unresolved debate with regard to the primacy and/or comorbid relationship between sleep disturbance and depression. Cognitive consequences are common in sleep disturbance. Additional comorbidities such as cardiovascular disease and gastro-oesophageal reflux are well recognised.

The foreword suggests this book is for 'someone working with a sleep doctor . . . anyone wanting to know more about detecting sleep disturbance and ways to treat the disturbance' ('mmm . . . I thought, 'the target audience is not clearly defined but there may be some helpful tips'). The preface clarifies that the target audience are patients with sleep problems ('mmm . . . self-help', I thought to myself).

The first half of the book is really for patients trying to understand sleep disturbance and preparing for a visit to a sleep centre. Health professionals are likely to find this section of the text repetitious and lacking in depth. However, most health professionals will find chapters 5–7 extremely useful in treating patients with chronic insomnia without resorting to pharmacotherapy. There is a good description of sleep hygiene; stimulus control therapy; sleep restriction; and cognitive-behavioural strategies. The evidence for a cognitive-behavioural approach for insomnia is increasingly compelling, making chapters 5–7 a very worthwhile investment for health professionals.

This book can be read in a couple of hours and would be a useful recommendation for patients with psychophysiological, idiopathic, paradoxical insomnia and circadian rhythm disorders. Additionally, chapters 5–7 and the inclusion of sleep scales make the book certainly worth reading for mental health clinicians.

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