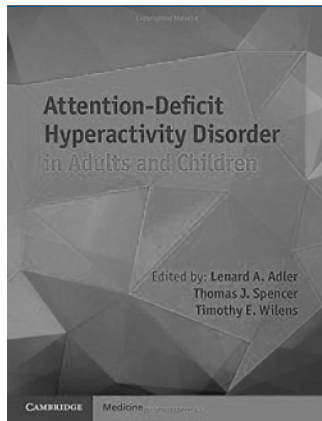


Book reviews

Edited by Allan Beveridge, Femi Oyeboode
and Rosalind Ramsay



Attention-Deficit Hyperactivity Disorder in Adults and Children

Edited by Lenard A. Adler,
Thomas J. Spencer
& Timothy E. Wilens.
Cambridge University Press. 2015.
£75.00 (hb). 410 pp.
ISBN 9780521113984

This is a book summarising research and practice around the topic of attention-deficit hyperactivity disorder (ADHD) as seen from a very American perspective. It consists of 29 chapters by 50 experts covering everything from history, diagnostic classification, assessment and treatment in all age groups through to imaging, genetics and comorbid conditions. The chapters are of variable length and quality and are extensively referenced. As a compilation of published work to date on ADHD, it has merit. There is, however, little evident editorial input and no attempt to draw together material from different chapters into a coherent whole. There is a considerable degree of repetition and overlap between chapters, which means that attempting to read it through is a frustrating task.

For a UK psychiatric readership, there are a number of issues which will be seen as unsatisfactory. While there is an increasing acceptance of the diagnosis of ADHD in children and adults in the UK, with services reasonably well established for children and developing patchily for adults, there is nevertheless a concern about threshold and diagnostic drift which is barely acknowledged in the book. A more balanced acknowledgement and engagement with this debate would have given it more credibility. One chapter which does this topic some justice is that by Weiss (Chapter 4) on functional impairment. Weiss eloquently addresses the issue of measuring functional impairment and the importance of this alongside counting symptoms. Interestingly, she also bemoans the damage done to the concept of ADHD by overemphasising the negative outcomes, which leaves patients and relatives at risk of feeling hopeless about the possibility of adaptive change, understanding or recovery.

The chapter on epidemiology and societal burden (Chapter 3) is also well written, with reference to the relative merits of ICD and DSM and a considered debate on the issues of predictors of persistence into adulthood and comorbidity. It is one of the few chapters to refer to the ICD-10 classification system. Also interesting is the chapter on the debate about the development of DSM-5 (Chapter 5). British readers may be surprised to hear that there was a widespread view that DSM-5 did not go far enough in widening the diagnostic criteria for ADHD for fear of 'increasing the prevalence too much'. The author suggests that readers go beyond the DSM-5 criteria to get around this issue!

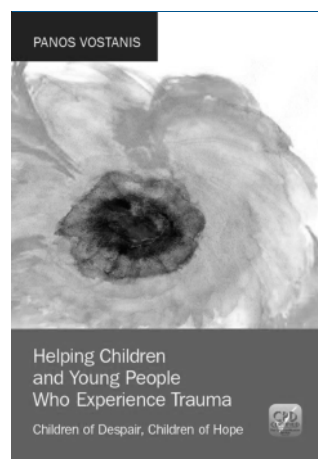
Chapters on genetic and imaging research provide a good summary of the state of current knowledge and the author of

Chapter 23, while acknowledging the absence of controlled trials on psychosocial interventions, does give a good description of techniques which can be used in such programmes, which are widely advocated here in the UK. Chapters on medication cover the evidence available on both Food and Drug Administration (FDA) approved and non-approved treatments. A startling statistic quoted in Chapter 22 is that 50% of patients diagnosed do not respond to treatment with stimulants or have side-effects or worsened comorbid conditions.

In summary, this is a compilation of papers on ADHD, which, while providing a plethora of references to published work on ADHD, is less successful at drawing together conclusions regarding the topic as a whole. The individual chapters may be of use to those wishing to understand the background research evidence in specific areas but it does not readily lend itself to being read in its entirety and is not likely to be seen as providing the non-expert or trainee with an overview to assist with practice in the UK.

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Helping Children and Young People Who Experience Trauma: Children of Despair, Children of Hope

By Panos Vostanis
Radcliffe Medical Press. 2014.
£24.99 (pb). 304 pp.
ISBN 9781846195839

Childhood trauma retains all of its power to shock and capture headlines. As I write, the continent is grappling with a humanitarian and political crisis, precipitated (at least in part) by the tragic loss of life captured in a few haunting images. Months down the line, young people, with or without the support of relatives, will be trickling into child mental health services across Europe. Where does the assessing clinician start?

As Panos Vostanis stresses, the road ahead for many child and adolescent refugees fleeing war may be long and hard – as it may be for many other children who have experienced trauma. In this ambitious but very accessible volume, he has laid out a framework for considering the complex, profound and long-standing needs of this group. He quickly and engagingly surveys relevant developmental psychological and mental health perspectives before addressing specific populations, including children in care, children who are adopted, homeless youth, asylum seekers and young offenders. There is very little attempt at classification or diagnosis (post-traumatic stress disorder barely gets a mention). Instead, there is an emphasis on the multiple systems that will need to work together to support these groups.

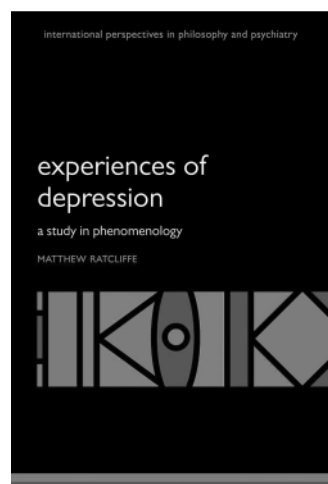
Most chapters have a relevant case scenario for the reader to ponder. Sometimes there is a clear and upbeat conclusion,

sometimes there is not, but there are certainly no ‘right answers’. This is typical of the tone of this book; Vostanis is not pushing any particular agenda or model, but encouraging the reader to think broadly about the needs of children and adolescents affected by trauma. Treatment plans for these young people can be complex and require revision over time, and this evolving sensitivity to needs is a powerful theme.

This is a great book for the non-medical reader and I think the author has managers and policy makers across various disciplines in mind more than consultant psychiatrists. For the junior doctor or mental health clinician trying to work out where to start, this book is a solid ‘real world’ introduction and a good tonic for the hopelessness that clinicians inevitably experience at some point when working with children who have experienced trauma.

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**Experiences
of Depression:
A Study in
Phenomenology**

By Matthew Ratcliffe
Oxford University Press, 2015.
£34.99 (pb). 336 pp.
ISBN 9780199608973

This is an ambitious book that explores ‘how experiences of depression differ from other “healthy” forms of experience’. It takes a ‘phenomenological stance’, emphasising attention to aspects of experience that are usually overlooked or presupposed, with a commitment to reflect on them and develop some understanding of their nature. The approach encompasses more than just the experience of abnormality of mood, but takes in how depression influences the experience of the body, the relationship to loss of hope, and the experience of guilt, free will and time.

There is much here that is of interest to psychiatrists. For example, Ratcliffe argues that the current classification systems, particularly DSM-5, do not distinguish between ‘a range of subtly different kinds of experience’. He makes a case for a detailed understanding of subjective experience of depression as this might influence classification, diagnosis and treatment. This position correctly focuses attention on how impoverished the current approaches are, as there is little interest in or curiosity about the nature and narrative of psychopathological experiences, to the

degree that ticking off symptoms in a list is deemed sufficient and appropriate for reaching clinical diagnosis.

In the chapter ‘Depression and the Body’, Ratcliffe reminds us that how the body is experienced is intimately affected by depressed mood. Most psychiatrists do not make enquiries about this area unless the patient spontaneously proffers comments that are suggestive of marked alteration in bodily experience. Ratcliffe makes a distinction between ‘noematic feelings’ (in which the body is itself experienced as an object) and ‘noetic feelings’ (in which the body is the means by which the world is experienced). The important point is that, in illness, the body itself becomes an object for us.

These matters are key to our understanding of the nature of depression as it affects bodily experience. Nonetheless, Ratcliffe conflates a number of issues that superficially appear to be related, merely because they seem to inhabit the bodily domain. For example, somatic complaints sometimes refer to disparate bodily sensations that present predominantly in Asian and African patients; in my view, these complaints are quite distinct from negative evaluations of the body and/or self that commonly accompany depression, such as feelings of physical ugliness. Furthermore, there are other bizarre bodily experiences that presage the so-called ‘Cotard’s syndrome’. The degree to which some of the bodily experiences, in this context, are metaphors for distress cannot be understated.

Even though this is an admirable book in many respects, there are a number of fundamental problems with it. Ratcliffe developed a depression questionnaire that was administered to an opportunity sample drawn from the website of SANE, the UK mental health charity. The questionnaire was generated from ‘themes that feature prominently in depression memoirs’. How exactly this was done and whether the questionnaire has any validity is not discussed. This approach is curious, particularly as phenomenology has considerably influenced qualitative research and there are well-described methods for conducting interviews that draw on a phenomenological approach. The use of quotations derived from completed questionnaires is difficult to justify. Also, for a book on the subjective experience of depression, it is surprising that anhedonia is not mentioned once and is not listed in the index. This is not a random point; the varieties of anhedonia speak to some of the basic ways that emotions are affected in depression. There is either a total absence of any feeling whatsoever or there is a failure in experiencing pleasure. Although it is true that many narrative accounts make the point that the experience of depression is indescribable, there are aspects that can be described. For example, the time signature of the disturbed mood is well established as a persistently low mood that is invariably worse in the morning and that does not appear to be related to external cues, in comparison to sadness, where the mood is worse as the day progresses and the intensity can be influenced by social context. These seemingly simple or mundane descriptions are part of how depression is experienced.

This is a book for the specialist. It ought to be in all libraries but it is unlikely to directly influence clinical practice.

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