

## Book reviews

*Psychiatric Dimensions of Medical Practice. What Primary-Care Physicians Should Know about Delirium, Demoralization, Suicidal Thinking, and Competence to Refuse Medical Advice.* By P. R. Slavney. (Pp. 123; £27.00 hb, £13.00 pb.) The Johns Hopkins University Press: Baltimore; MD. 1998

I know of many physicians who would like their own liaison psychiatrist in their pocket (in more ways than one). Those who work at Johns Hopkins now have just that. This book comprises the portable advice of the Johns Hopkins Professor of Psychiatry and Medicine to help physicians with some of the commonest psychiatric issues they encounter. The intended readership is stated to be primary-care physicians in the States, but includes general medical hospital specialists.

More than a third of the book covers delirium alone and includes four lengthy tables of the causes of delirium; I doubt the physicians where I work would find these helpful since almost anything can cause delirium and we were all taught that as students; only future orthopaedic surgeons were playing rugby that day. Most of the standard points about how to recognize the syndrome and manage it are well made, but I was sorry to see no mention of the fact that the most sensitive test of cognitive dysfunction in delirium is temporal disorientation, and that this may be very subtle so that a patient who knows the day and date may yet be confused as to whether it is morning, evening or afternoon.

The rest of the book covers general assessment, demoralization, suicidal thinking and competence to refuse medical advice.

The assessment chapter has a few nice questions to use with a medical population so that there is a natural transition from the purely physical functional enquiry, e.g. 'It sounds like you've been having a tough time, how are your spirits holding up?', but the author is somewhat optimistic by UK NHS standards about the time physicians are usually able, even if willing, to spend taking a psychiatric history.

The chapters on demoralization and suicidal thinking are brief and to the point and the former provides the physician with some useful pointers on how to distinguish demoralization from depressive illness. The latter contains a nice scripted example dialogue exploring suicidal thinking and sound advice on when to refer a patient with suicidal ideation. However, the essentials of assessment by a physician of a patient after an attempted suicide are not included; an odd omission as deliberate self-harm is one of the commonest reasons for acute medical admission in the States as in the UK, and the situation in which our hospital physicians most often encounter overt mental health problems.

It was because of the last chapter, on competence to refuse medical advice, that I was asked to review this volume on the grounds that it 'sounds just up your street'. There are very few published works that address this essential issue from the everyday clinical perspective, and so the inclusion of this topic in a book intended to help physicians to manage psychiatric aspects of patients in a general medical setting is very welcome. A drawback for all such chapters is that they will only describe the law as it applies in one jurisdiction, in this case, the State of Maryland. Perhaps this is why there are few such published accounts, as publishers risk limiting an otherwise internationally valid text to a parochial market. For me this chapter was mainly interesting as an exercise in comparative law and ethics. There are many similarities with the common law current in England and Wales, for example we share a similar legal concept of competence (or capacity). The differences are more interesting: in Maryland, the nearest relative *can* consent on behalf of an incompetent adult and so there must be safeguards to ensure that the relative is acting in good faith and is themselves competent. Our law is simpler by not allowing a relative that power.

Overall, I would expect this book to be most useful to physicians working in Maryland. I could not recommend it to physicians where I

am working, the legal chapter would just confuse them and there are some major omissions, some of which I have mentioned above. For our physicians at Oxford, we would also want to see a discussion of unexplained physical symptoms; these are very common problems and they are certainly, to use the author's phrase when describing what he has selected for his topics, 'vexing and mysterious' to physicians. Lastly, the book has what I found a very irritating convention of using the female gender pronouns all the time to indicate hypothetical physicians and patients. Many readers will find it distracting.

ELEANOR FELDMAN

*Drugs, the Brain, and Behavior: The Pharmacology of Abuse and Dependence.* By J. Brick and C. K. Erickson. (Pp. 186; £49.95.) Haworth Medical Press: New York. 1998.

This book seeks to explain the pharmacological basis of substance abuse and dependence, and is aimed at professionals with a range of educational backgrounds, including nurses, chemical dependency counsellors, psychologists and clinicians. Its 13 chapters address; the brain-behaviour relationship; the fundamentals on pharmacokinetics, neuroanatomy and neurophysiology; the major classes of the substances of abuse such as alcohol, cocaine and other stimulants, opioids, marijuana, anxiolytics; and finally, the antidepressants, antipsychotics and the brain-reward system.

Throughout the book the authors develop the points logically and in a well organized manner, including, where appropriate, definitions and historical notes. On certain topics further clarity is added by the use of tables, figures, drawings and graphs. The book ends with a selected bibliography and a useful subject index.

However, the intended scope of the book is

vast and the target audience heterogeneous: it was surely inevitable, then, that some points would remain underdeveloped and other areas not covered at all. The omissions hinder understanding of the links between the basic sciences and clinical aspects of substance misuse and dependence, especially in the areas of withdrawal syndromes, medical complications and treatment principles. For example, the GABA-benzodiazepine receptor is considered but not opioid receptors; similarly, information regarding some withdrawal syndromes (alcohol, opiates, stimulants) is scant, while treatment issues are either explored in insufficient depth (opiates) or omitted altogether (alcohol, stimulants).

The book fails to consider certain substances of abuse (nicotine, hallucinogens, inhalants, MDMA), while the focus on both antidepressants and antipsychotics is questionable: both have minimal addictive potential and their 'misclassification' with drugs of abuse sends the wrong message regarding adherence to prescribed medication. Finally, the illustrations are of variable quality and explanatory power, ranging from simple figurative drawings (for example the 'Phineas Gage accident') to complex representations of brain anatomy. A future edition of this book would be enhanced by the deletion of the chapters on antipsychotic and antidepressant medication; the addition of chapters on substances of abuse not addressed in this edition; the inclusion of illustrations solely for their function as an explanatory aid; an examination of features of the various withdrawal syndromes; and finally a brief account of the pharmacological aspects of treatment.

In conclusion, the current volume may be appraised as an interesting, uneven book that more often than not serves its purpose.

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