Wilkinson G, Moore B, Moore P. 
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When pressure exceeds our ability to cope

The way GPs meet and treat patients suffering form anxiety, stress and depressive disorders varies widely. We cannot say we always maintain the best standards.

For many years I referred to Balint's book 'The Doctor, his Patient and the Illness' when I had difficulties in my role as a GP. Balint learnt that you can do a lot for a worried patient if you are clear on what significance your doings have for the patient.

When reading 'Treating people with anxiety and stress', I was reminded of Balint's book. This book is quite different from Balint's in many ways. It mirrors the radical increase in knowledge of the brain, neuropsychology, pharmacology and psychotherapy which has taken place since 1960. While Balint was a psychoanalyst, Wilkinson, Moore and Moore work with therapies rooted in cognitive and behavioural theories. But nevertheless, their message to a GP? Balint's: you can do a lot for patients with emotional disorders, but you have to use not only empathy but also intellectual assessment of the patients' condition and a treatment plan in accordance with evidence-based principles.

The book comprises topics on generalised anxiety, phobias, panic attacks, acute stress and adjustment disorders, post-traumatic stress disorder, and obsessive-compulsive disorder. Assessment of anxiety disorders and self-help are discussed extensively. Language is clear and concise with good clinical descriptions. There are summaries in boxes, figures and appendices, which give a hurried reader a quick insight into clinical features, assessment methods and diagnoses.

The chapter on obsessive-compulsive disorder (OCD) gave me new insights into the relations between these disorders and neuropsychiatric causes. There is also a good description of how the compulsive thoughts and images build up a strong devise to behave in a certain way, which neutralises the intensive tension. Patients with OCD do not generally seek help before their compulsive behaviour has caused some disruption to work or social life. Thus, many of them are unrecognised of physicians and other caregivers.

The authors are careful to differentiate between cognitions, emotions and behaviour in the assessment of a disorder. That may seem self-evident or not so important, but for the patient trying to understand his/her suffering, and for the physician planning treatment, this analysis is essential to determine a better life for the patient. The description bridges over the constructed cleft between body and soul that still remains and misleads patients as well as physicians. The authors' drug recommendations are careful and they discuss how benzodiazepines could be used without leading to dependence.

Perhaps the authors could have emphasised the importance of determining what the patient's disorder means to him/her a little more. I am doubtful about GPs' capacity to learn to practice the cognitive method in their everyday work. But I strongly recommend this book to GPs everywhere.

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Leyland AH, Goldstein H, editors. 

The use of multilevel techniques is increasing in health research, not least because of increasing interest in social structures that go beyond the medical perspective of studying individuals. Many data sets in public health and health services research display hierarchical structures that need to be taken into account when analysing these data. Examples of such hierarchical structures are schoolchildren who belong to different schools which belong to different communities, patient outcomes which may vary by hospital or health care region, subjects who live in different neighbourhoods, and so on.

The book explains the principles of multilevel modelling from a health statistics point of view. It covers the majority of analytical techniques such as linear, binomial, Poisson and multinomial regression in a multilevel framework. Repeated measurements, outliers, sampling, missing data, institutional performance and spatial analysis are also addressed. The available software packages and programs for multilevel modelling, such as MLwiN, HLM, VARCL, MIXFOO, MLA, BMDP5-V and SAS PROC MIXED, are discussed.

The authors consist (solely?) of statisticians who work in the fields of public health and education and mainly come from UK where the development of multilevel modelling techniques is advanced. The book is said to be meant for health care professionals and public health researchers interested in the application of statistics as well as for postgraduate students in medical statistics. The latter reveals that quite advanced statistical skills are required. Therefore the book should perhaps not be recommended as the first step to multilevel modelling for public health people with no previous knowledge in the topic. Statisticians will probably find it comprehensive in explaining the theory of multilevel modelling. The practical examples in each chapter elucidate, often well, the problems considered. The problems seem, however, sometimes more ‘data-derived’ than ‘public-health-derived’. Adding some public health researchers to the group of authors would have brought a public health perspective into the topic, and would have emphasized the part of multilevel modelling dealing with research questions and interpretation of the results. This would have added to the obvious statistical merits of the book.

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Kelner M, Wellman B, Pescosolido B, Saks M, editors. 
Complementary and alternative medicine: challenge and change. 
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Complementary and alternative medicine (CAM), although not a new phenomena, is on the rise. This inter-disciplinary and cross-national volume is therefore timely. Much of what has recently been published has been polarized. At one extreme the results of clinical trials of CAM therapies (the value and appropriateness of which are debated in chapters by Ernst and Glik), at the other the plethora of popular...
self-help texts (a reflection perhaps of the wider ‘culture of fitness’ and conceptions of health and the body prevalent in Anglo-American society described in chapters by Goldstein and O’Connor).

The book is organized into four sections which look in turn at why CAM is currently so popular; who are the users and providers of CAM; what methods can be utilized in researching CAM; and finally what lies ahead for CAM and its role in the wider health care system. The ‘international frame of reference’ is mainly limited to the Anglophone world of the USA, Canada and Britain.

Based on a review of empirical studies, Fumham and Vincent conclude that CAM users (at least in western industrialized societies) are heterogeneous in their health beliefs and levels of scepticism about conventional medicine. The reasons why people use CAM are inextricably linked to who the users are. Thus the analysis in section two serves to fill out the profile of a CAM user. However, studies are not consistent in their conclusions. As might be expected CAM users are more likely to suffer from chronic illnesses, are more highly educated and more affluent than non-users. Valente, Wellman and Pescosolido in their respective chapters make innovative use of network analysis to assess how users access alternative medicine.

The final section is the most interesting from a policy perspective. Shanna analyses the ‘wider web’ of relationships that provide the context for CAM. She presents a convincing account of the re-emergence of medical pluralism in Britain. Such diversity of provision, however, raises issues of access. Public policymakers will have to respond with a thorough and clear validation of the necessity for a specific text on community psychiatry. They suggest a ‘scientific’ definition of the term community psychiatry, emphasizing its role in the provision of appropriate levels of evidence-based mental health services.

Each chapter flows seamlessly from those preceding it, providing a fluid overview of the subject in question. The historical evolution of community care and the influence of social policy on community psychiatry provide a coherent starting point. The book then leads the reader through a description of the epidemiological background and methods that have influenced current approaches to evidence-based practice in community psychiatry. This is followed by a thorough exploration of frequently used concepts such as ‘quality of life’, ‘needs’ and ‘costs’.

The complex issues surrounding the planning and organization of community mental health services are clearly described, with particular reference to the balance that has to be made between clinical ideals and budgetary restraints. Different models of service delivery (such as case management and assertive outreach) are reviewed in detail with up-to-date reference to differing opinions about the pros and cons of these specialist services. As well as an interesting section about the interfaces between community psychiatry, psychiatric sub-specialties and primary care, there is also a section on prevention of mental disorders from the perspectives of the community, early intervention services and rehabilitation.

My only criticism is the brevity of the chapter on outpatient services, but perhaps this underlines the dearth of literature on this ubiquitous, yet overlooked element of community psychiatric services.

From the opening chapter, the importance of a coherent, well organized and comprehensive approach to psychiatric practice in the community which is inclusive of users, carers and non-statutory community services, is stressed. It is especially refreshing to see that this book has made a concerted effort to include topical issues such as the assessment and treatment of refugees and the stigma of mental disorder. The final, innovative section deals with ethical dilemmas currently facing community psychiatrists such as those raised by the new Mental Health Act in the form of involuntary community treatment.

In summary, this is a very good book that provides an extremely thorough review of current thinking in psychiatry. These days one could argue that all psychiatry is community psychiatry. What this textbook provides is a conceptual framework for the understanding of the issues relevant to good clinical practice of psychiatry in the community.

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This book aims at providing readers with the basic epidemiological knowledge and skills that are required for the appraisal of published reports as well as one’s own findings. It includes six chapters. The first two chapters introduce basic concepts for the appraisal of epidemiological findings, including the discussion of association, confounding, rates, odds, and standardisation. The third chapter helps the reader develop critical skills by discussing validity, reliability, as well as screening. Chapters D and E cover more complex issues for the appraisal of data (association between variables, misclassification, statistical significance, confounding, multivariate analysis, results from different study designs).