Addictions

Drugs and Addictive Behaviour.

Reviewer rating: Excellent

Review by Nady el-Guebaly, MD, FRCPC, Calgary, Alberta

The US, through the National Institute of Drug Abuse (NIDA), funds reportedly 85% of the research on drugs conducted globally. While US taxpayers are to be thanked for their significant contribution, concerns have been raised about the overwhelming volume of data and publications originating from a single national perspective. To its credit, NIDA is now also developing an international network of researchers. It was with anticipation, therefore, that I reviewed this basic book, originating from the UK and now in its third edition. The author, Dr Hamid Ghodse, is a professor of psychiatry and director of the Centre for Addiction Studies at St George’s Hospital Medical School in London. He has just completed a distinguished stint as 6-times president of the UN International Narcotics Control Board. The book includes a dozen chapters and several appendices.

The initial chapter reviews terminology, based on the recently published Lexicon of Alcohol and Drug Terms (1); it also offers a thoughtful essay on the interactive etiologic variables of drug, individual, and society that contribute to drug dependence.

The extensive second chapter reflects Dr Ghodse’s ability to interweave British and international data. The major development in the global picture of drug abuse is the merging of traditional forms that employ crude plant material having relatively low concentrations of active ingredients with highly potent, synthetic or semisynthetic substances employed mostly by young polysubstance users in industrialized societies. Traditional plants have now also been primed for higher yields of active ingredients; hydroponic marijuana is an example. However, the book’s factual information depends on the data collected internationally. For example, a comparative tally of seizures and other law enforcement activities (that is, supply reduction) is presented with almost no data on prevention and treatment activities (that is, demand reduction). In North America, available data often reflect the law enforcement activities and priorities of police forces rather than supply data.

The third chapter succinctly reviews the properties of the gamut of drugs available. It is followed by a new and welcome chapter that deals with the properties of alcohol in a similar succinct manner. The main value of this chapter is, in my opinion, its highlighting of the fallacy of the artificial dichotomy between illegal and legal drugs. Worldwide, the “legal” drugs—tobacco and alcohol—have the greatest impact on public health. I hope that future editions of this book will also include a chapter on tobacco.

Chapter 5 is an introductory review of the medical assessment process conducted with a drug-using patient. The appended St George’s Substance Abuse Assessment Questionnaire has an interesting format. In North America, its mental health section would be considered too brief, and current instruments appear to increasingly include behavioural addictions. The ICD and DSM classifications are also compared. Chapter 6 offers an overview of the array of intervention options available to treat drug users. Missing, perhaps, are the noted efforts to develop practice guidelines for selecting these intervention options, such as the American Society of Addiction Medicine Patient Placement Criteria (2). As various forms of managed health care spread globally, awareness of these efforts becomes increasingly important. For my purposes, I found Chapter 7’s focus on the management of opiates, sedative hypnotics, and cocaine—amphetamine more useful. The focus allows the author more opportunity to display his considerable clinical experience. Readers may disagree with some statements, but clinicians will find many opportunities to compare their own experience with the author’s.

The same can be said of Chapter 8’s overview of drug use complications. By contrast, Chapter 9 offers a more elaborate discussion of problems specific to a UK experience. For example, in North America, if an opiate abuser became pregnant, the situation would be an indication for initiating or maintaining methadone maintenance, rather than withdrawing from it. Brief sketches are provided of other populations—physicians who abuse drugs; patients with comorbid conditions; and attendants at emergency departments, general practices, and in the justice system. Readers get a taste of the wide array of management issues arising from addiction problems!

Chapter 10 offers a thoughtful essay about the definition of treatment outcomes and an overview of the benefits and limitations of each major variable considered. Treatment outcome studies
for opiate users from both the UK and the US serve as a template. Attention is justifiably drawn to the unknown group of users who do not come to the attention of health care workers and (or) pursue a course with fleeting or no formal intervention.

Chapter 11 briefly outlines preventive measures and presents a rationale for careful evaluation and perseverance. The last chapter is an exposé of international supply-reduction policies; here again, the author displays his unique expertise. Spanning the efforts of the Shanghai conference in 1909, the Hague conference, the League of Nations, and the UN’s current bodies, he presents a masterful historical summary of the international community’s attempts to control a select number of drugs under 4 schedules, according to their potential harmfulness and therapeutic usefulness. During most of the 20th century, these efforts emphasized suppressing supply and trafficking; however, in 1998, the UN adopted principles to support demand reduction and a balanced approach to the problem. In 2004, the international community is due to review the components of a balanced and integrated strategy in the 21st century. The book ends with a sample of database and assessment instruments, together with a list of references.

This single-authored book is eminently readable. A commendable attempt to simplify complex issues is uniformly evident across all chapters. Topics are treated dispassionately; the author makes a deliberate effort to introduce empirically based balance and adds welcome tips derived from his extensive experience. Dr Ghodse’s clinical experience in the UK underpins the book; North American readers will appreciate the similarities and differences with regard to their own practice. Dr Ghodse has made a considerable effort to add an international dimension to many of the chapters, some of which reflect his unique international career. For North American trainees, this book provides a complementary international experience. For practitioners in both the enforcement and treatment fields of addiction, this brief compendium of international experience is well worth adding to the library. Compared with similar publications, its price is moderate.

References

Mood Disorders


Reviewer rating: Good

Review by Verinder Sharma, MB, BS, FRCP C London, Ontario

This is the fifth volume in a series published by the World Psychiatric Association (WPA) on the most prevalent mental disorders. The series aims to narrow the gap between research developments and clinical practice. Previous titles have focused on depressive disorders, schizophrenia, dementia, and obsessive-compulsive disorder.

The book is organized into 6 chapters, with several commentaries accompanying each. The first chapter, by Dr Hagop Akiskal, provides a scholarly and comprehensive review of the classification, diagnosis, and boundaries of bipolar disorders (BDs). Beginning with the ancient Greeks’ early descriptions of mania and melancholia, he traces the evolution of the concept of BD to the contemporary classification systems. Akiskal makes a persuasive case for broadening the concept of BD beyond the usual categories of BD I and BD II to include cases of antidepressant-induced hypomania, recurrent depression with hypomania of less than 4 days’ duration, depression superimposed on cyclothymic or hyperthymic temperaments, and finally, cyclic depressions responsive to lithium or with bipolar family history. He argues that this dilution of diagnostic boundaries is necessary both to facilitate early detection and diagnosis of the illness and to help future genetic studies uncover the etiology. This expansion of the diagnostic boundaries is reminiscent of Kraepelin’s description of manic-depressive insanity. Under its rubric, he included not only periodic and circular insanity, simple mania, melancholia, and amentia (that is, confusional or delirious insanity) but also “certain slight and slightest colourings of mood, some of them periodic, some of them continuously morbid, which on the one hand are to be regarded as the rudiment of more severe disorders, on the other hand pass over without sharp boundaries into the domain of personal disposition” (1). At the conclusion of his chapter, Akiskal proposes a broad definition of BD, with schizoaffectiv disorder at one end of the spectrum and depression superimposed on hyperthymia at the other. In an elegant commentary, Jules Angst agrees that the concept of BD should be broadened but raises important questions about implementing the definition of the term. He sums up the debate on the diagnostic status of the bipolar spectrum by commenting that “all things are indeed in a state of flux.”

Chapter 2 begins a discussion on the prognosis of the illness by clarifying confusion regarding use of the terms prognosis, course, and outcome. After reviewing the follow-up studies, the authors conclude...
that variables including sex, age, age at onset, and most socioeconomic features are poor predictors of course and outcome. Conversely, one of the best predictors of illness course is the number of previous episodes: the more prior episodes, the poorer is the outcome. On the other side of the coin, a high level of premorbid functioning predicts a favourable outcome.

The next 2 chapters deal with pharmacologic and psychosocial interventions, respectively. A comprehensive review of the currently available drugs should particularly help practising clinicians to make rational treatment decisions. The author touches on the controversy surrounding the use of antidepressants in the treatment of bipolar depression and recommends that the antidepressant be tapered off within several weeks of amelioration of depression. Chapter 4 reviews the data on psychosocial interventions. It begins by outlining the need to study the role of psychotherapeutic modalities in the overall management of BD. Most studies have shown positive results, both in regard to clinical outcome and in improved functioning. He proposes that uniform response to different types of psychotherapy may be owing to the similarity in their active components. Chapter 5 describes in detail the effect of sex and age on the phenomenology and pharmacologic management of BD. It highlights similarities and differences in the clinical presentation and response to pharmacotherapy among individuals of different age groups. The authors also describe the effect of reproductive events on the course of BD and discuss its management during pregnancy and after delivery. They emphasize the need for youth studies, particularly regarding pharmacologic treatment of bipolar depression.

In the final chapter, the authors review BD’s economic and social burden and note the significance of often-neglected indirect costs related to misdiagnosis and undertreatment. Occupational consequences of poorly treated illness are also discussed. A factor that contributes to illness burden is an unstable illness course associated with the overzealous use of antidepressants. To delineate better predictors of psychosocial burden, the authors recommend studies using effectiveness-based rather than efficacy-based models.

This well-written book includes recent developments and controversies regarding the diagnosis and management of BD and, overall, updates the state of our knowledge. It offers a great deal of clinically relevant and practical information. Not only does this book update what we know, it also addresses the gaps in our understanding of this complex disorder and recommends areas for further research. The authors largely succeed in meeting their stated objective of providing psychiatrists with a balanced, state-of-the-art account of emerging scientific evidence and accumulated clinical wisdom. However, I would be remiss if I did not mention the topics I would have liked to have seen addressed. These include neuroimaging, genetics, cognitive dysfunction, and finally, a more detailed discussion of suicide and its prevention. Another source of dissatisfaction with the book relates to the use of commentaries. While some of the commentaries are critical, others do little to advance the discussion. This book should interest both clinicians and researchers in the field of bipolar illness.

Reference