Book Reviews

Child Psychiatry

Basic Child Psychiatry

Reviewer rating: Good

Review by Nasreen Roberts, MD
Kingston, Ontario

At a time when there is an acute shortage of child and adolescent psychiatrists in Canada and the rest of the world, those who practise or are training to practise family medicine or general adult psychiatry increasingly find themselves having to assess and manage children and adolescents with psychiatric problems. Considering that the cumulative prevalence rate of psychiatric disorders among children and adolescents is about 5% to 22%, there is indeed an urgent need to educate primary care physicians, pediatricians, general psychiatrists, and health workers to enable them to recognize and manage some of these disorders.

As the title suggests, this is an introduction to the basics of child psychiatry. The book is divided into 23 short chapters that encompass all diagnostic groups in child psychiatry, starting with a brief review of developmental factors and ending with one on prevention. All chapters are well organized and written clearly and concisely with most salient and current references at the end of the book for those wishing to further pursue any of the topics. Chapter 4, on epidemiology, gives a brief description of major research into incidence and prevalence of child and adolescent psychiatric disorders. It provides a context in which to view each of the diagnostic groups. Chapter 5 “Assessing Children and Their Families” is a tour de force. At 19 pages, it is the longest chapter. It virtually walks the reader step by step through the interview and assessment process with sample questions to elicit information, strategies for maximizing attainment of rapport, and comprehensive history taking. The chapter ends with a useful grid for formulating the information of predisposers, precipitators, perpetuators, and protectors in the 4 domains of constitutional, temperamental, physical, and environmental factors. This chapter is a testimony to the author’s clinical experience and expertise in direct care of children and their families. There are 12 chapters dedicated to major disorders, including a chapter on reaction to stress. These chapters are organized systematically with definitions and prevalence, causes, descriptions, assessment and treatment, and outcome for each disorder.

Chapter 17, “Mind Body Relationship,” takes dichotomous concepts and thoughtfully demonstrates their interdependence and circularity, helping to divert attempts from linear causality and solutions to more appropriate multidimensional thinking.

The chapters on infant psychiatry, special problems of adolescence, and psychiatric disorders in mentally retarded children provide basic information but highlight the complexity and expertise required for assessment and management.

Chapter 22, “Treatment Approaches,” gives an overview of treatment paradigms with criteria for use, treatment goals, and expected outcomes. The pharmacotherapy section presents various medications in tables with dosage and main side effects. However, as psychopharmacology is advancing at a rapid pace, no book can remain current. This book is no exception. Since its publication, there have been several governmental alerts and advisories on the use of selective serotonin reuptake inhibitors in children and adolescents, and this book’s first-line evidence on atypical antipsychotic use in children is limited.

The last chapter of the book, “Prevention,” aptly describes this subject as the “Cinderella of child psychiatry.” It describes primary prevention and discusses protective factors, resilience, and methods for primary prevention. This chapter highlights the urgent need for attention to preventing and ameliorating psychiatric morbidity and improving outcome.

Philip Barker is a seasoned clinician, an established scholar, and a teacher. I experienced his lucid and comprehensive second edition of this book as a medical student, and his book on family therapy was a recommended text when I was a resident. Further, I had the privilege of being a colleague of Dr Barker’s and benefited from his clinical consultations and expertise in child psychiatry. This present edition is succinct and clearly written; it contains recent references to developments in the field since the sixth edition, published in 2000.

This book is packaged with an attractive cover and is paper-bound, which explains its reasonable price. I recommend this text as a reference for medical students and
residents in family medicine, pediatrics, and general psychiatry. It would also be a useful text on the shelf of a family doctor. Further, it would be appropriate for workers in the child mental health field.

The Neurobiology of Autism

Reviewer rating: Good

Review by Stuart Fine
Vancouver, British Columbia

This book makes the enigma of autism spectrum disorders (ASDs) a little more understandable. The editors are Margaret Bauman from Harvard University and Thomas Kemper from Boston University. They have written the chapter “Structural Brain Anatomy in Autism—What is the Evidence?” Their chapter sets high standards for clarity and comprehensiveness. Unlike the first edition, this edition has no overview of the clinical signs and symptoms of ASD but, rather, begins with a chapter on the epidemiology of pervasive developmental disorder, where we are reminded that ASDs are associated with cerebral palsy, fragile X syndrome, Tourette syndrome, phenylketonuria, neurofibromatosis, congenital rubella, and Down syndrome. There are excellent clinical descriptions of fragile X syndrome and tuberous sclerosis in separate chapters. Most of the chapters are recently referenced and succinct, which reflects the good editing. The book is divided into 4 sections: Clinical Observations, Neuroanatomic Investigations, Genetic Initiatives, and Neurobiological Research. It may be useful to read the editors’ epilogue first, because it is an excellent introduction to the newer findings over the last decade and what we may expect in the future. There is little overlap with the first edition, published in 1994, which emphasizes that there have been many new ideas about etiology, genetics, comorbidity, and neuropathology.

For clinicians, the first section is particularly interesting, as several general areas, such as language and communication, memory and executive functions, and approaches to psychopharmacology, are presented. More specific topics, such as head size, the role of the vagus nerve, and gastrointestinal issues, are covered in detail in other chapters. This is an interesting pattern—a large topic in one chapter is followed by a chapter that examines one aspect in more detail. For example “reelin” is mentioned in the chapter on gene expression; later, there is a chapter devoted to reelin. One chapter about the role of the vagus nerve covers the somatic symptoms found in ASD, including gastrointestinal symptoms. Later, there is a chapter on gastrointestinal symptoms that offers greater detail, but without repetition.

The Neuroanatomic Investigations section covers possible anomalies in brain development; for example, some brains from autistic subjects had increased brain weight and white matter volume in children, reduced numbers of Purkinje cells in the cerebellum, and reduced neuronal size and increased cell density in the forebrain limbic system. A chapter on myelin suggests that myelin in autistic adults “may not mature or be fully functional.” One chapter has a review of the anomalies of the orbital frontal–amygdala system. Another describes an animal model in rats infected with the borna virus, with resulting brain morphology and behaviour similar to that found in human ASD. The rats’ social interactions, emotionality, and cognitive abilities in spatial discrimination, learning, and memory were abnormal.

The section titled Genetic Initiative favours the multiple gene disorder hypotheses and suggests “fifteen different interacting genes of moderate effect.” It also cites several candidate susceptible genes. There are chapters on chromosome 7, chromosome 15, fragile X syndrome, and tuberous sclerosis complex.

Reelin is one of the genes on chromosome 7q. The level of reelin protein is decreased in the cerebellum of individuals with autism. The level is also changed in the blood of patients with schizophrenia, major depression, and bipolar disorder. Reelin is involved in brain development, and biochemical, neuroanatomic, and genetic data point to the involvement of lack of reelin in both neuroanatomical and behavioural changes in autism.

In the section on neurobiologic research, there are chapters on serotonin, the GABAergic system, the cholinergic system, the brain-derived neurotrophic factor and dopamine, and the immune system.

The book is attractively presented, with several sections that the first edition did not have. For the average clinician, the genetic and neurobiologic research is interesting, with relevance to practice. For the researcher, good summaries on various research topics are offered.

This is a good reference book for clinicians and researchers working in this field. For a hardcover technical book with sections requiring such specialized expertise, the price is reasonable.
Psychiatrie générale

Madness Explained: Psychosis and Human Nature

Évaluation finale: Excellent

Revue par Paul Franceschi, PhD
Cors, France

Professeur de psychologie clinique à l'Université de Manchester, Richard Bentall est l'auteur de nombreuses publications portant notamment sur la classification des troubles psychiatriques, la psychologie des symptômes psychotiques, ou la thérapie cognitive et comportementale des psychoses. Né à Sheffield en 1956, il est titulaire d'un doctorat en psychologie expérimentale et d'une maîtrise en philosophie. Son dernier ouvrage, Madness Explained, se propose de jeter un regard nouveau sur notre concept de folie. Bentall s'attache tout d'abord à décrire l'origine de la notion de schizophrénie, puis ses évolutions successives, jusqu'à l'émergence de la notion moderne consacrée par le DSM-IV. À lire l'ouvrage de Bentall, on a clairement l'impression d'assister actuellement à un changement de paradigme: la conception de la schizophrénie de l'époque de Kraepelin se trouve remplacée peu à peu par une conception fondamentalement différente, sous l'impulsion d'avancées multidisciplinaires.

Peut-être le cœur de l'ouvrage est-il constitué par l'affirmation selon laquelle il existe un continuum entre l'état normal et l'état du patient atteint de schizophrénie. Faut-il en conclure pour cela, comme l'auteur le suggère, qu'il convient d'abandonner le diagnostic de schizophrénie et de psychose maniaco-dépressive? Faut-il de même, abandonner la distinction entre la schizophrénie et la psychose maniaco-dépressive, ainsi que Bentall le préconise. De telles affirmations susciteront certainement la controverse. Mais peut-être les deux approches ne sont-elles pas exclusives l'une de l'autre: on pourrait en effet conserver un diagnostic précis, tout en mettant l'accent dans la pratique sur les symptômes présentés par le patient. Car la conviction inébranlable et communicatrice de l'auteur est qu'il convient de se plonger dans les motivations psychologiques qui sous-tendent les délires et les hallucinations dont souffrent les personnes atteintes de psychose. C’est peut-être là l’apport le plus important de l’ouvrage: la nécessité pour le thérapeute de s’intéresser en priorité au contenu des délires et des hallucinations, afin de l’intégrer dans la thérapie cognitive et comportementale des psychoses.

Le ton de l’ouvrage rebutera peut-être parfois certains psychiatres, qui ressentiront l’opposition entre psychologie clinique et psychiatrie. Car l’optique de Bentall est avant tout celle d’un psychologue clinicien, expert dans sa discipline. On serait pourtant tenté de faire remarquer à Bentall que l’exercice de la psychiatrie constitue probablement une des activités humaines les plus difficiles, avec une responsabilité inhérente qui apparaît immense, associée à une science encore très récente. Peut-être les psychiatres qui liront l’important ouvrage de Bentall ne devront-ils pas s’arrêter à une impression qui se révèle somme toute superficielle, puisque l’auteur cite à de nombreuses reprises les avancées réalisées par des psychiatres eux-mêmes, témoignant ainsi de toute son estime pour leurs travaux.

L’ouvrage que nous livre Richard Bentall constitue une lecture indispensable pour quiconque possède un intérêt professionnel ou familial vis-à-vis de la psychose. Au-delà, l’ouvrage s’adresse également à quiconque est curieux de mieux connaître une maladie qui constitue toujours un des grands mystères de l’âme humaine. L’ouvrage de Bentall étant accessible à un large public, passionné et passionnant, on peut parier que de nombreux lecteurs feront de même que je l’ai fait lorsqu’ils l’auront achevé: en recommencer la lecture.

Adolescent Psychiatry

Aggression, Antisocial Behavior and Violence among Girls

Reviewer rating: Fair

Review by Vera Lantos, MD
Ottawa, Ontario
This volume is the first in a series of comprehensive studies compiled with the intent of influencing public policy. This is a valiant and long-overdue effort, particularly as we witness the alarming increase in female juvenile delinquency. Its content is organized largely along the developmental continuum.

Apart from the introductory study—with its highly subjective and confusing desire to eliminate the concept of gender (as separate from sex)—most studies make good use of this concept. At the same time, they also regret the paucity of research data and lack of knowledge concerning sex differences in brain development; constitutional, compared with sex, differences in stress reactivity; or the fine details of hormonal contributors. As the gender gap narrows in conduct disorders, Carolyn Zahn-Waxler and Nicole Polanichka explore issues of socialization that may contribute to this problem.

The second part deals with aggression and victimization among girls in childhood. We learn that, while physical aggression is the gender norm for boys, girls tend to show a relational aggression (for example gossip and exclusion) more difficult to measure, yet just as prevalent and damaging. While both victims and perpetrators are at risk in their development, children who engage in gender nonnormative types of aggression show more severe maladjustment.

The third part groups together studies that examine antisocial behaviour in adolescent girls, the key link in intergenerational transmission. Although statistically there is a clear gender difference in the expression of overt aggression, other forms of disruptive behaviour, namely oppositional behaviour, show no such difference. These behaviours often indicate first-stage socialization difficulty and emerging antisocial behaviour. The prime social context—the family environment—is particularly relevant in this respect. Not surprisingly, sexual abuse, particularly when it occurs within the family, affects severe additional burden.

Peggy C Giordano, Stephen A Cernkovich, and Allen R Lowery study the increasing prevalence of severe adolescent female sexual offenders and note that contributors to delinquency are similar among boys and girls.

In approaching adolescence and adulthood, the studies exploring girls’ roles in conflictual relationships, both as perpetrators and victims of abuse, seem to become more balanced and complete. There is renewed emphasis in viewing partner violence as a dyadic process. As both the Longitudinal Study in Child Development in Quebec and the Montreal Adolescent Mother Study show, girls with conduct disorder (representing 10% of the population) generally have poor adult outcome. When they become mothers, there are multiple risks for their offspring, owing to partner violence (assortative partner choice); exposure to drugs and tobacco; preterm birth; pre- and postnatal abuse; insensitive, neglectful, coercive, and incompetent parenting; poverty; and lack of social support. These are also cumulative over time. Despite occasional mitigating factors, they eventually lead to moderate to severe developmental (that is, physical, cognitive, and emotional) and behavioural problems; thus, the cycle becomes complete.

Particularly in the first half, this book suffers from repetitiveness and, by and large, an overwhelmingly behavioural perspective. The authors question the psychological roots of assortative mating, early parenting, and increased irritability and refer to “genetic vulnerability” more than to psychodynamic considerations. No attention is paid to the connection with, or the distinction between, healthy assertiveness and defensive aggression.

In considering the implications of all this research for policy and prevention, the suggestions range from screening to education to emphasizing the benefit of sports. Surprisingly, there is no mention of the healing power of art. Most important, there is insufficient emphasis on the importance of the family—on the urgent need for reinstating the supreme potential of the traditional family to provide security, support, nurturing, and modelling to optimize the transmission of physical and mental health as well as the ethical and moral values that create civil society.