

introductions to the chapters on akathisia and cognitive akathisia cover almost identical ground. There is also inevitably some overlap between chapters and occasionally some inconsistencies. The subject of catatonia is covered in three chapters, but each takes a slightly different perspective. For example, one chapter provides a detailed list of catatonic motor phenomena, while another classifies some of the same phenomena as abnormal movements in schizophrenia distinct from catatonia.

The advantage of the multi-author approach is in making accessible a range of views on often highly specific topics, and the consistently detailed and scholarly approach are major strengths of this work. None of the comments above should detract from what is an impressive, systematic and comprehensive review of the subject. As a reference book for clinicians and researchers interested in movement disorder, this volume is likely to prove invaluable and unrivalled.

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The Recognition and Management of Early Psychosis: A Preventive Approach

Edited by Patrick McGorry & Henry Jackson.
Cambridge: Cambridge University Press.
1999. 495 pp. £55.00 (hb).
ISBN 0-521-55383-0

Early intervention in psychosis may prevent or limit clinical, social, occupational and psychological deterioration. This has been a captivating theoretical notion for some time. Recently, it has been the subject of several influential international conferences, and services dedicated to early intervention are being set up throughout the world. This is the first book to describe the theory and clinical utility of early intervention in detail. It reports largely on the pioneering work of a group based in Melbourne, Australia, although other important contributions from researchers in the USA, UK and Holland are included.

The book is wide-ranging in its analysis. It is divided into four sections, which cover: the concept of early psychosis and its implications for treatment; the ways in

which people suffering from psychosis may first present to services, their pathway to care, case detection and the consequences of delay; the assessment and clinical management of early psychosis; and the development of new services and reform of existing services to embrace the new paradigm.

Overall, the book indicates that assessment and intervention for early psychosis must be comprehensive and integrated, with equal attention paid to biological, psychological and social factors. The various authors argue that effective early intervention requires a collaborative alliance with the (usually) young sufferer and their family, awareness of the life-stage of the sufferer (with individuation and autonomy given particular prominence), awareness of comorbidity (particularly depression, hopelessness and substance misuse) and encouragement of user involvement in service delivery and development. Clear guidelines in the form of a three-step model, are described for those considering setting up an early intervention service.

The text does much to dispel the pessimism and therapeutic nihilism associated with schizophrenia. However, Patrick McGorry, one of the leading innovators in the early intervention movement, warns against overenthusiasm in applying early intervention principles. He acknowledges the need for continued rigorous empirical research to support the burgeoning clinical data which indicate that early intervention in psychosis can reduce the time individuals spend trying to access mental health services (and hence time spent in untreated psychosis) and improve, or at the very least, prevent further deterioration in, psychosocial functioning. Furthermore, long-term studies are needed to demonstrate the cost-effectiveness of early intervention.

This is an excellent, clearly written text, liberally interspersed with informative case studies and clear diagrams which help to illustrate conceptual issues. I can wholeheartedly recommend it to all mental health professionals working with those suffering from severe and enduring mental health problems. Those who work with more chronic sufferers are also likely to find the developmental issues and psychological approaches covered of considerable interest.

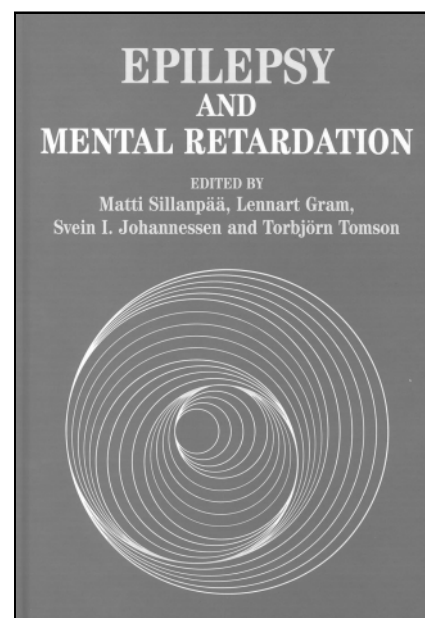
The book is a testament to the visionary and tireless work of the Melbourne group. I am sure it will become a classic text and do much to inspire other workers to set up early intervention programmes and hence

play a part in helping to ease the plight of young people with psychosis. In my opinion, no department of psychiatry or clinical psychology, or community health team, should be without a copy.

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Epilepsy and Mental Retardation

Edited by Matti Sillanpää, Lennart Gram, Svein I. Johannessen & Torbjörn Tomson.
Stroud: Wrightson Biomedical. 1999.
212 pp. £39.00 (hb). ISBN 1-871816-416



Epilepsy is one of the most common secondary disabilities in people with mental retardation, the prevalence increasing with the severity of the intellectual disability. About 50% of those with profound learning disability and between 10 and 20% of those with mild disability have suffered from seizures at some time in life. Epilepsy is thus an important indicator of underlying cerebral dysfunction. Until recently, only the tip of this iceberg had been on view to most psychiatrists, but now that the majority of people with learning disability are living in the community, generic services are challenged to meet their needs.

This book is particularly welcome in providing the up-to-date knowledge required by both primary care and specialist

teams, and it is one of the first comprehensive multi-author texts on the subject. The majority of the contributors are from Scandinavia, and there are useful descriptions of services in these countries which make it clear that if tertiary disability is to be minimised, community care must be accompanied by specialist backup from multi-disciplinary teams who have the neuropsychiatric skills to provide not merely assessments, but also long-term monitoring and support.

The opening chapter, on epidemiology, gives a useful up-to-date review of the literature, noting the relative lack of total population studies, especially of those with mild learning disability. The detailed descriptions of epilepsy in Angelman's, fragile X and Down's syndrome provide useful models for consideration of the possible underlying mechanisms (the last of these also has a separate chapter devoted to it).

The chapters on new anticonvulsants and the role of surgery in the treatment of intractable seizures will be of particular interest to the clinician, and it is gratifying to learn that learning disability is no longer a contraindication to surgery. Intellectual deterioration is also no longer to be regarded as an inevitable consequence of chronic epilepsy, but, as Stephen Brown points out in his excellent review of the topic, it does present as a major problem in a minority. It would have been helpful to have had a fuller review of the educational difficulties affecting people with epilepsy, although these are alluded to in the chapters on services. This book can be recommended as an authoritative text for both clinicians and researchers.

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CAN: Camberwell Assessment of Need

By Mike Slade, Graham Thornicroft, Linda Loftus, Michael Phelan & Til Wykes. London: Gaskell. 1999. 144 pp. £45.00 (pb). ISBN 1-901242-25-0

This book is intended for people who are using or are considering using the Camberwell Assessment of Need (CAN). The CAN was developed by the Section of Community Psychiatry (PRISM) at the Institute

of Psychiatry. It is described as "a tool for assessing the needs of people with severe and enduring mental illness", covering both health and social needs. It was developed for use by mental health care professionals, service users or other non-mental health professionals, and has clinical and research versions.

In the UK, a needs-led approach is a central theme in the individual care of those with severe mental illness (National Health Service and Community Care Act 1990), and this has been encouraged by the introduction of the Care Programme Approach. In this book the authors discuss the concept of 'need' and how it can be defined and assessed. They emphasise that need is a subjective notion and that the judgement of its presence or absence depends on the viewpoint being taken. They argue that with the use of a tool such as the CAN the differences in perception of need between users of mental health services and the involved professionals can be identified, and then negotiation can take place to agree a care plan. The authors also recommend the CAN for use in assessing population need. They argue that if services are to be appropriately developed, an agreed method for assessing need is required, and suggest that the CAN is one of only four instruments available for needs assessment. Furthermore, it is the only one that is suitable for use by those without extensive experience.

There are dissenting voices. Priebe *et al* (1999) question the entire concept of need. They cite the subjective nature of needs and the low-to-moderate congruence between

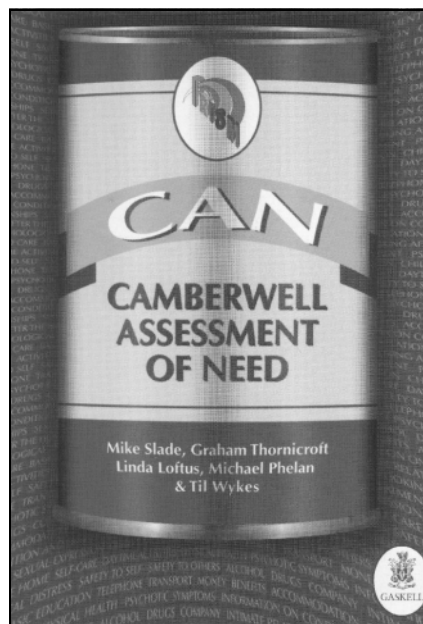
needs assessment of patients, keyworkers and others. They argue that the term 'need' implies that there is a specific effective intervention available to meet it, greatly oversimplifying the complex process of decision-making.

This book includes a description of the development of the CAN and a paper describing its reliability and validity. The authors emphasise that needs assessment should be part of routine clinical practice and that the CAN is brief to administer and can be used by a wide range of professionals without formal training. Indeed, this book gives all the information needed to use the CAN in any setting, with separate manuals for each of the three different versions (research, clinical and short). They also included a training package and copies of the three versions for photocopying. The training package and manuals are brief, pragmatic and easy to follow.

In summary, the weakness of the book may lie in the basic concept of need, rather than the text itself. However, if you accept that needs assessment is a useful concept and have decided to measure need, this is the book to purchase.

Priebe, S., Huxley, P. & Burns, T. (1999) Who needs needs? *European Psychiatry*, **14**, 186–188.

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The Clinical Neuropsychiatry of Multiple Sclerosis

By Anthony Feinstein. Cambridge: Cambridge University Press. 1999. 204 pp. £40.00 (hb). ISBN 0-521-57274-6

Mental and cognitive disorders in multiple sclerosis (MS) have been reported at least since the time of Charcot. However, very little space has been devoted to these abnormalities in the medical and psychiatric literature over the past century. Thus, MS has remained an essentially neurological, rather than neuropsychiatric, condition. Only during the past decade or so has interest in the psychiatric aspects of MS developed, and although there is now a considerable body of knowledge on the neuropsychiatry of the disease, there is still a lack of overviews on the subject.