

# Seminars in General Adult Psychiatry

Second edition

Edited by George Stein and Greg Wilkinson

Gaskell

## College Seminars Series

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## Preface to the second edition

More than 9 years have passed since the first edition of *Seminars in General Adult Psychiatry* was published and much has changed in that time, although not surprisingly even more has stayed the same. Psychiatric disorder itself has a certain immutable quality and so many of the excellent clinical descriptions of the first edition have been retained here. By contrast, the science of psychiatry has expanded massively on all fronts. At the time of the first edition evidence-based medicine applied largely to the drug-related topics: now it is the rule and, with the advent of the National Institute for Health and Clinical Excellence (NICE), systematic reviews and meta-analyses permeate almost every area of psychiatry as the specialty gradually develops from being a skill reliant on clinical experience to a scientific discipline based on a well-validated body of factual knowledge. As in the first edition we have done our best to be selective and to highlight the more recent and important studies without overwhelming the reader with too much information. The first edition was produced as two volumes, but for the convenience of the reader this second edition is published as a single volume, although it actually contains considerably more text.

The scope of this edition is essentially similar to that of the first, although there are three additional chapters. Two of these, those on liaison psychiatry and sexual medicine, comprised separate books in the first College Seminar Series. The third, on cross-cultural and international psychiatry, might easily have merited a volume in its own right. The text is primarily aimed at doctors training for their Membership of the Royal College of Psychiatrists (MRCPsych) examination but we hope it will also serve as a useful reference volume for those already in practice. It covers the whole of general adult psychiatry with the exception of forensic psychiatry, which is covered in another volume of the College Seminars Series.

For the novice, attempting to read a book of this size will seem a daunting prospect and at least initially it might be better to dip in and out of it. For those starting their training a brief guide is presented below on how best to use this book. The chapters have been arranged in a carefully considered order. The first 19 cover all the conditions commonly encountered in clinical practice and it is best to start with these, so as to acquire a basic knowledge of these disorders. The remaining chapters cover the main sub-specialties of general psychiatry, and the way the psychiatric services are organised.

The early asylum doctors spent the bulk of their professional lives working with people suffering from the major functional psychoses, namely schizophrenia and affective disorder, and so knowledge of these disorders became the core of psychiatry. Gradually, over the 20th century the subject expanded to include a wide range of rather less severe disorders, even to the point where psychiatrists were asked to pontificate on almost any type of human distress. In more recent years this trend towards overinclusion has swung sharply into reverse in the context of publicly funded health services. General psychiatry is returning once more to its older roots and, at least within NHS hospital units and community mental health teams, there is now a much greater focus on people with 'severe and enduring mental illness'.

Most trainee psychiatrists will start their training on an in-patient unit or community mental health team, where the bulk of the clinical work is with people who have schizophrenia or affective disorder. These conditions are described in detail in the first 12 chapters of the book. However, within this core only a small nucleus of topics will be needed from early on. These chapters include: the clinical features of depression, mania and schizophrenia (Chapters 1, 2 and 8) and their drug management (Chapters 4 and 11). Even within these chapters many of the more theoretical topics such as classification or drug receptor action can initially be omitted and studied at a later reading. The most common emergency that a trainee will need to attend is emergency sedation, which may provoke a great deal of anxiety on the part of professionals. An account of the procedure of rapid tranquillisation and its underlying logic is given in Chapter 11. Overall, this nub of information, representing a tiny fraction of the whole, may provide some initial direction for the bewildering first few weeks in acute in-patient psychiatry.

As experience in out-patient work grows, Chapters 12–20 will become more important. People with anxiety disorders, phobias and obsessive-compulsive disorders (Chapters 13–15) commonly present to out-patient clinics, where in fact much of the treatment is now carried out by psychologists or other paramedical staff. It may be helpful for readers to have some clinical contact with people who have the more problematic conditions of conversion, somatisation and the personality disorders (Chapters 16, 18 and 19) before reading about these topics in any depth, because academic knowledge taken in isolation will fail to convey the subtleties and

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special difficulties posed by these individuals, especially those with personality disorders.

The main sub-specialties follow and these are: liaison psychiatry (Chapter 17), neuropsychiatry (Chapters 20–23), eating disorders, perinatal psychiatry and psychosexual medicine (Chapters 24–26). Few trainees will be fortunate enough to work in all of these sub-specialties, which usually offer a stimulating and varied experience, but the account given here ensures that all these topics are covered to a reasonable depth.

Towards the end of the book are two rather more theoretical chapters, on clinical epidemiology and psychiatric diagnosis (Chapters 27 and 28). The final three chapters are devoted to the psychiatric services in primary and secondary care and cross-cultural perspectives (Chapters 29–31). These five chapters are best appreciated after the reader has worked in the services for some time and is reasonably familiar with the way the system works.

Some issues are intrinsically more difficult to understand than others. In this respect the four most densely presented chapters are those on drug treatments, the first of the neuropsychiatry chapters, and the description of clinical epidemiology (Chapters 4, 11, 20 and 27). These need to be taken slowly and carefully; the reader will need a fresh mind with good powers of concentration and it would be frustrating to try to tackle these topics after a busy day in the clinic.

Four other chapters are also of a theoretical type but are not so difficult to comprehend. The two chapters on the causes of depression and schizophrenia (Chapters 3 and 10) are essentially reviews of the current state of research into the aetiology of these conditions. They address the fundamental issue of ‘Why do these disorders occur?’ and will arouse a natural curiosity, and as they include the cream of modern psychiatric research they make fascinating reading. However, these fields are constantly changing and so it may not be necessary to commit to memory the multiplicity of genetic or brain scan studies they contain in the same way that it is essential to know the side-effects of a commonly used drug. The psychiatry of neurological and medical disorders (Chapters 21 and 22) also appears to be difficult, but for doctors coming from recent postings in neurology and general medicine much of their content will already be familiar. These four chapters (3, 10, 21 and 22) also need to be taken slowly, but they are not as compactly written as the previously mentioned group of four chapters and perhaps represent an intermediate level of difficulty.

The remaining rather more clinical chapters make absorbing reading and may be rather easier to read than the chapters highlighted above. Also these topics are unlikely to change as much in the future and so becoming thoroughly acquainted with these more clinical aspects is not only an examination requirement but also a wise long-term investment. Examinations such as the MRCPsych require a wide general knowledge of psychiatry, and to acquire the necessary comprehensive coverage, at some point, perhaps neither too early on in the career, nor too late (such as on the eve of the examination!), a reading of the whole book from beginning to end may serve to bring the whole subject together as well as fill in any missing gaps.

Producing a major textbook today is usually the result of a team effort, but a book of this magnitude has required nothing less than a whole orchestra of talent. The reader will soon realise that many of our contributors have given virtuoso performances and have fine-tuned their chapters to a high degree of perfection. We are truly grateful for their scholarship and commitment, which in today’s academic climate, dominated by research assessment exercises, otherwise seems largely unrewarded. Much of the editing of this book was done in the Institute of Psychiatry library, a unique national treasure, containing perhaps the largest collection of psychiatric journals and books in the world, and for this we thank the chief librarian Mr Martin Guha and his team for helping us utilise this wonderful resource. Thanks also go to Mrs Penny Nicholson of the Princess Royal University Hospital, Farnborough, Kent, who coordinated much of the work and passed many hours typing and retyping the numerous manuscripts. Especial thanks also go to Mr Ralph Footring the production editor, for the design and superb layout of the chapters and who, through a spell of magic, was able to produce this work as an exquisite single volume.

Our publisher Gaskell, at the Royal College of Psychiatrists, has been a constant source of support as well as of valuable advice, and for this we expressly thank Andrew Morris and David Jago, who have been with us throughout all the trials and tribulations of both editions of these books. Finally, we thank our wives Suzanna and Chris and our families for their support and forbearance, especially for tolerating the sackfuls of typescripts left lying around the house, often for months on end. It is our intention for you to enjoy this book and for your patients to benefit from your reading.

*George Stein  
 Greg Wilkinson*

## Preface to the first edition

Psychiatry, according to Johann Christian Reil (1759–1813) the German anatomist who first coined the term, consists of the meeting of two minds, the mind of the patient with the mind of the doctor. As patients tell their story, it is the task of the doctor to recognise the tale, and to do so with compassion. Pattern recognition lies at the heart of the diagnostic process; common trends in the rich tapestry of the patient’s experiences are summarised in the many clinical syndromes and disorders of psychiatry. This book, intended for doctors in training beginning their career in psychiatry, places its greatest emphasis on detailed descriptions of the common psychiatric disorders. We hope such a clinical descriptive approach will help doctors recognise patterns and so make sound psychiatric diagnoses. Our intention is that this book will be a useful basis for trainees preparing for their Membership examinations, but in addition it should engage those who have passed that hurdle.

Diagnostic acumen separated from therapeutic skill is of little use to patients or their families. When Reil first introduced the word psychiatry, he meant it in a therapeutic sense, in that the psyche of the doctor would act as a healing agent on the mind of the patient. While the initial meetings between doctor and patient usually have a diagnostic purpose, later contacts involve treatment. Throughout the book we have tried to provide guidelines on the management of common disorders. Our approach to treatment has been eclectic, but at the same time we have tried to describe each of the many treatments now available in some depth. The more specialised psychotherapies, once shrouded in a mystique requiring years of specialised training, are now gradually being replaced by briefer, less intensive treatment more readily grasped by trainees. We have described these newer treatments in some detail (for example, with behaviour therapy for the treatment of phobias, or cognitive therapy for depression). Physical treatments are accorded equal weight and separate chapters describe the physical treatments of both depression and schizophrenia.

Our hopes for better understanding and new treatments lie in scientific research. Sometimes, the scientific advances of the previous decades have been spectacular, for example the new drugs to treat depression and schizophrenia; in other cases developments have been less dramatic but as important, such as the gradual realisation that much of the depression found in the community is socially determined. At one time, a medical advance was deemed to have occurred if a

charismatic professor at an ancient university announced a new classification; if another professor, perhaps from a different school of psychiatry, disagreed, it was hailed as a medical controversy. Today, this is no longer possible and rigorous scientific evidence is required before any new information can be incorporated into the fabric of existing knowledge. This applies to both the biological and psychosocial dimensions of the spectrum of knowledge.

We have tried to balance the essential clinical descriptive information and its supporting scientific evidence, with some of the more interesting but still speculative recent findings, hopefully without overwhelming the reader with too many studies. In this lies a dilemma, because the needs of the beginner and those with experience can be at variance. The novice must assimilate the body of existing knowledge while the established clinician is more interested in the advancing front of knowledge, even if many of the new findings eventually prove ephemeral.

Our guiding principle in editing the book has been to remain close to clinical issues and to answer the two questions “What disorder is it?” and “How can we help?” The third and often the most tantalising question “Why is it” remains unanswered, at least for most conditions, and so we have tended to focus less on aetiological considerations.

An era is now passing when doctors bear sole responsibility for the treatment of patients under their care. Modern psychiatric treatment is a team effort and this change is to be welcomed, not least because it helps to ease the burden on the doctor. Medical authority no longer rests on a position in the hierarchy, but rather on greater knowledge and wider clinical experience. Increasingly patients, relatives, carers, managers and other members of the psychiatric team question the doctor’s decisions and treatment, and as a consequence of these wider changes this book is rooted in an evidence base and comprehensively and extensively referenced.

The College Seminars Series has separate volumes for each of the sub-specialties of psychiatry, and this structure has given the editors and contributors considerable freedom, permitting us to concentrate solely on general psychiatry. General psychiatry is now too vast a subject for a single person to be an expert in all its aspects and this inevitably means a comprehensive text must be multi-authored. We believe that many of the chapters are works of great scholarship by leading experts in their fields, and their length and detail bear witness to long hours of toil. For

## PREFACE TO THE FIRST EDITION

this the editors express their deepest gratitude. In other chapters the clinical acumen, diagnostic nuances and imaginative therapeutic strategies have an immediacy which brings the whole book to life, while offering the clinician new ways to help patients and their families. We hope our readers will derive both pleasure and wisdom from this book.

We would like to thank the American Psychiatric Association and the World Health Organization for permission to publish tables from DSM-IV and ICD-10. The editors are particularly grateful for the assistance of Dr Rosalind Ramsay throughout the preparation of this book, first for keeping the editors in touch with the needs of the readership, and second for critically scrutinising the text. Much of this book was edited in

the library of the Maudsley Hospital, which houses a unique collection of psychiatric journals and books; we would like to thank the librarian, Mr Martin Guha, and his staff for their unfailing support. Numerous junior doctors from Farnborough Hospital, the London Hospital and the University of Liverpool have read earlier drafts of the chapters in this book and their comments have helped us greatly to sharpen the focus of the text. Special thanks are due to Penny Nicholson at Farnborough Hospital who typed and retyped many of the manuscripts as well as coordinating the whole project, ably assisted in this task by Christine Scotcher. The technical and publishing expertise of the staff at the Royal College of Psychiatrists is also acknowledged with much gratitude.

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