

Cambridge Textbook of Effective Treatments in Psychiatry

This is a book of psychiatry at its most practical level. It aims to answer the sorts of questions psychiatrists ask on a daily basis. What treatments are available for the condition that I think this patient has? What is the relative value of each of these treatments? Are there any other treatments that I should be considering if a first approach has failed? Is there any value in combinations of treatment? And, can I be sure that the evidence and recommendations I read are free from bias?

The content is organised into three major parts. After an introductory section discussing the nature and classification of psychiatric disorders and the inherent problems of these diagnostic systems, the coverage moves on, in Part II, to review the major modalities of treatment and the principles involved. The core of the book is Part III, where treatments are discussed according to the diagnostic groupings. In almost all cases, the chapters have been written as partnerships, or group efforts, involving internationally recognised experts from North America and Europe, with synthesis of their recommendations.

All professionals in mental health want to give the best treatments for their patients. This book provides clinicians with the knowledge and guidance to achieve this aim.

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Cambridge University Press
978-0-521-84228-0 - Cambridge Textbook of Effective Treatments in Psychiatry
Peter Tyrer and Kenneth R. Silk
Frontmatter
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CAMBRIDGE UNIVERSITY PRESS

Cambridge, New York, Melbourne, Madrid, Cape Town, Singapore, São Paulo

Cambridge University Press
The Edinburgh Building, Cambridge CB2 8RU, UK

Published in the United States of America by Cambridge University Press, New York

www.cambridge.org

Information on this title: www.cambridge.org/9780521842280

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First published 2008

Printed in the United Kingdom at the University Press, Cambridge

A catalogue record for this publication is available from the British Library

ISBN 978-0-521-84228-0 hardback

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Preface

All professionals in mental health want to give the best treatments for their patients, but how do we judge what is really best in a specific instance? The decisions about treatment are individual ones and yet the evidence in the literature is necessarily derived from groups, the larger the better. In editing this book we have tried to remember that, every time we make a treatment suggestion or recommendation, a busy clinician is tugging at our sleeve and asking 'how will this help me in treating my patient, who differs from others in having X, Y and Z?' We are both practising clinicians and are tuggers ourselves. We realise that evidence-based medicine (EBM), although it now trips easily off the tongue, is not nearly as straightforward as it may first appear. Real patients are seldom the same as those who are described in textbooks. Even at best, they only approximate to the sort of people who are described in good trials of evidence. We also have to remind ourselves that there must be hundreds of effective treatments that have not yet been shown to be effective, but this does not mean that clinicians should be deprived of their value because no one has done the hard work necessary to show that they are effective.

We are also fully aware that most of the evidence of efficacy comes from simple treatments such as drugs, which are much easier to evaluate than complex treatments, including most of the psychological therapies. The resources of the pharmaceutical companies are also quite naturally devoted to establishing good evidence as there is a strong commercial reason for doing so. As psychological therapies become more widely used and standardised, evaluation of these treatments may become methodologically less complicated, so we must be careful not to allege bias to one type of treatment only.

In planning and organizing this book we have had the practising clinician, the curious patient, and the disinterested researcher, all in mind. However, the needs of the

practising clinician always take precedence here and we apologise to others for sometimes assuming that everyone looking at the text is in this role.

At the heart, we are hoping to answer five questions that we as clinicians ask ourselves when faced with the choice of treatment for a problem:

- (1) What treatments are available for the condition that I think this patient has?
- (2) What is the relative value of each of these treatments?
- (3) Are there any other treatments that I should be considering now that my first approach has failed?
- (4) Is there any value in combinations of treatment for this condition, and if so, which are likely to be most effective?
- (5) Can I be reassured that the evidence and recommendations I read are free from bias?

Because there are so many treatments available in psychiatry, we have to group them by diagnosis and this explains the focus of the first section of this book, where the change in attitudes over the course of history is a salutary reminder of fashion in therapeutics. Because we, and indeed all independent thinkers, regard the diagnostic conditions in psychiatry as a weak approximation to the truth, and we make this clear, in advance of discussing individual treatments. Because diagnosis is inexact, most treatments have a wide spectrum across several disorders, and so we feel it important to discuss the main modalities of treatment and their principles. This is the subject of Part II. In Part III we discuss each treatment by diagnostic group, recognising that there is some significant overlap, both between diagnosis and between treatments at different stages of the lifespan.

As much as possible, we have tried to avoid duplication and have introduced relevant cross-referencing whenever we can. However, because of overlaps in diagnoses and in the treatments as well, we have tried to use cross-referencing judiciously. Otherwise, we could be cross-referencing every few pages, and the flow of the chapter and the text would suffer.

We recognise with appropriate humility that, despite the distinction and hard work of our section editors and

contributors, much worthy evidence will be omitted in the following pages, and also acknowledge that many new pieces of important evidence could be added to this book by the time it is published. However, we feel that this volume, whatever its deficiencies, is the first attempt to bring together all treatments, both standard and complementary, into the evidence ring where they can compete openly with one another. There are often few head-to-head comparisons between all these treatments but we hope that their exposure, however brief, may help the practitioner in deciding on that critical set of decisions that will point the way to the solution of an individual problem.

We hope also that the reader will be reassured by our independence. We have not asked our authors to indicate their declarations of interest, because we, as the main editors, have examined every chapter and made modifications to ensure that the final conclusions are as independent as possible, even though we appreciate we are slaves to the data we have, not what we would like to see. Neither of the two editors has direct involvement in promoting any pharmacological or psychological treatment for personal gain, with the possible exception of nidotherapy, discussed in Chapter 44, for which PT is a product champion and which therefore should be read with allowances made for all the overstatements that accompany salesmanship.

We would like to thank all our contributors for staying with this project over the last 3½ years and bringing it forward to successful completion. We would also like to pay particular thanks to Richard Barling, who conceived this idea, to Richard Marley, who has kept us both on a delightfully long leash, and to Sandra O'Sullivan, who with the patience of a saint and the stamina of a marathon runner, has kept us both in order (no simple task indeed) right through to the end.

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