book reviews

Handbook of liaison psychiatry

Edited by Geoffrey Lloyd and Elspeth Guthrie. Cambridge University Press, Cambridge 2007. 944 pp. £75.00.

General psychiatry is increasingly being practised in the community with fewer psychiatrists being available or wishing to work in general hospitals. Indeed, an attitude is developing whereby admission of patients to a psychiatric hospital is being discouraged and perhaps tantamount to therapeutic failure. New Ways of Working, a 2005 government initiative, actively encouraged the use of staff from medical and non-medical backgrounds to make the initial assessment on new patients referred to a mental health resource centre.[1]

The general expertise in dealing with the medically and psychiatrically unwell is diminishing. Against such a background liaison psychiatry, the interface between psychiatry and medicine/surgery, has developed:

> *The need for a special expertise in the management of complex problems involving psychological and physical issues is now undeniable. Successful care depends on specialist expertise which goes well beyond the skills of the more general psychiatric specialties.*

It has been estimated that one full-time psychiatrist (and team) is required for a district general hospital with 600 beds.[2] Delivery of services to general hospitals is highly variable but few if any services in the UK are adequately staffed.

The handbook devotes chapters to the general concepts of the specialty, legal and ethical issues and the development of an effective service. There is a simple but clear explanation of the Mental Capacity Act 2007 (assessment of capacity in patients will usually fall to the responsible medical officer) and then various scenarios are discussed, for example best interest in an incapacitated dying man and the use of the Mental Health Act following an overdose. 'Bread and butter topics', for example self harm, alcohol and drug misuse, and delirium, are, of course, covered and there is an emphasis on the need to ask the right questions.

In the chapter on functional somatic syndromes, attention is drawn to the similarity of symptoms. In other words, diseases such as fibromyalgia and chronic fatigue syndromes overlap and there are more similarities than differences:

> *In a sample of women with chronic fatigue syndrome… only 38% had 'pure' chronic fatigue syndrome, whilst 43% met criteria for chronic fibromyalgia, 35% for multiple chemical sensitivity and 16% for all three syndromes.*

Neurology, gastrointestinal disorders, liver disease, oncology, head and neck cancer, renal disease, cosmetic procedures, perinatal and gynaecological disorders, intensive therapy unit, burns, genitourinary complaints, accident and emergency (A&E), palliative care, psychocutaneous disorders, sexual disorders in medical patients and diabetes are all covered in subsequent chapters as are pharmacological and psychological treatments and planning for disasters. Such planning is now sadly a necessary part of hospital administration and although psychiatrists should probably keep well away from the A&E department in the immediate aftermath of a disaster their input is essential for the long-term well-being of staff and patients. The handbook highlights the range of the subject and some well-chosen cases exemplify the relationship and the complexity between disease and psychiatric disorders:

> *I can't catch my breath, doctor – a 45-year-old woman with severe chronic obstructive airways disease – admitted 18 times in 18 months. Psychiatric assessment demonstrated the additional symptoms of anxiety whose management dramatically reduced frequency of admission.*
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> *It's just too strange to be true – a 30-year-old female admitted with pulmonary embolism but in whom all investigations proved normal. Psychiatric investigation revealed 139 admissions to hospitals within a period of four years. The diagnosis and management of factitious disorders are discussed.*

Two chapters are devoted to primary care and convincing material is presented to show 'the strong association between frequent attendance and psychiatric disorder'.

The handbook is not intended to be a complete textbook and will whet but not satiate the appetite for the subject. It 'will be essential reading for liaison psychiatrists, liaison nurses, other members of the mental health team and service managers'. It enthusiastically conveys the excitement and breadth of this developing subspecialty.

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Social determinants of health, 2nd edn

Edited by Michael Marmot and Richard Wilkinson. Oxford University Press, Oxford 2006. 376 pp. £32.95.

Everyone knows that poverty and ill health are related. Almost everyone would like to improve the lot of the disadvantaged. Not everyone appreciates the complexities – biological, economic and political – of doing so.

Concerned about inequalities in health, both within and between countries, and to provide policy makers with a better understanding of their causes, the European Office of the World Health Organization sought the help of the International Centre for Health and Society based at University College London. In 1998, *Social determinants of health: the solid facts* was published, edited by Richard Wilkinson and Michael Marmot.[1] It comprised 10 short, authoritative statements on factors that influence health such as early development, social status, stress, nutrition and employment. Key sources

and policy implications were incorporated in all 10 sections but not the research evidence on which they were based. This was provided by the first edition of *Social determinants of health*.[2]

The solid facts had such wide circulation and perceptible influence on policy decisions that a second edition was published in 2003. The present volume is an update of the supporting evidence with additional chapters on inequalities in health in ethnic minorities and in old age, on housing and on sexual health. It brings together a wealth of meticulously researched information and is a landmark in the story of population medicine.

In the late 19th century, in the wake of discoveries of bacterial causes of disease and new understanding of biochemical mechanisms, physicians of an enquiring disposition diverted their attention from the health of populations, from epidemics and occupational diseases, to the study of individual diseases in individual patients. While epidemiologists continued to reveal facts and inform policies on public health issues, it is only comparatively recently that a more general concern has re-emerged, with wider recognition of the importance of disease prevention and health promotion. This multi-author book now adds immeasurably to our understanding of the social and economic factors that influence physical and mental well-being and, in particular, of the causes and possibilities for remedy of the inequalities in health that are a rebuke to civilised societies.

The identification of risk factors has played an important part in the formulation of prevention programmes. The major significance of this book is that it goes a step further. It unravels the mechanisms that underlie these biological markers and explores their sensitivity to the cultural, social, psychological and economic forces that engender or moderate them – what Marmot calls 'the causes of the causes'.

Although the association between poverty and sickness has been apparent through the ages, only in recent years has the phenomenon of the social gradient in health been widely recognised. It links inequalities in fitness and survival to relative rather than absolute levels of social and economic advantage or disadvantage. The higher the social position, the better the health. The gradient is not confined to those in poverty but applies also in the middle and upper reaches of the social hierarchy. It was clearly demonstrated in a study of British civil servants.[3,4] Although none were poor, the lower their employment grade within the service, the higher their risk of most causes of death. Although the book is not just about the social gradient, the remarkable and illuminating consistency of the phenomenon underpins the approach of many of the contributors and informs suggestions for possible remedial policies.

The theme of the book, set out in Marmot's introduction, is illustrated by his chapter with Eric Brunner in which the relationship between stress and health is taken back to an examination of the basic neuroendocrine pathways which subserve our cardiovascular and immune system responses to anxiety. It postulates a mechanism through which social and psychological circumstance may affect health to the particular disadvantage of those in the lower strata of society. David Blane discusses the many ways in which social processes interact with health over the course of a lifetime. Advantages and disadvantages from before birth, through childhood and adulthood, accumulate longitudinally. Cross-sectional clustering is exemplified by the likelihood of a child from a deprived background having a more limited education, a less skilled and perhaps more hazardous occupation, poorer housing and less adequate nutrition than one born to affluent parents. The crucial impact that transport policy can have on health and disease is well illustrated in a chapter by Mark McCarthy. He gives examples of how considerations of safety and political expediency have been harmful to health and demonstrates how integrated policies, beyond simply improving safety, can achieve health benefits. Stephen Stansfeld contributes a chapter on social support and social cohesion and illustrates the many and complex ways in which they relate to physical and mental health.

These snapshots do scant justice to the research and scholarship that characterise every chapter of the book. Nor do they comprehend the multiple ramifications of their themes or the range of experimental and observational techniques that they encompass. Each explores its subject in depth and provides a wealth of referenced scientific evidence for the conclusions reached and recommendations made. In a final chapter, by his admission more speculative than the rest, Richard Wilkinson draws together those elements of previous chapters which emphasise the power of psychosocial factors as determinants of health. He explores three in particular: social status, indicative of our personal autonomy and capacity to exert control, social affiliations, by which he means friendships, social support and community involvement, and the stresses of early life in which he includes both pre- and postnatal influences. These he regards as interconnected and relevant to the doubts and uncertainties we may have about whether or not we are valued by others. He recalls the aptness of the revolutionary cry 'liberty, equality, fraternity', equating liberty with personal autonomy, fraternity with social affiliation and characterising equality as a precondition for the other two. The revolutionaries' intuitive anticipation of today's science was surely matched by that of the great champion of their demands – Jean-Jacques Rousseau. His belief that education provided the key to combating inequality is reflected in the pages of this book even if his analysis of its causes was somewhat different.

Social determinants of health proclaims no political bias. Yet no discerning reader will be unaffected by the starkness of the facts, the cogency of the arguments and the commitment to bettering the lives of the disadvantaged which are conveyed by its contributors. It is encouraging that several of the policies pursued in this country today are consonant with their advocacy.

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