Letters to the editor

Reply

We agree that current meta-analysis findings are of limited
test in clinical risk assessment. The generally small effects
found suggest that any such instrument would be too
inaccurate. However, further research has much more to
test. There may be major differences in predictive factors
for differing age-groups, genders, diagnoses, etc. Increas-
ingly, we have large electronic databases of patients and
events that can be used for case comparison studies.

Future research using these datasets needs to explore any
differences in predictive factors within subgroups. This
may lead to more accurate risk assessment tools.

Approaches based on short-term prediction may also
prove to be more practically useful (1–3). More traditional
narrative reviews may also have much to offer the practic-
ing clinician in addition to the bare bones actuarial data
provided by meta-analysis. Our recent review of the in-
patient suicide literature highlighted the importance of
support and supervision and provided some clear pointers
for clinicians (4).

References

1. Papadopoulos C, Ross J, Stewart D, Dack C, James K,
Bowers L. The antecedents of violence and aggression within
2. Ogloff JRP, Daffern M. The dynamic appraisal of situ-
tional aggression: an instrument to assess risk for imminent
3. Abderhalden C, Needham I, Miserez B et al. Predicting
inpatient violence in acute psychiatric wards using Broset-
review of inpatient suicides. J Nerv Ment Dis 2010;198:
315–328.

Book review

Handbook of treatment-resistant schizophrenia By Leslie

Clinicians who care for patients with schizophrenia as well as
psychiatrists in training will enjoy this unusual and insightful
book. The author addresses typical clinical problems arising in
the care of schizophrenia patients, but this is definitely no
cookbook. The book does not ignore the complexity of prob-
lems such as definitions and meaning of treatment resistance,
but presents them in a lucid way that makes it easier for the
reader to understand and accept the inevitable ambiguities of
the field. This is a scientifically rigorous book that is surpris-
ingly easy to understand.

The handbook is short; 66 pages excluding the front matter.
The text is divided into two parts. Part 1 presents definitions,
measurement tools, a general treatment approach, and very
useful segments on adherence and dosing of antipsychotics.
Part 2 deals with specifics of psychopharmacological and other
treatments. The author demonstrates a considerable amount
of common sense when dealing with the plethora of contradic-
tory results of treatment trials.

The author’s extensive experience as a research psychophar-
macologist and a clinician enables him to clearly interpret the
implications of scientific results for clinical practice. There is
an unusually detailed segment on the theory and practice of
evidence based medicine. This is an important and welcome
addition which will be new for many readers.

The references are up to date and well selected. Each chap-
ter is followed by a separate list of references. I found this
arrangement inconvenient; besides, it results in unnecessary
repetition as some of the key references are cited in more than
one chapter. A single list of references at the end of this short
handbook would have been a better choice.

Overall, this handbook represents a distinctive contribution
to the field of practical psychopharmacology of schizophrenia.
It is also a pleasure to read.

J. Volavka
New York University School of Medicine, Big Sky, MT, USA
E-mail: janvolavka@gmail.com