Book Reviews

Iodine deficiency disorders and their elimination, E.N. Pearce, editor (Springer International Publishing, Switzerland) 2017. 158 pages. Price: Not mentioned. ISBN 978-3-319-49504-0

This book summarizes the current understanding of iodine deficiency as well as iodine excess and state of the art methods for IDD (Iodine deficiency disorders) elimination. It describes the history of iodine deficiency, its assessment, epidemiology, effect of severe, mild to moderate iodine deficiency, effects of iodine excess, salt iodization, non-salt food fortification programmes, iodine supplementation and environmental iodine uptake inhibitors.

Iodine requirements for pregnant and lactating women have been provided, which result in an increased median urinary iodine concentration to define a public health problem in pregnant women.

The book recommends the use of urinary iodine concentration to monitor impact. Blood TSH (thyroid-stimulating hormone) and thyroglobulin may also be useful for assessing impact, but their use is still limited due to their high cost. The measurement of thyroid size by palpation or ultrasound was useful initially, but is less useful once salt iodization is established. For each impact indicator, this book provides information on biological features, methods of measurement, and criteria for selecting those methods and the interpretation of results.

Recent country-wise data on iodine status among school-going children and pregnant mothers are also provided. Impact of mild to moderate iodine deficiency and severe iodine deficiency has been discussed in detail. The most extreme consequences of severe iodine deficiency include endemic cretinism, which is also discussed.

The chapter on iodine excess has also been discussed in detail. Excess iodine exposure, particularly among individuals with underlying thyroid diseases, has the potential for inducing hyperthyroidism and hypothyroidism. This book has additional interesting topics such as environmental iodine uptake inhibitors which have been explained at length. Multiple graphs and tables are also included.

Overall, this book is of value to public health researchers, policy makers, medical students and managers of national programmes dealing with IDD. It is appropriate in size and concise in content. The information included in this book will be useful, and it will also contribute to the national goal of the elimination of IDD.

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Well-being therapy: Treatment manual and clinical applications, G.A. Fava (Karger, Basel, Switzerland) 2016. 148 pages. Price: US$ 34.00/CHF 33.00/EUR 31.00 ISBN 978-3-318-05821-5

This book is a comprehensive manual on well-being therapy (WBT) which aims at improving the overall psychological well-being. The book is divided into three parts; the first part describes how the idea of WBT was formed, the first patient treated and the current evidence for this approach. The second part...
part outlines the assessment that is necessary for the application of WBT and provides a session by session treatment manual. Finally, the third part deals with indications for WBT, based on controlled studies and other potential applications with a description of clinical cases as well. The book ends with a content index and abbreviations.

Chapter 3 under part I explores the process of validation of WBT by citing empirical studies. These studies have a sound methodology, despite being conducted on a small sample size. The author demonstrates that adding on WBT reduces residual symptoms, increases psychological well-being, and most importantly reduces relapse rates in patients with affective disorders. A study cited reveals significant advantages of adding WBT to CBT (cognitive behavioral therapy) over CBT alone in a condition such as recurrent depressive disorder. Studies replicating the results in USA and Germany are also briefly mentioned.

In part II, details of WBT are given along with an account of what is to be done in each session. Under this, chapter 4 deals with initial evaluation necessary for WBT, including the use of macro analysis for identifying problem areas and gathering information on different domains such as stress, symptoms, psychological well-being, social support, etc. In chapters 5-12, the eight session treatment programme is described. In session 1 (chapter 5), information on patient’s distress, consequences of illness and treatment history are to be collected. The principles of WBT are to be introduced in terms of working on positive aspects of patients and helping them get rid of what hinders their full development. The “well-being check” questionnaire is administered and the patient is encouraged to maintain a “well-being” diary.

In session 2 (chapter 6), after a general enquiry about patient’s functioning, patient’s “well-being check” is reviewed. Positive feelings and experiences as well as experiences of mental pain are discussed. The therapist introduces consequences of optimal/flow experiences where the patient feels relief from mental pain. The patient is actively encouraged to look for episodes of optimal experiences/time spent in these experiences. Self observation as a therapeutic technique is facilitated. An interesting aspect of this session is the concept of “our notes” wherein the therapist writes appreciative words on the patient’s positive experiences in the diary, as well as important points discussed in the session and behavioural prescription for the patient to follow.

Session 3 (chapter 7) deals with reviewing homework and difficulties in completing homework. In addition to identifying irrational thoughts, triggers for self observation are based on well-being (not on distress as in CBT). The negative automatic thoughts are discussed with reference to visual images and not in terms of events alone. The session also deals with the patient’s ability to self monitor periods of well-being by introducing one more column in the well-being diary called ‘observer’. The patient is encouraged to take another person’s perspective in thinking of alternative positive thoughts.

In session 4 (chapter 8), well-being diary is reviewed with the goal of modifying attitude towards well being. Cognitive errors are discussed and an attempt at cognitive restructuring is initiated. The premature interruption of well being thoughts is discussed with reference to the dimensions of environmental mastery and personal growth given by Marie Jahoda and Carol Ryff.

In session 5 (chapter 9), patient’s efforts to monitor interruption of well-being and the ability to implement alternative strategies (as described in the observer’s column) are also reviewed. Efficiency in functioning is discussed with reference to the psychological dimension of autonomy and purpose in life. CBT techniques are used to help the patient counteract automatic thoughts and avoidance behaviour.

Session 6 (chapter 10) deals with the discussion of strategies used by the patient towards optimal functioning in well-being and review his/her ability to cognitively restructure his/her automatic thoughts. The psychological dimension of self - acceptance and positive relation with others are discussed with reference to social phobia and couple relations, respectively.

In session 7 (chapter 11), the goal is to obtain a profile of various psychological dimensions and levels at which the patient is operating. Examples of impaired, balanced and excessive levels are discussed taking instances from patient’s life as documented in the well-being diary. Unlike CBT which advocates changing thoughts, well being therapy encourages carrying out self observation of well being.

In session 8 (chapter 12), the patient’s feelings about termination, review of improvement with
tapering of medication, fear of relapse are discussed. Post therapy assessments using symptom checklist and well-being check questionnaire are carried out along with evaluation of change. The availability of the therapist for brief telephone calls and booster sessions is also confirmed. After the description of each session, the therapist specifies homework assignments to be carried out. Chapter 13 describes a four session WBT that is introduced to a patient who had undergone a course of CBT.

Part III (chapters 14-19) covers application of WBT in some specific conditions such as depression, mood swings, generalized anxiety disorder, panic, agoraphobia, post traumatic stress disorder and application in school settings. In the final chapters 20 and 21, modalities of practice and new fields of application of WBT are discussed.

The author makes it clear that WBT is not necessarily the first line of treatment but it can strengthen other modalities of therapy. He also acknowledges that WBT borrows principles and techniques from other well known forms of therapy such as CBT, interpersonal therapy and non-directive psychotherapy. What is unique to WBT is that the patients are encouraged to regularly practice and keep a record of positive strategies. The focus is not on one but multiple positive activities. The approach is flexible and planned according to the needs of the patient. It may be difficult to apply WBT to patients with severe ruminations arising out of depression or obsessions. The author makes a mention of self therapy but it is not clear how to carry out this form of therapy. The application of WBT in the routine outpatient setting in India, may be difficult, as Indian families may not be able to bring the patient for follow up sessions for various reasons.

There is great scope for research on WBT with diverse clinical populations, with larger sample sizes and longer follow up periods which may establish stronger empirical base. Studies could examine variables such as age, motivational level of the patient, severity of the symptoms, duration of treatment, known to mediate the effect of positive psychological interventions. Studies on remission profile of those patients receiving WBT also may reveal interesting findings. WBT may emerge as an important add on intervention for promoting better recovery with reduction of symptoms and improvement of well being not only in patients with psychiatric disorders but also those with clinical diseases.

In summary, a manual for enhancing well-being in patients with psychiatric disorders, backed by empirical evidence for the efficacy of WBT is provided. Each session is detailed with what the therapist has to do along with clearly stated goals. The reader will find it interesting, as there is narration of cases seen by the therapist. References given at the end of each chapter are useful.

The book is well written and is recommended for all practising clinicians in the field of mental health. Young researchers in clinical psychology and psychiatric social work will find the book useful and it may encourage them to take up research in the field of well-being interventions.

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