

The most popular option was a redrawing of the traditional boundary between specialist and generalist services, with GPs taking more clinical responsibility for continuing support. This is a comfortably low-risk gamble, for specialists at least, because their likely funding scenario is limited growth at best, with budget shrinkage more likely. The question is how to do it. There are many assumptions that could impede change even in this less challenging option. One is identifying 'knowledge deficit' as the core problem in general practice, as Sudip Sikdar does. This does not fit with the findings of the EVIDEM-ED trial that tailored, workplace-based educational interventions do not change practice, even when policy pressure, consumer demand and incentivisation combine to create a theoretically ideal climate for such change. Low diagnosis rates (based on Quality and Outcomes Framework returns) are exaggerated as a problem by a health service that functions as a target-driven industrial machine, distracting practitioners from the need for timely diagnosis and continuing support for their patients. Any stigma can be

'addressed' as a public health problem (although public health medicine has not been prominent in dementia policy and practice debates) but that does not necessarily change it, whereas dementia prevention strategies are based on supposition, not evidence of effectiveness. Commissioners are in the difficult (but commonplace) position of having to make investment decisions with poor evidence against a background of competing professional and commercial agendas, while not being able to change the one thing that might be critical – the GP contract. Getting commissioning right for people with dementia will be difficult, so I look forward to carrying out more polls and listening to the debate they provoke.

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Review

The 10 Best-Ever Anxiety Management Techniques Workbook

Margaret Wehrenberg
WW Norton, 2012, £13.99, pb, 224 pp.
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Margaret Wehrenberg developed this self-help workbook following the publication of *The 10 Best-Ever Anxiety Management Techniques* in 2008. She takes the ten techniques and aims to show readers how to put them into practice. She attempts to do this by including new worksheets, exercises and self-assessment tools. Also included is an audio CD, developed to be used alongside the workbook.

The workbook is divided into four parts. Part one, 'Assess yourself', systematically discusses the key features of anxiety disorders and common comorbid conditions. Part two, 'Managing the anxious body', describes diaphragmatic breathing, progressive muscle relaxation and the use of imagery for relaxation. Part three, 'Managing the anxious mind', helps the reader to identify catastrophic thinking and cognitive distortions. The author discusses several cognitive techniques including thought-stopping and thought replacement. Part four, 'Managing anxious behaviour', introduces the concept of desensitisation and recommends the use of hierarchies and gradual exposure.

The workbook can be used independently of the original book. Wehrenberg refers readers to her original text at several points in this book, but these references add little. Consequently, I would not recommend that owners of the workbook purchase the original text.

The selling points of the workbook include the self-assessment tools and checklists. Checklists are used throughout and readers are encouraged to tick off symptoms they have experienced. The workbook then gives an indication of when the reader might be suffering from a disorder according to the number of symptoms experienced. The author admits that these are not validated tests but they are presented in a way that encourages self-diagnosis. The majority of the checklists are composed of questions that one would take in a standard psychiatric history. A minority seem wholly inappropriate, a notable example being the suggestion that adolescents feeling overwhelmed by the choices of where to apply to college should seek attention-deficit disorder screening.

We must not lose sight of the fact that this is a self-help book for people with anxiety disorders. The workbook's strength lies in describing behavioural techniques such as diaphragmatic breathing and progressive muscle relaxation. The accompanying CD helps readers practise these techniques – I challenge anyone to listen to this and not find themselves more relaxed. The workbook is a good introduction to cognitive techniques. Several different techniques are briefly discussed and it is left to the reader to identify and implement those that would be useful to them. However, I doubt that one would be able to usefully apply them without additional support.

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