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Book Reviews

DEPRESSION IN LATE LIFE, THIRD EDITION
Dan Blazer. New York: Springer Publishing Company, 2002, 485 pp., $US 58.95 (hardcover).

Dan Blazer is a giant in the field of old-age psychiatry. His contributions to knowledge, especially in the area of the epidemiology of late-life depression, have had an important impact on our field. Both previous editions of *Depression in Late Life* were important books that, as a practicing old-age psychiatrist and researcher, I found essential to buy, read, and refer to on frequent occasions. Although there have been other good books on late-life depression edited by Murphy in the 1980s and written by Katona in the early 1990s, we have not been overburdened with books (as opposed to chapters or published reviews) on this "bread and butter" topic. How good is this third edition of *Depression in Late Life* and should readers of *International Psychogeriatrics* rush out and buy a copy?

Blazer has been steeped in this field for decades and that familiarity comes through in the text. Compassion and an interest in patients as people shine through the work despite the occasional use of the regrettable epithet "depressives." For me, the greatest strengths of the book are its comprehensive discussion of psychodynamic factors in the origins of late-life depression, the inclusion of a chapter on existential depression (Blazer must be one of the leading authorities in the world on this topic), and the late chapters on psychotherapy and family therapy.

Some of the other chapters represent selective overviews rather than comprehensive reviews. For example, the chapter on biologic origins of depression in late life has a disappointingly superficial and brief section on deep-white-matter lesions seen on magnetic resonance imaging, and three of the five references in this section relate to papers published in the 1980s. No mention is made of the important work of John O'Brien and other researchers such as Baldwin and Simpson, and the important emerging concept of "vascular depression" is dealt with in a mere half page. Unlike some American authors, Blazer does not neglect work conducted and published outside the United States, and it is pleasing to see that the important issue of depression in residential-care facilities for the elderly is addressed to some extent in the chapter on epidemiology, but here there is little that could not have been written about in 1990. The chapter on psychopharmacology is fairly comprehensive, but understates the evidence in favor of the efficacy of moclobemide, a drug that is not available in the United States.

One other issue that concerned me was several examples of misspelled names of fairly prominent researchers including George Alexopoulos, John Snowdon, and David Jolley. In at least one instance, a paper quoted in a table has not been referenced at the end of the relevant chapter. Perhaps Springer could improve their standard of proof checking.

Despite my carping, this is a useful, well-written, and fairly comprehensive book. I usually advise newcomers to the field who want to learn about depression in late life to start by reading Baldwin's chapter in Jacoby and Oppenheimer's book *Psychiatry in the Elderly*, but those who plan a career in old-age psychiatry ought to have a thorough look at this text.

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THE EXPERIENCE OF ALZHEIMER'S DISEASE. LIFE THROUGH A TANGLED VEIL

Steven R. Sabat. Oxford, England: Blackwell, 2001, 361 pp., £14.99.

Science and technology expanded in the 20th century as if they had no bounds. Medicine and related disciplines have all wanted to be part of this successful revolution. Its march continues and now the only model of science that is valued is a quantitative reductionistic approach. Today, virtually all prestigious research into disease is at the biochemical, cellular, and genetic level. The evidence-based medicine movement has reinforced this trend, and it will be consolidated further in the field of Alzheimer's disease (AD) as "hard" data will be needed to justify the cost of antidementia drugs.

Unfortunately, these developments have a downside; the psychosocial perspective of illness has been marginalized, the holistic approach is given only token recognition, and the study of individual patients is dismissed as anecdotal. In addition, the role of the personality in dictating the nature of the clinical picture has been disregarded. These trends have permeated psychiatry and there is a great need for the detailed study of the individual patient to be rehabilitated.

Fortunately in the field of AD there are oases of hope. In the UK, Tom Kitwood has flagged up the agenda through his pioneering work at Bradford. He clearly showed that the personality of the sufferer was lost in the tendency to treat the disease and not the person. He described the condition of malignant social psychology. Similarly and in parallel, Steven Sabat at Georgetown University has addressed the same issues in the US. Sabat discovered that the diagnostic processes used for people apparently suffering from AD created a false impression of cognitive impairment leading to a depersonalization of the patient. In exactly the same way as Kitwood, he developed regimes of management in which the person's surviving cognitive abilities were identified and enhanced. This book gives a moving account of detailed studies of Dr. B., Mrs. D., Dr. M.,

and others and their efforts to maintain their dignity and self-esteem for the remainder of their lives. He provides valuable insights and shows there are possibilities for the enhancement of their lives provided we continue to value them as individuals.

This is an important scholarly book that gives a comprehensive account of his work. Unfortunately, it is long and very detailed. In addition, the vocabulary and some of the concepts, such as the dialectics of self-worth, critical personalism, and the sufferer as a semiotic subject, do not make it easy reading for the busy clinician. Nevertheless, it represents an important contribution to the overall compelling need to increase the human and personal element in the management of patients. This book is important to anyone involved in the overall care of people with AD and would be particularly useful for students of psychology, the academic community, and the allied disciplines of sociology and philosophy.

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EARLY-ONSET DEMENTIA: A MULTIDISCIPLINARY APPROACH
John Hodges (Ed.). New York: Oxford University Press, 2001, 478 pp., $US 115.00 (hardcover).

When does John Hodges sleep? Here is another excellent book edited by him appearing just a year after a coedited volume on memory disorders. In his introduction he states that the idea of putting the book together arose in 1997 at the same time as he and his colleagues decided to start a multidisciplinary clinic in Cambridge for patients with presenile dementia. Although dementia is relatively uncommon among those aged under 65, specialists working in memory clinics and related services are certainly going to see several such patients over the course of their careers and there are particular aspects to the assessment, diagnosis, and care of such individuals that differ from practice with the more common late-onset dementing illnesses. As far as I know, this is the first book to focus purely on early-onset dementia and as such it will occupy a very useful niche in the literature.

There are 20 chapters by experts from around the world on topics that include epidemiology, assessment, diagnosis, imaging, pathology, specific types of dementia, drug interventions, and practical issues in management. Some of these chapters focus specifically on early-onset dementia, but others would be quite at home in a general textbook on dementing illnesses. I am not sure that this matters. What is important is that the chapters are well written, up to date, and have been prepared by people who clearly know what they are talking about.

Most specialists in dementia care will learn something new and useful by reading this book. For example, did you know that fewer than one third of all cases of early-onset dementia are due to Alzheimer's disease, that the prevalence and incidence of Alzheimer's disease double every 5 years from the age of 40 onwards (rather than 65 as I had

previously thought), and that dementia is extremely rare before the age of 45 years, with most cases being caused by unusual diseases?

The book is very well produced with some beautiful color plates, excellent illustrations, and diagrams. The chapter by Catriona McLean and colleagues on the molecular pathology of early-onset dementia is outstanding in this regard, with very clear schematic diagrams of the amyloid cascade, various genetic mutations, and the structure of the amyloid precursor protein.

Anyone who is responsible for the care of individuals with early-onset dementia ought to have access to a copy of this book. It is one of the most useful new publications that I have come across in many a year.

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CLINICAL GUIDELINES IN OLD AGE PSYCHIATRY
Alistair Burns, Tom Dening, and Brian Lawlor. London: Martin Dunitz, 2002, 208 pp., £29.95/$US 49.95 (paperback).

I am always vaguely unsure what to declare in terms of conflict of interest when reviewing works written or edited by close colleagues. Is the fact that I stayed in Alistair Burns's house in 1996 and enjoyed his hospitality offset by the fact that in a Mancunian early December, he hadn't yet gotten around to turning the heating on? Just because Tom Dening wrote a very kind account of a conference that I organized in 2001, am I expected to give anything that he writes or edits an excellent review? Does the fact that Brian Lawlor enjoys tennis, which I find to be a tedious game played by ill-tempered, preening egomaniacs, affect my judgment when reviewing things that he has written? Should I go back on the lithium or will it damage my kidneys?!

You won't find the answers to these questions in this new book, but you will find some surprising things that you hadn't thought about before. For example, did you know that when using individualized music therapy, "other patients who are in close proximity . . . should be assessed in case the music may have an unintended negative effect on them" (*Individualized Music Therapy Guidelines*, University of Iowa, 1996, updated 1999—what changed in 3 years?) or that when bathing persons with dementia, "it is important to understand the bathing history" (University of Iowa, 1995)!

One surprise is the relative disparity in the number of guidelines about different disorders. There are over 70 guidelines here that relate to dementia, and a mere 5 that relate to the equally common late-life depression.

It is good to be able to actually read published guidelines rather than hearing about them secondhand. In the process of so doing, some inaccurate impressions are corrected. I had been authoritatively told by a colleague that American Association of Neurology guidelines suggest the prohibition of driving for any person

with a diagnosis of Alzheimer's disease. This is simply untrue. What the guidelines actually say is that nobody with a Clinical Dementia Rating (CDR) level of 2 (moderate dementia) or worse should drive. I have never met a person with dementia at a CDR level of 2 with whom I would have felt comfortable sharing the road! The suggestions for driving evaluation for people whose CDR severity is 0.5 or 1 are far more conservative.

There is a very useful introduction written by the editors that actually tells us what guidelines are ("systematically developed statements which assist clinicians and patients in making decisions about appropriate treatment for specific conditions....") and what they are not (protocols, policies, integrated pathways, and [sometimes as they may overlap] consensus statements).

I found this a very useful book and I would recommend that all old-age psychiatrists get hold of a copy. Of course I may be biased and perhaps we should have guidelines to detect that. Why don't you have a look and make up your mind for yourself!

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TREATING ALCOHOL AND DRUG ABUSE IN THE ELDERLY
Anne M. Gurnack, Roland Atkinson, and Nancy J. Osgood (Eds.). New York: Springer Publishing Company, 2002, 256 pp., $US 39.95 (hardcover).

The area of drug and alcohol abuse and misuse in the elderly is widely acknowledged as a neglected field. This short book is therefore a welcome addition to the specialist literature concerning old-age psychiatry. The text is intended to provide practical management guidance for health and social service personnel. Fifteen contributors cover a number of interrelated clinical and social problems including such addictions as smoking, problem gambling, and prescription drug misuse. However, the main body of the book deals with drug and alcohol problem behavior and associated health and social complications.

The book is divided into three parts. Part I concerns the recognition, assessment, and complications of elderly alcohol and drug misuse. Part II covers treatment, and Part III addresses other addictive problems. Each of the 12 short chapters is easy to read. They include case examples, case commentaries, and "best practice" protocols.

In the early chapters, there is emphasis on gaps in current knowledge concerning these behaviors in the elderly, because most research has involved younger adults. For example, in Chapter 2, Oslin and Holden point out that DSM-IV diagnostic criteria for substance abuse and dependence have undergone minimal validation in older persons. "At-risk" alcohol use is defined as more than seven standard drinks per week, citing mounting evidence of the harmful effects of prescription drug interactions and the effects of comorbid physical and cognitive impairments.

In Chapter 4 (Atkinson and Misra) there is appropriate emphasis on comorbid psychiatric conditions and insightful

comments demonstrating the authors' attention to longitudinal history, such as ". . . it is well known that whatever diagnoses patients are labelled with often influences how they are treated for years to come." There are other instances of refreshing criticisms of fashionable terms such as "primary," "secondary," and "subsyndromal" on the grounds that such labels may lead to underassessment and undertreatment of older people. The nonjudgmental and "can-do" approach to management is also typified by the section on treating depression in which patients continue to drink despite the best efforts of clinicians. Useful diagnostic tables assist with the differential diagnosis of alcoholic dementia versus Alzheimer's dementia, and alcoholic-induced depression versus comorbid depression.

Chapter 5 (Murphy) deals with suicide and gives an excellent summary of the different backgrounds, precipitants, and patterns of suicidal behavior displayed by patients affected by drug and alcohol abuse, compared with patients affected by major depression.

Part II addresses the important clinical issues of recognition and treatment of drug and alcohol abuse. Diagrams, flow charts, and outlines of treatment strategies enhance chapters, and would be useful for the management of alcoholism in any age group. Following chapters explore cognitive behavior, self-management, case management, and group approaches to continuing care.

The final section of the book (Part III: Other Addictive Problems) continues to stimulate the reader through philosophical arguments regarding such issues as: "Is this a problem which is deserving of substance use treatment? The elderly do after all have more sleep problems and chronic pain, and therefore need more sedatives and analgesics." The section on prescription drug misuse has useful tables regarding the half-lives of benzodiazepines and opiates.

Acknowledging that smokers in the older age group began smoking when it was considered a glamorous part of social culture, and long before the health consequences were known, Boyd and Orleans (Chapter 10) lead the reader through sections such as "beliefs about smoking among older smokers," "rationale for intervening," and "barriers to intervention." This is a rather original introduction to a section on tobacco management strategies, which would also be useful for respiratory and family physicians. Similarly, the section on problem gambling is age specific, original in its approach, and practical in its advice.

The final chapter, by Coogle and Osgood, shares the experience of an American statewide alcohol and substance abuse program in Virginia. Following a review of the advantages and disadvantages of a public health approach to evaluation and prevention, the authors introduce the reader to elder-specific models of approach and include a table of "lessons learned," which includes invaluable tips for future service providers.

This is a well-written book with succinct sentences and free of jargon, and it is consistent across chapters despite its multiple authorship. Although distinctly American, it will travel easily to an international readership. Overall the book makes an impressive effort to cover the particularly thorny problems faced when attempting to treat alcohol- and/or drug-abusing patients, whose denial and entrenched behaviors have frequently exhausted the most ambitious and tenacious of clinicians. It will

be a welcome addition to the libraries of general physicians, psychiatrists, case workers, and nonmedical clinicians who may be called upon to manage older people in a variety of settings.

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NARRATIVE GERONTOLOGY: THEORY, RESEARCH, AND PRACTICE
Gary Kenyon, Phillip Clark, and Brian de Vries (Eds.). New York: Springer Publishing Company, 2001, 376 pp., $US 49.95 (hardcover).

For a researcher accustomed to using statistical methods, like myself, narrative gerontology is a new approach to research and practice focusing on aging from the inside. This kind of gerontologic research has a short history. The authors have, therefore, invested a special effort in formulating definitions. Two examples of these show the topic of the book. Narrative gerontology is "the study of stories of aging as told by those who experience life and growing older" or narrative gerontology consists of "diverse forms of research and practice that have the common aim of focusing on aging from the inside, aging as it is experienced and expressed in the stories of older persons."

The majority of research in gerontology has been based on designs with an objective and external approach. The personal experiences and interpretations of growing up and growing old have been ignored. An aim to fill this gap is now advocated by narrative gerontology, the origins of which date back about 10 years. Only a few books or issues of journals have been previously published on this topic. Individual lives involve many dimensions that allow many interpretations. The task of these pioneers in editing a textbook of narrative gerontology has not been easy.

The book is divided into three parts: Theory, Research, and Practice. The basic theoretical assumptions and relationships between narrative and experience are discussed in the first part. This section shows the young age of narrative gerontology. The theories are thin and partly based on assumptions from other fields, such as narrative psychology, narrative theology, narrative therapy, philosophy and literary theory, sociology, anthropology, and cognitive science.

In the Research section, some studies with a narrative approach are described. These are examples of well-done studies with accurate conceptualizations and efforts to formulate theories.

The third part includes several chapters in which the practical aspects of the narrative approach in different situations are described. Concrete examples of persons and personal stories are quoted. The differences in the viewpoints of the authors and the weaknesses of the theories seem problematic to the reader. The 165 pages in this part give only tentative ideas for practical work. Practitioners need more concrete guidance.

Gary Kenyon, Phillip Clark, and Brian de Vries have succeeded in their task to edit a book with information about the diverse forms of research and practice focusing on the storied nature of aging.

The book may be suitable as a good text on current views in narrative gerontology for researchers in psychogeriatrics, geriatrics, social gerontology, or psychological aging and for practical workers in psychogeriatrics, geriatrics, gerontological nursing, social work, or pastoral care. It may also be used as a textbook for graduate and postgraduate students.

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GERIATRIC CONSULTATION LIAISON PSYCHIATRY
Pamela Melding and Brian Draper. Oxford, England: Oxford Medical Publications, 2001, 424 pp., $32.50 (paperback).

Anyone who works in consultation liaison (CL) psychiatry knows that geriatric patients, with their complex multisystem problems, represent an enormous clinical challenge. It is therefore somewhat of a surprise that the authors of this admirable text claim it as the first of its kind. One can only assume that the dearth of similar publications reflects a lack of active research in the area. Old people with multiple disorders obviously don't lend themselves to nice, neat research projects! The fact that much of the information discussed in the book comes from research performed in settings other than the general hospital (i.e., the nursing home or general psychiatric service) must be accepted as one of the limitations of an endeavor such as this.

The multiauthored text has contributions from Australasia, North America, and the UK, and is divided into five sections. The first section, entitled "The Context," yields information on a broad range of topics, including service configuration, the aging process, and coping strategies, all of which contain useful insights. Brian Draper's discussion on the type of service provider (geriatric psychiatry versus CL psychiatry) will provide much food for thought for those working on improving service delivery to this population. A chapter on "A Geriatrician's Perspective" reviews the "geriatric giants" such as falls and incontinence and provides an interesting summary for a nongeriatrician. Some points made about the importance of pain and hypoxia in postoperative confusion were illuminating.

The second and third sections, "Assessment" and "The Major Disorders," are highlighted by the chapter on affective disorders, an area where there has been some substantial research in the CL setting, and the discussion on dementia, which, although necessarily brief, provides a good overview, including the Lewy body and frontotemporal types. The section on delirium, although informative, seems too short considering the importance of this condition in this population, and again probably reflects the paucity of quality research on this topic. I would have liked to see some views on the management of the patient with a protracted delirious state.

Section 4, "Treatment," provides an overview of psychopharmacology of the major mental disorders, as well as behavioral disturbance in dementia, which is also discussed elsewhere in the book. Of concern was the suggestion

that the augmentation of an antidepressant with a second antidepressant may be useful in the management of refractory depression. Many psychiatrists would not see this as routine clinical practice. The chapter on electroconvulsive therapy is a useful summary and could have a place as a teaching tool for medical staff and nurses working on a general ward. The final section, "Ethical and Legal Issues," covers topics such as competency and consent in a practical and sensitive way.

Does this book have a place? It sits somewhere between an overview of the field and a reference book. As a primer and stimulant to pursue the topic further, I enjoyed it. I am unsure whether it has the detail to be referred to as clinical problems arise.

This book should be read by trainees, especially those involved in CL psychiatry or geriatrics. It would also be of interest to all health workers involved with the elderly in general hospitals. Those who are looking for research topics also may find it useful, because each chapter highlights the need for further work in this crucial and ever-expanding branch of medicine. As a first of its kind, it is a very impressive book.

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DRUG DISCOVERY AND DEVELOPMENT FOR ALZHEIMER'S DISEASE, 2000
Howard M. Fillit and Alan W. O'Connell (Eds.). New York: Springer Publishing Company, 2002, 280 pp., $US 54.95 (hardcover).

Conference reports can be a very mixed bag. Howard Fillit and Alan O'Connell have done an admirable job in assembling this report of a meeting of investigators funded by the U.S. Institute for the Study of Aging, held in October 2000. The presentations (and chapters) cover early detection, drug discovery, and both preclinical and clinical drug development. As would be expected by 2002, the book is now not quite "cutting edge," and includes some now outdated information—for example, it is stated on page 108 that presenilin is *the* gamma secretase, but we now recognize it as part of a complex rather than as the sole component. References, however, are more up to date than you would find in most texts, with many as recent as 1999.

Other weaknesses include a lack of uniformity of chapter arrangement; some begin with a concise abstract, some have no abstract, in one the abstract is the whole chapter (chapter 27), and chapter 28 looks like a research submission rather than like a report. There are some misleading titles—chapter 2 does not cover the genetics it promises, but does state there must a genetic component to longevity. Some chapters are perhaps overly esoteric (e.g., chapter 3: genetic factors for Alzheimer's disease [AD] in Arabs in Israel!).

On the positive side, the book is packed with useful information. I strongly suggest readers carefully read the abstract, introduction, and the conclusions, as one would read many journal

articles. The book is not driven by the pharmaceutical companies' agenda; there is no chapter on acetylcholinesterase inhibitors, and indeed they are put into their place, perhaps a little too strongly ("minimally effective for only a portion of the target patient population").

There are some interesting insights that will be new to most readers but which seem very reasonable. For instance, muscarinic agonists are not yet fully dead, despite early negative trials. Estrogens may be useful in preventing AD in men; trials are planned and are probably by now under way. Introducing genetically modified cells to excrete the trial drug is certainly novel to this area, if not completely new to medicine.

So who should buy this book? Perhaps those who have a fascination with the development of AD therapies—but most of this group will have heard much of this at the conferences they continue to attend and find irresistible. Researchers will probably find new ideas here, and some do not have the funds or time to do the conference circuit, so the book will be a useful read. Also they need to know what is currently attracting funding. General clinicians would probably find it a little too niche-market, but do not be discouraged completely away.

There is so much happening in this area and this book reflects an upbeat optimism. For an Australian, the dollar-awash United States is a place that could easily attract one's envy. At least the book is not that expensive!

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COMMUNICATION SKILLS FOR WORKING WITH ELDERS (2ND ED.).
Barbara Bender Dreher. New York: Springer Publishing Company, 2001, 184 pp., $US 32.95 (softcover).

Barbara Bender Dreher states in the introduction to her book that its goal is to "overcome the barrier of silence often suffered by the elderly and to enhance the quality of their lives." The book is successful in raising awareness of a range of factors that may serve to isolate and marginalize older people, and presents a range of strategies designed to improve communication skills. Overall, however, it falls short of achieving its stated goal.

Early in the book, a brief summary of some theories and phenomena from the fields of communication and gerontology is presented. This attempts to provide a context for discussing a range of physical, social, and emotional factors that can form barriers to effective communication for elderly people. Some of the physical changes that can occur with normal aging and their impacts on communication are discussed in following chapters. Material exploring the adverse affects specific illnesses such as stroke, cancer, and various neurological diseases can have on communication is also presented. Social and emotional barriers are discussed in relation to changes in dependency and in the human ecological systems that can provide or withdraw opportunities for social interaction and

communication as people age. A range of strategies designed to improve communication skills is presented throughout the book. These strategies include techniques for interviewing, interacting empathetically, gaining compliance, and establishing environments conducive to promoting self-expression and working with groups. Specific strategies for modifying language and reception when working with people with speech and language disorders are presented. A range of up-to-date references and practical exercises follows each chapter, encouraging the reader to practice the strategies explored therein.

Bender Dreher suggests that as an undergraduate text for those planning careers in health or helping professions, the book will help establish habits of mind and approach that will yield continuing benefits to the elderly. Although the strategies and practical techniques presented in the book have clear applications for improving communication skills and enhancing interpersonal interactions, they are not strategies or techniques that are specific to or tailored towards working with the elderly. Instead, albeit useful, they tend to be generic strategies for encouraging effective communication, regardless of the population with whom one might be working. Unfortunately, the information presented about the common disorders and physical and psychological changes that occur as people age is superficial, and the discussion of it lacks the depth to provide any real understanding of potential impacts on communication, and the need to modify communication approaches as a result.

One of the strengths of the book is the accessible style in which it is written, and the writer's enthusiastic yet balanced approach to discussing factors that can lead to isolation of the elderly. The content of the book is primarily based on the American experience and appears aimed at American practitioners; however, the information and strategies are easily generalized to other cultures and economies.

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ASSESSING AND TREATING LATE-LIFE DEPRESSION: A CASE BOOK AND RESOURCE GUIDE. Michele J. Karel, Suzann Ogland-Hand, and Margaret Gatz. New York: Basic Books, 2002, 243 pp., $US 45.00 (hardcover).

I enjoyed reading this book. It has an unusual and quite engaging format. It is in three parts. The first, the major portion of the book, involves 14 case histories covering a range of mood and related disorders from minor depression through psychotic depression, with substance misuse, comorbidity, and even vascular depression getting a mention among others. Each case history covers several pages and includes a clinical vignette followed by a discussion of the main issues, an assessment of the case, its conceptualization, and treatment. In the second half of the book there is, in effect, a short textbook on depression in later life, which is quite comprehensive although obviously brief, followed by

appendixes covering antidepressant medication, a description of several rating scales along with copies of them, and last a description of some innovative models of care for geriatric depression.

The bias is a North American one. For example, in considering innovative models, all examples are from the United States. Also, in a number of the cases, limitations to therapy were imposed on older persons because of antidepressant costs, which may or may not be a consideration in other societies. Otherwise, though, the educational material translates well.

Physicians and psychiatrists reading this will find much to agree with and will benefit from a different slant from the usual medical model of understanding depression, because the authors are psychologists. I found the approach refreshing.

This is an interesting way of sharing information and knowledge, but it has to be accepted that not everybody enjoys case discussions, which form the major part of the book, although I certainly did. Who is it aimed at? I certainly found it very useful because the conceptualization of cases was comprehensive and particularly emphasized psychological aspects. However, I would think that those who would gain the most from a book like this are members of mental health teams who want a broad overview of depression written in an engaging and refreshing style. I recommend this book.

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ANNUAL REVIEW OF GERONTOLOGY AND GERIATRICS, VOL. 21. Vincent J. Cristofalo, Richard Adelman, and K. Warner Schaie (Eds.). New York: Springer Publishing Company, 2002, 296 pp., $US 58.00 (hardcover).

The latest *Annual Review of Gerontology and Geriatrics* demonstrates once again that these disciplines have a long way to go before a coherent exposition can be expected. It may well be that the scientific bases of both disciplines are so far apart that any synergies are premature. Better, therefore, to focus on the subject of the normal biology of aging ("gerontology") and leave the translational research ("geriatrics") for a future time when the technologies are appropriate.

Of the 21 authors contributing 11 chapters, only 1 is a physician. The focus is therefore clearly on the basic scientific aspects of aging, and most current areas of research are covered. The evolutionary aspects are also well represented, as are the cell biological experimental laboratory models of aging. Particularly interesting is the chapter by S. M. Jazwinski (Louisiana State University) on modern genetic approaches, although most of the literature surveyed finishes in 1999. Reviews of the nutritional modification of age-related neurodegenerative diseases (by J. A. Joseph and colleagues, Tufts University) discloses the rudimentary knowledge existing at this time, but is surely an area that will develop rapidly now that good animal models of these diseases are becoming widely available. The systems biology approach is beginning to emerge, but is difficult yet to

define in many of these reviews of cellular aging, apoptosis, and model of aging in yeast and *C. elegans*.

All in all, the book represents a fair summary of the discipline of gerontology, current as of 1999. One looks forward to seeing the future impact of genomics and proteomics in the next volume of this series.

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PSYCHIATRY IN THE ELDERLY (3RD ED.). Robin Jacoby and Catherine Oppenheimer (Eds.). Oxford, England: Oxford University Press, 2002, 976 pp., $59.50.

It's uncommon in these times of dial-a-publication for a text to find a sufficiently large and appreciative audience to warrant a third edition appearing within 5 years of its predecessor. This volume's longevity attests to its value, but I was keen nonetheless to check its relevance, up-to-dateness, comprehensiveness, readability, and value for money.

It scores pretty well on all counts. I'm not aware of any comparably long-lived text that covers all elements of the science and practice of aged psychiatry. The book starts with chapters on the biology and sociology of old age. These topics aren't essential, and both are covered in greater detail in specialist monographs, but newcomers to the field will appreciate condensed, well-written accounts of basic material. More obvious topics like epidemiology, neuropathology, neurochemistry, and cognitive change are addressed much as one would expect.

The bulk of the book is devoted to the assessment, diagnosis, and multidisciplinary treatment of older people with dementia, depression, mania, schizophrenia, and the like. The remaining chapters cover specialist topics including neuroimaging, psychometric assessment, dynamic and family therapy, service delivery, and organization and ethics.

I don't profess to have read each of the 976 pages and 43 chapters (though senior trainees might well choose to do so). Instead, I dipped and dived and consulted the index to check what trainees, nurses, allied health professionals, and psychiatrists might or might not find useful. Topics that have grown conspicuously since the last edition appeared 5 years ago are addressed in commendable depth. Examples include molecular biology, atypical neuroleptics, and cholinesterase inhibitors. The latter are covered twice: first in a chapter of treatments for Alzheimer's disease and again in an excellent chapter on health economics.

Clinical material is generally erudite and sound. A couple of chapters are a little plodding but most are written in a crisp, attractive style. My only major criticism is that electroconvulsive therapy, one of the mainstays of our treatment armamentarium, is covered in just one page with a smattering of references elsewhere. This really isn't good enough and should be corrected in the fourth edition!

Old-age psychiatry is characterized not just by knowledge of relevant basic and clinical science but by a style of service delivery that meets as best as possible the needs of frail older people, many of whom are confused and live in residential care. This practical emphasis is reflected in sections on home-based assessment, primary care, consultation liaison psychiatry, and the needs of carers. Nursing home practice is considered at many points but might benefit from a chapter to itself given its pivotal place in our specialty. Broader issues like ethics, testamentary capacity, competence, and driving are all addressed in admirable detail.

Senior trainees will find this volume of inestimable value. Nurses and allied health professionals who work in aged care will benefit from many of the chapters, not just those of immediate relevance (social work, psychological assessment and treatment, psychometry, psychotherapy, and driving assessment). Specialist psychiatrists will be familiar with much of the material. Even so, it's still helpful to have a ready reference to check facts and figures for lectures and to track references to papers published as recently as 2001.

The book has more than 60 authors, all but a handful of whom are British. This isn't a problem, however, because only mental health and guardianship laws are peculiar to the United Kingdom. All other material is applicable generally. Although there is no specific section devoted to aged psychiatry services in developing countries, professionals in such nations will find much here to guide them in their work.

Oxford University Press has done an excellent job in producing an attractive, solidly bound volume at reasonable cost. It is in my view the best book of its kind in our specialty and I have no hesitation in commending its purchase to individuals and librarians.

REVIEWED BY
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