

BOOK REVIEWS

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Leisure in Later Life, 3rd edition

Editors: MICHAEL J. LEITNER AND SARA F. LEITNER

New York: The Haworth Press, 2004, \$U.S. 24.95.

Paperback, pp. 473. ISBN 0 7890 1947 7

The book review editor doubtless sent this volume to me, so I assumed, as he thought it would be of value in managing my retirement. Perusal of the book soon confirmed my disappointment. This book is not aimed at the independent, non-institutionalized older person. It is aimed at the American market, at the wide range of settings concerned with care and rehabilitation of older people, where a large body of recreational and leisure studies has emerged with what appear to be programmed formal educational studies for students at college. Its relevance to the British scene is difficult to envisage as the training and the clinical setting within which workers here operate is very different. Even the section of nursing homes, while acknowledging the problem of the dementias is not very clear on the task of developing a daily program.

This book might be of passing interest to an occupational therapist in the old age field.

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Psychogeriatric Service Delivery: an International Perspective

Editors: BRIAN DRAPER, PAMELA MELDING AND HENRY BRODATY

New York: Oxford University Press, 2005, £34.50.

Paperback, pp. 362. ISBN 0 1985 2825 6

This reviewer likes reading history on holiday, so the first chapter of this book, “A history of psychogeriatric services” started well and by the third chapter, “Mental health services for older people: a developing-countries perspective”, I learned that 1066 did not solely refer to William the Conqueror. The fifth chapter “Evidence-based psychogeriatric service delivery” is an excellent 50 pages and almost free-standing on its own. From a U.K. perspective, it will

be interesting to see whether paid domiciliary visits become history under the new consultant contract.

Chapter 9, “Psychogeriatric services: current trends in Asia” was fascinating but almost all about China and Hong Kong. Is there really nothing else?

In Chapter 10, I learnt that the indigenous (Aboriginal) population of Australia have a life expectancy of 20 years less than the rest of the population.

In Chapter 12, “Psychogeriatric services: current trends in Europe”, some translation idiosyncrasies were displayed, and in Chapter 15, “The role of psychogeriatric services in long-term residential care settings”, it was paradoxically reassuring to discover that the international scene is about the same as in the U.K.

Finally, Chapter 17 on “Integrated service delivery and quality of care”, written by Pamela Melding, should be compulsory reading for all health and social-care professionals. She describes the barriers to efficient working, and game-playing by professionals.

I can strongly recommend this book, even as holiday reading, although I have a mild quibble with the editors in their final chapter where they describe “psychogeriatrics” as *the* Cinderella specialty. I think this is too pessimistic, as you only need to look at the talent working in the field to feel more optimistic!

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Trial Designs and Outcomes in Dementia Therapeutic Research

Editors: KENNETH ROCKWOOD AND SERGE GAUTHIER

London: Taylor and Francis, 2006, £75.00.

Hard cover, pp. 300. ISBN 1 84184 321 0

What is meaningful in trial outcomes is an important question which only relatively recently has been considered in depth. The assumption that “doctor knows best” may be true for a number of things, but it is clear that when it comes to identifying those changes which make most meaning to patients and carers, this may not be true. The example is always given that measurements of psychiatric symptoms and behavioral disturbances and carer stress in clinical trials is a relatively late entrant into the menu of things considered to be relevant and important in determining the success or otherwise of interventions in dementia.

Ken Rockwood and Serge Gauthier have put together a timely review of this field, which has concentrated on all the main areas from both a theoretical and practical perspective. For example, assessment of caregiver burden and quality of life rubs shoulders with more theoretical constructs. The usual suspects are discussed, with overviews of the main areas, including cognitive functional and neuropsychiatric outcomes, quality of life and qualitative research, and imaging, while other chapters concentrate on Lewy body disease, vascular cognitive impairment, and outcomes for carers.

The introduction by the first editor is particularly thought-provoking and draws useful analogies about the way we look at the effects of treatment trials. The summary of memantine stands out in the book, and there are useful chapters on executive dysfunction and pharmaco-economic outcomes. It finishes with a thoughtful conclusion by the editors.

This is a helpful addition to the literature which should adorn everyone's bookshelves.

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Physician-assisted Dying. The Case for Palliative Care and Patient Choice

Editors: TIMOTHY QUILL AND MARGARET BATTEN

Johns Hopkins University Press Baltimore, 2004, Hardback, \$49.95.

Hardback, pp. 342. ISBN 0 8018 8070 XX

As someone who has followed the debate about euthanasia and physician-assisted suicide for some years, perhaps the most interesting feature of this book is in its title. The book makes an impassioned plea that palliative care be seen as an essential part of all medical services. It goes on to say that the options of physician-assisted suicide and euthanasia in Holland and Oregon have promoted good palliative care. This is in complete contrast to the views of those who set up the first palliative care units in, for example, the U.K. Here, palliative care has been seen and accepted as the practice that allows us to treat and reduce suffering, and to obviate any perceived need for euthanasia.

One problem with this book is that it is unashamedly biased. It is a manual of arguments by those who favour the legalization of physician-assisted suicide

and is written by activists in the field. I found it scary and felt more interested to read the counterpart book which argues against euthanasia (Foley and Hendin, 2002). The fundamental tenet of Quill and Batten's book is that choice must allow killing. Many arguments are put in place to that effect, including claims, denied in other parts of the book, that the only people who oppose this choice are the religious right. Indeed the characterization given of those who oppose abortion is that of the "male-controlled government merely seeking to determine what a woman can legally do with her body". Such simplifications are worrying and should be seen as the views of those who are engaged in a titanic struggle to change the law.

A strong thread in all this is that choice gives freedom. Gently falling asleep with an overdose is described, and it is repeatedly stated that this is only for those who choose. Of course, in Holland people are killed even when they lack capacity. In 2004 one of the U.K.'s leading ethicists, Lady Warnock, stated that those who are elderly and a burden on others have "a duty to die" (*The Times* 2004). The most vulnerable and least able to express themselves will have more to fear from physician-assisted suicide. In Nazi Germany, parents of disabled children kept their children away from doctors, knowing that to take them to see a doctor would result in them losing their children. No surprise then, that disability groups (as the book points out) have been so vocal in opposing physician-assisted suicide. Even today we see those who feel they are vulnerable fearing doctors who kill (Mohammed, 2005).

The euthanasia debate will never be simple or quiet. It is too important for that. This book describes the arguments of those who seek a change in the law. One should simply not assume that the contents are not colored or affected by the values of the activists who wrote it. Perhaps too, one should read the opposing view (Foley and Hendin, 2002), something the book itself recommends. Whatever one's conclusions, one can at least be happy that the pro-euthanasia side seems to have become a keen proponent of good quality palliative care.

References

- Foley, K. and Hendin, H.** (Eds.) (2002). *The Case Against Assisted Suicide: For the Right to End-of-Life Care*. Baltimore: Johns Hopkins University Press.
- Mohammed, A. S.** A time to die. *British Medical Journal* 2005; 331 comment, published only online at <http://bmjjournals.com/cgi/eletters/331/7518/0-g-17069>
- Templeton, S.-K.** (2004, December 12). Better for old to kill themselves than be a burden, says Warnock. *The Times*.

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Standards in Dementia Care

Editor: ALISTAIR BURNS, on behalf of the European Dementia Consensus Network

Abingdon: Taylor and Francis, 2005, £55.00.

Hardback, pp. 386. ISBN 1 84184 526 4

As part of an exercise to establish standards of care in the field of dementia, the European Dementia Consensus group (EDCON) asked a variety of individuals to describe the pattern of services in their own countries. The Group then developed a consensus statement. It has made available in this book the information on which they based their statement.

The first section of the book is on the practice of dementia care in about half the total number of European countries. Everywhere, most people with dementia are cared for at home. Although memory clinics and medication are fairly widespread, it is clear that in most countries, although there are notable exceptions, community services are almost non-existent. There is, however, a great deal to learn from the description of community services in Sweden, Denmark and Norway. The editors made a conscious decision not to prescribe to the contributors a set of standard headings under which to describe their country's practice and, in a way, this turned out to be a pity because the lack of standardization of the presentations means that it is difficult, if not impossible, to make comparisons.

In the second section on multidisciplinary working, there is an informative account by Koopmans of the specialty of nursing home medicine in the Netherlands. Bearing in mind that this pattern of care has been established for over 10 years and is clearly highly effective and user-friendly, it is surprising that there have been no imitators. Similarly, reading the account from the U.K. of the development of old age psychiatry, established over 30 years ago, it is a mystery to me why this multidisciplinary, community-orientated, psychiatrist-led specialty has hardly caught on at all elsewhere. Waldemar (Denmark) makes the point that neurologists and all professionals in the field of dementia care need to work in a multidisciplinary way across professions and disciplines.

The third section is on carer stress. Selmes (Spain) writes about the emergence of the fourth power – families coming together to form national Alzheimer associations. Frade (Alzheimer's Disease International) describes the potential which a well-developed Alzheimer Association can have to help shape policy and improve services. It is really disappointing that there is so little mention of voluntary organizations in other chapters in the book. Lennon (U.K.) contributes

an excellent chapter on elder abuse and the need for change in the culture of dementia care.

In the fourth section on services, Staehelin (Switzerland) describes the way memory clinics have been widely developed despite the absence of evidence for their effectiveness. There is an impressive description by Engedal of the government-funded Norwegian Centre for Dementia Research, from which many other countries, including my own, could learn. In this section, Barker (U.K.) makes the important point that effective implementation of standards requires close monitoring. Finally there are a number of interesting contributions in the last section of the book on legal and ethical issues.

This book is a good read and would be found useful by anyone working in the organization of services for people with dementia. It provides only a patchy description of the overall picture in different European countries, but there is quite enough information to support the short consensus statement on dementia care with which the book begins.

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Whistling Women. A Study of the Lives of Older Lesbians

By CHERYL CLAASSEN

Binghampton NY: The Hayworth Press, 2005, \$U.S. 19.95.

Paperback, pp. 284. ISBN 0 7890 2413 6

A PubMed search with the keyword “lesbians” produces over 1,300 articles, starting as far back as Eric Fromm’s 1951 case description. However, refining the search to “older lesbians” produces only 13 articles over the same time period. The study initiated by Cheryl Claassen and narrated excitingly in the present book *Whistling Women* included 44 women who told their personal stories over four years of encounters with the author. The life-stories are presented in nine chapters followed by a reference list and an index. Throughout each chapter the author and her narrators speak out in an intensely personal voice.

In the opening chapter (“Narrators and Friends”), the author states the argument for writing this book and for the use of the participants’ real names (if they so requested) as “Women are made anonymous in so many ways”. The diversity of her subjects’ childhood experiences is exposed in the second chapter (“Coming to Be”) with the impact of the Depression and the Second World War emphasized. The third chapter deals with the issue of marriage, revealing that

half of the women did marry and of these having children was “unanimously fulfilling”. Divorce and its psychological as well as economic results are also discussed. Following a brief history of lesbians in the U.S.A., the fourth chapter tells of coming out, lovers, politics and feminism. The fifth chapter on work and money concludes that, “It isn’t husbands, but jobs with pensions, that make it possible to live a middle-class or higher existence in this country”.

Psychogeriatricians will find the sixth chapter of special interest. The life after sixty of lesbians has a lot to do with issues surrounding retirement but also with lesbian communities, activities, health and plans for the future. The last three chapters are particularly focused on the verbal, spatial and inner spaces of lesbians and gays. I found these chapters not specifically related to the older narrators but added to the reader’s general feeling and knowledge of the field.

The book left me in a contemplative mood. I had tried to connect what I had read with the experience I have had being in contact with older lesbians, either in my professional role or socially. The author’s emphasis in the concluding chapter on the social relevance of her discoveries encourages the reader to look closely at myths and stigma associated with lesbians. The only drawback of this book is that it touches on aging of lesbians in a limited fashion. I would have liked to read more about specific issues associated with old age.

This is a moving work that may be the groundwork for other books teaching us in an intimate manner about the lives of older lesbians.

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Assisted-Living Administration: the Knowledge Base, 2nd edition

By JAMES E. ALLEN

New York: Springer Publishing Company, 2004, U.S. \$72.95.

Paperback, pp. 541. ISBN 0 8261 1516 0

James Allen has taken on the ambitious task of formulating a textbook or essential handbook for people entering into the role of administrator for assisted-living facilities for older people. The book covers everything from setting up the environment, human resources and business operations, to the aging process and common diseases. He researched a broad base of facilities within the U.S.A. to compile the equally broad-based information provided. Any person coming into manage an assisted-living facility in the U.S.A. would find this an excellent text on which to lean in ensuring they have covered all the bases.

For readers outside of the U.S.A., some of the terminology, background and constructs may be unfamiliar. In fact, the level of detail in some chapters would not be relevant outside of the U.S.A. However, as definitions are provided, one can make comparisons to similar programs and concepts in other western countries. For example, assisted-living facilities in the U.S.A. are similar in nature to the concept of Extra-Care Housing in the U.K. and therefore some of the chapters could also be useful to people within this sector.

An impressive element is the focus on management and leadership. This chapter encourages workers to look at the various dimensions of their own skills and the relationships within the organization. It allows the reader to visualize the different dynamics that occur in management and thereby label what they are seeing in their own organization. The writing is accessible to people who may not have a lot of management training.

Overall, the book was written with the learner in mind. The writing is clear and the concepts are usable. Many concepts are introduced to the reader to give them a general understanding of running a facility. Those seeking to become administrators of assistive-living facilities in the U.S.A. will find this an essential read.

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Geropsychiatric and Mental Health Nursing

Editors: KAREN D. MELILLO AND SUSAN C. HOUDE

Boston: Jones and Bartlett, 2005, U.S. \$64.95.

Paperback, pp. 416. ISBN 0 7890 1947 7

The introductory chapters of this text put psychogeriatric (“geropsychiatric”) nursing into perspective, highlighting the broad range of issues that anyone caring for the elderly will need to consider. It is easy to read, thorough and provides good basic information, supported by evidence-based research. The tables, too, are clear and easy to understand. The summaries at the end of most chapters are succinct and provide a good starting-point for nurses seeking specific information.

Most of the statistics quoted are American, and this is difficult to pass over when first looking at the book. A few World Health Organization (WHO) figures are included but the text quickly reverts back to the American situation. However, the predominance of an aging population is a concern being faced worldwide, as are the problems faced by this patient group – age, gender,

homosexuality, marital status, minority status, income, living arrangements and physical health.

Each of these factors is described in Chapter 5, “Mental Health Promotion”, in an easily comprehensible style, citing current research in support of its importance. “Psychopharmacology” is a well-written chapter, which deals with the pitfalls of prescribing for the elderly (pharmacokinetics) describing commonly prescribed medications and the advantages of and limitations to their use. Later chapters are excellent descriptors of psychosis, depression, dementia, problem behaviors, substance abuse and elder mistreatment, to name a few, together with nursing assessment and management strategies for each. Also included are assessment of and support for carers of elderly patients in the home, who have additional stressors and responsibilities.

Our only criticisms of this text would be that the American stats are a distracting stumbling block. For sale outside the U.S.A., statistics need to be generic as their specificity reduces the relevance of important topics to readers from other countries. WHO figures are readily available in order to demonstrate worldwide difficulties. Also, the “Comprehensive Mental Health Assessment” in Chapter 3 (pp. 51–55) is overwhelming and would be very laborious to implement, thus straining the economic use of valuable nursing time.

Overall, *Geropsychiatric and Mental Health Nursing* is a useful learning resource for undergraduate and qualified nurses. We would recommend its inclusion on reading lists, particularly for undergraduate nurses.

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**Burnside’s Working with Older Adults: Group Processes and Techniques,
4th edition**

Editors: BARBARA HAIGHT AND FAITH GIBSON
Boston: Jones and Bartlett, 2005, U.S.\$65.95.
Paperback, pp. 498. ISBN 0 7637 4770 X

Clinicians working with older clients in a variety of settings are frequently faced with the issue of how to maximize the effectiveness and efficiency of their interventions. Group work has the appeal of offering the potential for

intervention with a number of clients simultaneously, while also providing the therapeutic benefits that can flow from people sharing their experiences with one another and realizing that they are not alone. However, the resources available to assist the practitioner in planning, running and evaluating such groups are quite limited, so I was very interested to see what this book would offer.

The original version of this book, by Irene Burnside, was published in 1978. A first glance at the contents indicates the huge breadth of coverage and the large number of authors involved in this book. Divided into six sections, the chapters cover the context for group practice, guidelines for running groups, therapeutic groups, and settings for group work and multidisciplinary perspectives, with a final section that covers such topics as supervision, ethical considerations and evaluation.

A closer look shows that this is very much a textbook for social workers. In keeping with the textbook style, each chapter begins with a list of key words and learning objectives for that chapter and ends with a series of practical exercises for the student. The strength is its emphasis on the practicalities of how to run groups in settings that vary from community-based pre-retirement groups to music groups with dementia patients. The layout includes quite a lot of lists, boxes and tables, some of which contain useful information, some of which I found unnecessarily detailed. For example, although I have no doubt that an understanding of age-related changes is necessary for effective clinical work with older people, do I really need to know that “creatinine clearance decreases by 1% a year after the age of 40 with no increase in serum creatinine, because creatinine generation also decreases” (p. 17)? One positive aspect of the book’s attention to detail is that the end of most of the chapters includes a list of a wide variety of resources – training videos, websites and useful publications. Although they are almost entirely from the U.S.A (despite one of the authors being based in the U.K.), they cover a wide variety of topics.

However, the emphasis on practical information is also the book’s weakness. The overall tone of the book is very uncritical – there is too much detail on practicalities and not enough attention to the research on the effectiveness of the interventions described. Assumptions are stated in an unquestioning tone, so that, for example, the chapter on running autobiographical groups gives a list of people who should be excluded, such as “individuals diagnosed as having bipolar disorder” and “hypochondriacal persons”, but no reasons are given as to why. Furthermore, given the overall length of the book, some of the core chapters on actual interventions are surprisingly thin. Revealing my own bias as a psychologist, the section on cognitive behavior therapy was too brief and simplistic to serve as much more than the most general introduction to this topic. A surprising omission from the book is that of support and education groups for caregivers, which are only briefly mentioned.

In summary, while this volume offers an overview of a very broad range of group techniques with older people, the content disappoints because of its over-emphasis on practicalities and lack of depth in relation to particular techniques. It may prove useful for the beginning clinician and provide ideas for trainers, but its lack of depth limits its usefulness for the more experienced clinician. A good alternative might be Toseland's *Group Work with Older Adults* (1990). Although it appears to be less detailed, it actually has more substance and includes a good chapter on working with caregivers.

Reference

Toseland, R. *Group Work with Older Adults*. New York: New York University Press, 1990.

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The Encyclopedia of Agism

Editors: ERDMAN B. PALMORE, LAURENCE BRANCH
AND DIANA HARRIS

Binghampton NY: The Hamworth Pastoral Press, NY, 2005,
U.S. \$39.95.

Paperback, pp. 347. ISBN 0 7890 1890 X

I can vividly recall the first time a colleague suggested that a remark I had made was agist. I was helping deliver family therapy to a husband and wife. I suggested that they might be finding the therapy threatening. "Rubbish!" replied my colleague and told me that the comment was agist – the couple had brought up two children and they were grandparents. They were a robust pair, yet I had assumed that because they were elderly, they would find the therapy sessions difficult. Despite six years of medical training and higher training in old age psychiatry, it seemed I still held protective but agist attitudes towards older adults.

This book is a collection of short paragraphs on different aspects of agism, written by several authors – many of whom are gerontologists and sociologists. It is an encyclopaedia; it is arranged alphabetically and attempts to cover all areas relating to agism. I was particularly interested in the descriptions of agism that occur in the medical profession. Agism is apparently as bad as or worse among doctors than members of the general public. Agist attitudes are fostered in

medical school and junior medical jobs. Medical staff are generally only exposed to the “ill” elderly, so they assume that all older adults are frail and infirm. Doctors can also feel uneasy when dealing with older patients as they become concerned about their own fatality and the health of their elderly relatives.

Throughout the book, there is an emphasis on research. There are interesting descriptions of studies conducted on children. Children do think about older adults using stereotypes but their attitudes towards older people are complex. Some studies have shown that children shown drawings express preferences for younger adults. Other studies, however, have revealed that children have positive attitudes to aging.

I think this book will prove valuable to health professionals involved in teaching about attitudes to the elderly. There is a wealth of information, ranging from theories of agism to descriptions of how the elderly are portrayed in film and literature. The book contains some useful scales for measuring bias in attitudes to the elderly. These could be incorporated into a teaching session.

Finally, looking towards the future, there is a chapter of suggestions for how agism might be reduced. By emphasizing positive aspects of aging, the authors provide plenty of material for professionals to use to combat this widespread discrimination.

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Neurological Drug Reactions and Interactions

Editor: JEROME Z. LITT

London: Taylor and Francis, 2005, £29.95.

Paperback, pp. 277, ISBN 0 415 38380 3

Jerome Litt is an Assistant Clinical Professor of Dermatology in Cleveland, Ohio. He is a widely published authority on “drug eruptions” and is the author of a Drug Eruption on-line Global Database, described as the “definitive guide”. This pocketbook comes hot on the heels of his already popular *Cardiac Drug Eruptions and Interactions* (2005). It describes and catalogues the adverse effects and drug reactions of over 260 commonly prescribed and over-the-counter medications, including herbal preparations. The focus is on drugs used in neurology or having neurological side effects. The main body of the book is an A-Z section, listing the generic names of drugs, herbals and supplements.

Some of the more interesting entries are for herbal preparations. For example under caffeine, one learns there is a clinically important or potentially hazardous interaction with guarana and ginseng. What that reaction might be is not clear but most pharmacists sell preparations with these ingredients on the counter by the till. Indeed the almost unending inclusion of herbal remedies such as hawthorn, mistletoe, linseed oil, meadowsweet and even horse chestnut, betray the author's life-long concern in proving that herbal medicine is not always good for you. The final part of the book, lists drugs responsible for specific neurological symptoms.

The book is unlikely to be useful for psychiatrists. There are no entries for commonly used drugs in psychiatry including any typical or atypical antipsychotic nor any SSRI or other new-generation antidepressant. Not even lithium gets a mention. Is this deliberate, because Litt does not consider these to be neurological drugs? Some tricyclics, however, get a mention, as do benzodiazepines, donepezil and St. John's wort, which would lead one to suspect that this glaring omission is an oversight. The biggest drawback to the book is the price, which does seem very expensive for a pocket reference that doesn't include psychiatric drugs.

Reference

Litt, J. Z. (2005). *Cardiac Drug Eruptions and Interactions*. New York, NY: Taylor and Francis.

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How to Say it to Seniors. Closing the Communication Gap with Our Elders

By DAVID SOLIE

New York: Prentice Hall, 2004, U.S. \$15.95.

Paperback, pp. 212. ISBN: 0 7352 0380 6

At first sight this book may be mistaken for one that addresses communication issues of older adults. The title, parts and individual chapters may suggest this. However, on closer examination it becomes clear that the book focuses on a particular form of communication – financial negotiation. The author, with experience in geriatric psychology and as a legacy advocate, considers how such difficulties and conflicts arise and might be resolved, with the elderly person actively taking part. The book advocates working at the older person's pace and ability and discusses how they can be involved in important decision-making.

The book is therefore useful for professionals and perhaps others involved in such work. This aside, the book may be useful for carers and family members. While the book's main focus is financial negotiations, the overall approach to developing good relationships and working co-operatively may be useful. The book's positive stance on aging and its focus on utilizing the person's enduring abilities may encourage readers to consider how to improve and build on current interactions and communication. Similarly, its treatment of issues of control and leaving a legacy is good, and may enable the carer/family member to understand better the difficulties they experience when communicating with an older person.

The book is made up of three parts and is easy to read. It contains some relevant information on aging, with practical advice on how to negotiate using different communication styles. Part 1 considers the challenges faced by elderly adults and considers aging within a developmental framework. Part 2 reflects on changing abilities as people age, and outlines how communication similarly undergoes change with time. Part 3 discusses the difficulties encountered when negotiating with older adults and suggests possible ways of facilitating better outcomes. There are two appendices; one aimed at professionals, suggesting some alternative approaches for conducting clinical interviews, the other offering a glossary of terms.

What is particularly useful in the book is how it develops its theme – communication difficulty and negotiation. It begins with a sound understanding of communication and aging and considers the possible difficulties that may be encountered in negotiation. It outlines many difficult negotiating scenarios and offers practical alternatives for successful communication. The scenarios consider the pressing needs of the professional when negotiating, and the potential difficulties encountered when attempting to arrive at a mutually satisfactory conclusion. The book offers specific alternatives of how to frame questions and enquiries, thereby facilitating or influencing the older person to conclude favourably. It advocates appropriately pacing negotiations and other related talks and allowing the older person time for reflection.

The main limitation of the book is its context focusing solely on financial and legal discussion. Its aim is to educate professionals working in insurance or finance, thereby extending their practice. Carers and professionals may find the information on communication, control and legacy issues interesting, and this may influence their interactions with older adults. This would be a plus, as the large body of material that needs to be read through may put off families and carers. Another limitation is that it appears to focus on normal aging and does not consider how cognitive challenges or mental health difficulties, such as depression, might change the older person's perspective and communication. It might have been useful to discuss how such issues could affect the person and their communication, and how such situations might be best approached.

Similarly, legacy is seen under a narrow lens, and appears to overlook other legacies, cultural and socioeconomic, to name but a few.

This is an interesting book, promoting good practice with older adults. However I would reserve recommending it. Its focus on finances and negotiating better deals detracts from aging and the associated communication issues and how we might best facilitate them. This may be best addressed by another text, from a different viewpoint.

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Practical Old Age Psychopharmacology – a Multi-professional Approach

Editors: STEPHEN CURRAN AND ROGER BULLOCK

Abingdon: Radcliffe Publishing, 2005, £27.95.

Paperback, pp. 278. ISBN 1 85775 958 3

In an age when consumers are bombarded with confusing and misleading labeling, (“sugar- free” but laden with fat, “fat-free” but laden with sugar, “no artificial colors” but full of artificial flavorings and preservatives, etc.), it is refreshing to find a product that contains exactly what it says on the tin. This is a book full of practical information on old age psychopharmacology and it incorporates a multiprofessional approach.

David Healy’s introductory chapter contains some stimulating insights into the bigger picture of psychopharmacological history as it pertains to old age. He divides it into interesting sections, comparing the conventional histories of the various classes of drugs with more provocative unconventional ones. However, though true to form in the challenging nature of his critique, the whetted appetite isn’t fully satiated. I’d be very interested to see the themes more fully developed, hopefully, in further editions of the book. The introductory chapters covering the relevant basic sciences, neuropathology and neurochemistry, are comprehensive and pertinent to the central subject. However, the editing could be improved in Margaret Esiri’s neuropathology chapter, where the layout and labeling of the brain-slice figures makes them a little difficult to follow.

The main body of the book is made up of chapters from a variety of authors covering the relevant spectrum of professionals working in the field, although with one notable absence, a representative from the speciality of geriatric medicine. Thus, there is a very readable and helpful chapter on the

practicalities of psychiatric assessment and psychotropic prescribing for older people. As an Old Age psychiatrist who finds himself frequently, like so many of us, doing some of my work in cramped and overstretched general hospital wards, it is easy to forget some of the basics we should really expect. So it is actually refreshingly helpful to be reminded, for instance, that older people should ideally be interviewed in a quiet and distraction-free environment. There are separate chapters giving overviews of the subject from the specific viewpoints of a nurse, a pharmacist and a general practitioner. The rest of the book then covers all the organic and functional clinical conditions, mainly as syndromes (mood disorders, psychotic disorders, anxiety disorders and dementias), but also as symptoms or symptom clusters (sleep disturbance, delirium and behavioral and psychological symptoms of dementia (BPSD)). All of these chapters are helpful accounts of the information available to date. The penultimate chapter by Roger Bullock gives a particularly cogent synopsis of the pharmacological treatments of BPSD, a subject that still resonates with the vibrations of recent revelations on antipsychotic-related adverse cerebrovascular events.

Before finishing this book, I found myself recommending it to the other members of my multidisciplinary team – there are significant portions of it relevant and accessible to all of us working in mental health care of older adults. As Alistair Burns puts it in the foreword, “This book will serve as a baseline for everything else in this area of work – not just a baseline but a gold standard”. Get it now for your service library.

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Elder Abuse: Selected Papers from the Prague World Congress on Family Violence

Editors: E. PODNIEKS, J.I. KOSBERG AND A. LOWENSTEIN
Binghampton NY: Howarth Press, 2005, U.S. \$29.95.
Paperback, pp. 214. ISBN 0 7890 2824 9 P/B

The ‘Prague Papers’, as this collection has become known, consists of ten contributions on various aspects of elder abuse by international experts. The papers cover topics from the prevention of financial abuse and recognition of elder abuse in faith communities, international variations in the definition and reliable detection of elder abuse, to the vulnerability of older women. Most of

the contributors are from the U.S.A. or Canada, although Sweden and the U.K. are also represented. In regard to the state of play of this topic, it is clearly on the move, wrestling with the common questions of a relatively new field of enquiry: problems of definition, measurement and standard documentation, all the while incorporating new perspectives and accounting for the consequences of major social changes. The field is also clearly growing out from its American origins to a more intercultural and international viewpoint. The reader will find plenty of new developments presented here, although the studies reported are relatively modest and have not had access to larger-scale research resources.

Papers of special interest to me call for greater awareness of abuse of grandparents by grandchildren. As preference is given to placing children who cannot be parented adequately and safely by their own parents, with grandparents rather than strangers, this has been presented as a largely favourable development from a child-welfare point of view. But one consequence, it appears, is that the behaviorally-disordered child may put the grandparent at risk. Child welfare workers may fail to see what the grandparents experience and often the grandparents themselves chose not to disclose any ill-treatment. But when teenagers cause distress to grandparents, it may not be easy to reach agreement on whether this should be categorized as merely unpleasant, or disrespectful, or challenging or possibly abusive. However, given examples of threats, defiance and sometimes serious acts of violence, it leaves little doubt that, as vulnerable children need protection, so do vulnerable adults need the same opportunities for frank disclosure, support and protection from harm.

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Social Work in Health and Mental Health – Issues, Developments, and Actions

Editors: TUULA HEINONEN AND ANNA METTERI

Ontario: Canadian Scholar's Press, 2005, \$ Can 54.95,
\$US 41.95.

Paperback, pp. 444. ISBN 1-55130-278-0

Many social workers raised, educated and employed in one community develop sound knowledge of local service systems but miss out on the stimulation of working in less familiar cultural environments with different service systems. This

can be addressed somewhat by a new social work textbook for undergraduate and graduate social work students arising from papers given at the Third International Conference of Social Workers in Health and Mental Health in Tampere, Finland in 2001. Contributors consider how social workers might approach particular human issues related to health and well-being. Social issues, structural and institutional challenges, serious threats to health, and the impact of loss are explored. Each author reviews the literature on the chapter topic, describes a single case by applying the concepts and methods in practice, and provides questions to lead reflection on the key issues and challenges raised, as applied to the reader's learning needs and experience. Thus social work practice in health and mental health settings in Australia, Finland, China, South Africa, Wales, Canada and the United States is presented.

Ain teases out the relative strengths of a range of models for ethical decision-making, when applied to a specific case. Buchanan's well-reasoned case for the social model of drug rehabilitation emphasizes the client's perspective. Several contributors promote models of advocacy and mobilizing the client's own strengths, rather than focusing on problems. Some writers tend to marginalize clients' families, discounting their needs and their potential contribution to the client's well-being. However, Elliott and her colleagues demonstrate the integration of family networks in their elegant discussion of culturally competent practice in health. Sullivan and Angelico provide a refreshing insight into the needs of older people in their report of a bereavement group for grandparents.

Sulman and other's chapter on the importance of social work supervision in health settings was convincing. An additional chapter on the concepts and considerations of other disciplines in multidisciplinary teams would enhance a new social worker's capacity to contribute with confidence and credibility.

Reference to the service system for older people in health and mental health is scant. Nikander demonstrates that interdisciplinary collaboration in discharge planning is complex and can be delicate, but overlooks the opportunity to provide a consultative input in a multidisciplinary team. Bidgood and his colleagues refer to the elderly as significant users of food banks who are "likely to be dependent on the beneficence of others". Keen includes the elderly as potentially benefiting from social worker's creative application of music therapy.

Older people with mental illness are a client group requiring family-sensitive and culturally informed advocacy, counseling, care-planning and case-management services and a high standard of community resources to support them in their endeavors. This publication overlooks social work in settings specifically serving older people with mental illness and their families. Sullivan and Angelico provide the only discussion of the life-stage issues faced by the elderly. Carer role conflict, end-of-life issues, socio-legal matters, risk of physical, emotional and financial abuse and neglect, squalor syndrome,

stigmatization, agism, age-specific counseling models, and the challenge to construct positive outcomes and enriching life experiences at life's most confronting phase, are fields unexplored. It is now over to social workers with knowledge of the needs of older people with mental illness to present their experience and insights to ensure their clients are understood, and that new graduates are interested and equipped to provide a high standard of service to them.

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Alzheimer's Disease and Dementia in Down Syndrome and Intellectual Disabilities

By V. P. PRASHER

Abingdon: Radcliffe Publishing, 2005, £29.95.

Paperback, pp. 140. ISBN 1 85775 608 8

As the number of people with intellectual disabilities living into old age increases, so too does interest in how best to meet their needs. Presently, services for this group are patchy. The evidence base on which to base interventions and service models is relatively small. Prasher summarizes and discusses the literature on dementia in this book. He focuses particularly on dementia in Alzheimer's disease in adults with Down syndrome, although issues that are relevant to people with dementia generally, and which apply to all people with intellectual disabilities are also discussed.

The book is short. It is divided into nine chapters, each with a clear concise summary at the end. Topics include an overview; definition, classification and aetiology; epidemiology; clinical presentation; assessment; investigations; management and treatment; carer needs and support services; and future prospects. It is well written, with appropriate cross-referencing and helpful flow-charts. Parallels are drawn and differences noted between what is known about dementia in those with Down syndrome, with intellectual disabilities due to other causes and in the wider population. The findings from a number of areas, including epidemiological, histopathological, neuropsychological, neurophysiological, neuroradiological and clinical studies are considered. The possible implications for interventions, service models and future research are debated.

People with intellectual disabilities and dementia should have access to high-quality services. However, the level of access for older adults with intellectual disabilities to specialist dementia services is variable across the U.K. Staff working with these individuals often require education and training about the condition, as they have little experience of working with the elderly in general and those with dementia in particular. Carer burden may be compounded by family members being themselves elderly, for example, parents of sons and daughters with Down syndrome and Alzheimer's disease. Prasher proposes a holistic approach. He carefully considers the role of medication as part of this, highlighting the sometimes inappropriate use of antipsychotics, and reviewing and evaluating the evidence for the use of anti-dementia drugs.

This small, inexpensive book is full of interest and information. It is clear and concise. A bargain!

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In Search of the Alzheimer's Wanderer

By MARK L. WARNER

U.S.A.: Purdue University Press, 2005, U.S. \$29.95.

Paperback, pp. 122. ISBN 1 55753 399 7

Caring for a person with Alzheimer's disease is a daunting and, at times, overwhelming job. Many organizations throughout the world attempt to alleviate the stress for carers and to educate and assist them through practical support, education, books and training. The present volume is such an example.

Warner has taken on a Herculean task in this book by attempting to cover all aspects of wandering behavior that may be exhibited by a person with Alzheimer's: how to protect them from wandering, how to find them if they do wander, who to ask for assistance in finding them and how to talk to someone if you find yourself in the "good Samaritan" role. I know of no other publication that so comprehensively addresses the issue of wandering in the Alzheimer patient.

This may be where the book falls down. It tries to be too many things to too many people. So much so that the workbook itself becomes overwhelming in its detail and ends up being over-inclusive. Aimed, as it is, at the North American market, the extremely helpful listing of organizations, phone numbers and

emergency supports are not at all relevant or useful elsewhere. The considerable strengths of the book; easily-understood explanations about the disease and its course, the explanation of terms, the educational tools for carers in residential homes and law enforcement are excellent and provide a valuable resource. The forms however could prove daunting and plainly “just too much” for a carer at home, and at times the same information is asked for on different forms. I also found some of the advice conflicting, such as “leave the search to the experts”, then the book goes on to outline how to organize friends and families to assist.

Nevertheless, this is a valuable book with significant easy-to-comprehend information and would provide a useful resource even outside North America as an educational tool in care facilities, law enforcement agencies and for others who may come in contact with the wandering elderly.

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Writers Have No Age: Creative Writing for Older Adults, 2nd edition

By LENORE MCCOMAS COBERLY, JERI MCCORMICK
AND KAREN UPDIKE

Binghamton NY: Haworth Press, 2005, U.S. \$19.95.
Paperback, pp. 150. ISBN 0 7890 2469 1

This book aims to encourage “older adults” to engage in creative writing, an objective that raises numerous questions regarding both age and creativity. For example, how do the needs and aspirations of older (would-be) writers differ from those of younger ones? *Do* writers “have no age”, or is this just patronizing nonsense? As a thirty-year-old student of Creative Writing at Goldsmith’s College in London, such questions are of interest to me.

I’m not sure they are adequately answered by this book, which, according to reviewers cited in the opening pages, is a “warm, friendly companion” written in a “respectful conversational tone”. The foreword goes even further, trumpeting: “We have been given a gift and a guide”. My hackles were raised by such gushing accolades, and as I read on, by the terrible writing on show. “Good writing”, the preface informs us, “comes up to us, if we let it, through the pipes of the unconscious. It percolates through the ground of our being, refreshing us, rinsing away the arid encrustations of mask and role, our outer rooms. . .” and so on. Such over-elaborate effusions continue throughout. I wonder if it is a cultural thing. I can’t imagine finding it appealing at any age.

The book is composed of short essays on such topics as writing groups, getting published, and free verse. There is a bit of a patchy feeling to it (but perhaps ‘older adults’ can’t concentrate on longer texts!). There is talk of the “soul”, the “true self”, and the “fevered brow” of the artist, all of which is accompanied by large dollops of banality and hominess.

But – as I read on, the writing seemed to grate less, and there appeared some genuinely useful pointers for writers of any age or at any stage. There are some good exercises to get one going, for example, as in the chapter on “mining your memory”. The appendix features assignments I plan to try myself. There is also sound advice on acquiring focus, re-drafting work and working with different forms, also an interesting discussion of teaching creative writing in nursing-home settings. In the end, then, the book won me round. I might even be consulting it in sixty years’ time.

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