

Book reviews

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How Healthy Are We?: A National Study of Well-being at Midlife. Edited by O. G. Brim, C. D. Ryff and R. C. Kessler. (Pp. 687; \$42.00; ISBN 0-226-07475-7.) University of Chicago Press: Chicago. 2003.

Mid-life has not been investigated as a fruitful stage for study across the life-cycle, in contrast to childhood, adolescence, and later life. We do find a few notable exceptions. Erik Erikson, in *Childhood and Society*, portrayed mid-life as a time when people attempted to leave a generative gift to the world (though he did not arrive at his conclusions from empirical study of representative samples of mid-lifers) (Erikson, 1963). Daniel Levenson (1978) explored ‘the seasons of a man’s life’ in a small group of men he interviewed extensively. Gail Sheehy (1977) scooped and popularized Levenson’s studies (by including women among other means).

Therefore, the establishment of the MacArthur Research Network on Successful Midlife Development in 1990 was a groundbreaking project. The mission of the network was to identify the major biomedical, psychological, and social factors that permit some, but not others, to flourish in the middle years (following the mission of the MacArthur Research Network on Successful Aging established a few years earlier). The key effort of the midlife network was fielding a national survey, the Midlife in the United States (MIDUS) study. The volume under review presents the findings from this study along with commentary.

The MIDUS survey was administered to a national sample of over 7000 subjects aged between 25 and 74 years [to compare subjects in their operational definition of mid-life (40–60 years of age) with both younger and older subjects]. Although data was collected on under-represented minorities, the samples of these groups were small. Each subject was administered a telephone questionnaire (response rate of 70%) and a self-administered questionnaire.

The investigators collected data on demographics, living arrangements, childhood background (such as financial status of parents), occupational history, finances, spouse/partner, sexuality (such as number of sexual partners over past year), parents, parenting (such as difficulties with child care), psychological well-being, social networks and support, social participation (such as voluntary work), religion and spirituality, physical health, mental health (depression, anxiety, panic) and health-related beliefs. The investigators therefore acquired a mass of data on a very large (but perhaps not representative) group of mid-lifers.

When epidemiologists seek a compendium of data on the frequency and correlates of psychiatric disorders, they often turn to *Psychiatric Disorders in America* (Regier & Robins, 1991), a summary of Epidemiologic Catchment Area survey results. In like manner, *How Healthy Are We?* may take its place as the definitive compendium on the health and well-being of mid-lifers in the United States, with, however, at least two caveats. First, the bias towards the white majority could be a major drawback. For example, how can the findings of this study reasonably be generalized to a 45-year-old African American living and working in the rural south? Secondly, the study was fielded during a period of dramatic economic prosperity. Many seemingly well-to-do mid-lifers were content with their prosperity and secure about the future. Yet I suspect a significant number of those sampled have either lost their jobs or have experienced dramatically increased job stress since the survey.

Despite these drawbacks, the findings of this volume are interesting and informative. They include: mid-life mood is greatly influenced by context (mid-lifers are embedded in work and social/personal relationships and these social environments are more determinant of mood compared to young adults and the elderly); depression is more frequent among homemakers and the unemployed (not a surprise but worth bearing in mind); quality of life improves

with age yet that improvement does not begin until around the age of 40; the strongest predictors of quality of life are (not surprisingly) the quality of one's marriage relationship and one's financial situation; relationships with others are the most important contributors to a sense of well-being yet the more educated frame those relationships in terms of influencing and respecting others as opposed to finding security and comfort from others; those with more education experience a greater sense of mastery over health, work, and finances; only about a quarter of the sample report a 'mid-life crisis'; little evidence is found for a decline of the family as a social institution; and, finally, most middle-aged Americans believe that they are healthy and in control of their lives. This brief review of findings does not do justice to the wealth of data nor to the excellent theoretical discussions that set up the presentation of data in each chapter.

In summary, this is a book that should be on the shelf of every mental health provider. Herein one finds empirical data (given the caveats discussed above) unlike anything else available. These data provide a necessary context for understanding psychopathology in mid-life.

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Delirium. Acute Confusional States in Palliative Medicine. By A. Caraceni and L. Gras. (Pp. 259; £329.95; ISBN 0-19-263199-3 pb.) Oxford University Press: Oxford, UK. 2003.

The realm between organic conditions and psychiatric manifestations has become an expanding field in clinical practice which is eager for more publications that can summarize and categorize new findings and developments. This is particularly so in the case of delirium, a very frequent condition that has not received its due attention. However, delirium is one of the

oldest concepts and words in medicine and has so far resisted repeated invitations to retire. The worldwide use of this word still seems to be on the increase, as can be observed using a simple internet search engine that provides references to over half a million sites that will take the reader to all sorts of exotic places before finding a clinical page (usually found after about ten other web pages).

Because of the reasons here expressed, the publication of a book on delirium is especially welcome. Just a brief look through the list of 10 chapters authored by two experts fills the reader with an eagerness to read the latest synopsis of our knowledge and understanding of delirium in palliative medicine, an area where it is an extremely frequent condition in real need of clinical updates.

The book begins with a chapter devoted to the review and update of definitions and criteria for delirium with a previous historical reference which seems to pay homage to Lipowski. The second chapter addresses the biological basis of delirium, from neuro-anatomical to molecular levels of dysfunction. The third section on epidemiology, albeit brief, is one of the more accurately described parts of the book since the palliative care arena and prognosis are bravely dealt with. The fourth chapter on clinical phenomenology includes a detailed description of the core clinical symptoms and signs of the prodromal phases of delirium (pre-delirium) and full-blown delirium, both very clearly presented. Chapter five is a rather thin depiction of differential diagnosis, especially for dementia and psychosis. On the other hand, chapter six deals with the most frequent aetiologies backed by well-reviewed recent findings. Chapter seven is particularly interesting since it takes the reader, with the use of clinical examples, to the bedside of critical patients suffering from delirium due to severe conditions such as advanced cancer and HIV infection, and includes both surgery patients and elderly patients. Most importantly, however, the difficult condition of terminal delirium is particularly well addressed in the book. Chapter eight on diagnostic assessment reviews a variety of ancillary examinations to be taken into account in the diagnostic process, and also includes the most commonly used delirium assessment tools, such as scales and clinical algorithms.

The management of delirium is comprehensively dealt with in the final two chapters. Psychopharmacological updates bring the reader to a front-line debate on classical *versus* atypical neuroleptics, and also to the never-ending topic of benzodiazepines and sedation in these patients. Non-pharmacological management is also exhaustively included. Moreover, one of the innovative contributions appears in the final chapter, which tackles the neglected area of the suffering of relatives. There is evidence showing that the family's suffering can be even worse than the patient's. This is particularly acute in the case of terminal illness where personal issues such as anticipatory grief, mourning and bereavement intermingle painfully with clinical and social issues.

Are there any deficits? As with any volume of this scope, there are some. The psychiatric component in the clinical section is somewhat weak. The differential diagnosis section concerning dementia and psychosis is also treated rather shallowly. The length of the book is deliberately short and this produces a sense of brevity in some of the chapters. However, I think the readers will welcome the appendix, which includes many of the most utilized assessment tools for delirium.

Thus, my initial enthusiasm was tempered a little by the end of the book. Nevertheless, these small issues do not hinder the comprehensiveness of this timely book and can be easily corrected and improved in a future edition. It is a well-edited and well-referenced aid that will be appreciated by many in the field as it is very user-friendly. It is a handy and appreciated reference volume for anybody treating delirium patients, particularly in palliative medicine.

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Assessment Scales in Old Age Psychiatry, second edition. By A. Burns, B. Lawlor and S. Craig. (Pp. 383; £32.95; ISBN 1-84184-168-4.) Martin Dunitz: London. 2004.

What a joy to have a single source book for psychiatric scales that you can reach out for on your bookshelf! This is the second edition of this excellent compendium of psychiatric scales with a special emphasis on old age psychiatry

topics. It is not, therefore, surprising to read that the first edition has had such successful sales figures. Although, there is a focus on scales for older people, many of the scales are of relevance to working age adults.

In this new edition the editors have increased the number of scales included. The scales cover topics such as depression, dementia and activities of daily living. The actual scales are shown wherever possible in order that the reader need not resort to the primary reference. In addition the main indications for the use of the scales are given. The editors provide measured comments on the particular drawbacks and strengths of each scale. They also provide an indication of inter-rater reliability, internal consistency and validity of the scale where possible. Additional references and the source reference are also stated.

The layout of the new edition is an improvement. There is a more detailed contents page and a useful new appendix detailing 'what to use when'. This edition also contains a new section describing a selection of neuropsychological tests. This inevitably cannot be conclusive and only the most commonly used tests have been included. However, the tests are well described and this section will be of use to the non-psychologist. Not all scales are included of course. I would have liked to see the inclusion of the more commonly used scale for mania by Young *et al.* (1978) as well as the Addenbrooke's Cognitive Examination (ACE), a brief test battery useful for early detection of dementia and for differentiating Alzheimer's from fronto-temporal dementia (Mathurarnath *et al.* 2000). Considering the widespread use of the Cambridge Neuropsychological Test Automated Battery (CANTAB; Cambridge Cognition, UK) in research it would have been helpful to have a more detailed description of these tests too. However, these are minor criticisms and reflect my personal bias and research interests.

This book will be extremely useful for those doing research in old age psychiatry. However, I am sure that all clinicians including clinical psychiatrists, clinical psychologists, nursing staff and occupational therapists will find it an extremely helpful source to assist them with journal reading and for clinical assessment.

JUDY RUBINSZTEIN

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Childhood Epilepsy. Language, Learning, and Behavioral Complications. By W. B. Svoboda. (Pp. 656; £85.00 hb; ISBN 0-521-82338-2.) Cambridge University Press: Cambridge, UK, 2004.

This massive, single-author, book is an entreaty for comprehensive care of children with epilepsy for which the author offers a model. Single-author books are especially intriguing as they provide a glimpse of the author's passions and biases as well as the scope of a well-informed and experienced mind. This author fills in the major gap in most textbooks on childhood epilepsy which are generally neglectful of the broad penumbra of deficits of skills that testify to the fact that seizures are just one way in which an impaired brain declares itself. The dangers of single authorship include the fact that the scale of what is known is so vast that it might overtax one single individual. This author, however, though not prominent in Medline listings, has a pedigree as founder and director of an Epilepsy Center and served on the Federal Commission on Epilepsy.

The principles of comprehensive care, spelled out on page 8, make the book worth having in a department of Child Neurology. Speech and language problems, Learning problems, and Behavioral problems form the three principal parts of the book. Each part though, is relatively independent and, although this allows each section to stand alone it leads somewhat to repetition.

Essentially, this is a bench book for Child Neurology departments and its ample scope and extensive references will prove of value there. Its distinguished author's experience is well worth attending to. There is an excellent section on Landau-Kleffner syndrome.

However, the book shows signs of being long in gestation and this fundamentally sound book deserved better editing. There are numerous errors in the references. The writing style is staccato and seems to come from the reference being used at the time. These might be at variance from one another. Thus, on page 581 (also referring to 'Svengauli' syndrome) it states, 'The therapy approach to non-epileptic events is to encourage the young person to control the attacks without confronting the diagnosis.' Whereas, on page 582, 'Therapy' under 'disclosure', it states, 'Therapy begins with the presentation of the diagnosis to the family after reviewing the recorded events to be sure they are typical.' The author is well aware of these contrasts in the literature and says so in his preface but we do wish to know what he, in his wisdom and experience, prefers in this matter as much in the matters of treatment and drug selection.

The psychiatry is not strong enough to be useful in a department of psychiatry. It is often strangely put. On page 605 under 'Surgery', 'Pre-operative evaluation' he states 'A schizophrenia-like psychosis personality disorder (18%) with dependence and avoidance problems may occur.' Most of the discussion about psychoses is not relevant to childhood epilepsy.

In his spectacular and prophetic Epilepsia paper of 1953, Gastaut wanted us to 'break down the concept of "Temporal Lobe Epilepsy"'. We now relate such epilepsy to the underlying disease states. After 40 years in the business I am not sure that 'Epilepsy' is a useful collective.

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