

Book Reviews

DEMENTIA: MANAGEMENT OF BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS

Clive Ballard, John O'Brien, Ian James, and Alan Swann. New York: Oxford University Press, 2001, 324 pp., £29.95 (paperback).

Dementia: Management of Behavioural and Psychological Symptoms is an ambitious undertaking. Building on the excellent work of Lawlor's *Behavioral Complications in Alzheimer's Disease*, in addition to the proceedings of two International Psychogeriatric Association consensus conferences on behavioral and psychological symptoms of dementia (BPSD), the authors present a thorough review of the relevant existing literature on symptoms, the biopsychosocial contributants, the identification and diagnosis of symptoms and syndromes, pharmacological and nonpharmacological interventions, training, and caregiver needs and issues. Many chapters have clinical examples that help illustrate the identification of symptoms, as well as the various treatment modalities. There are good summaries at the end of each chapter.

The five chapters on nonpharmacologic therapies are especially informative and stimulating, as are the chapters on caregiving and training. The four chapters on pharmacologic interventions represent an excellent summary of the studies conducted as of 2001. There are many useful tools for the clinician. There is a section on "what scales to use," charts summarizing prevalence of various symptoms in patients with dementia, a helpful summary with examples of

commonly experienced psychotic phenomena, and a descriptive typology of wandering with dementia.

The book has a few shortcomings. For instance, there could be some additional elaboration on the importance of BPSD and the implications for individuals, families, and society. There is little information on cross-cultural or transnational differences and how these symptoms might be evaluated and managed in culturally diverse settings. In one chapter, the authors use the phrase "BPSD symptoms," clearly a redundancy. Furthermore, in a book as comprehensive as this one, one might expect a chapter looking at the future with suggestions for additional research or public policy.

Nevertheless, this is an excellent book for clinicians, as well as a reference for specialists and researchers. It is also well written, concise, and well referenced. It successfully integrates a wide range of diverse information on a topic in which there has been an exponential growth in activity over the last half-dozen years.

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THE SCIENCE OF GERIATRICS. VOLS. 1&2

J. E. Morley, H. J. Armbricht, R. M. Coe, and B. Vellas (Eds.). New York: Springer Publishing Company, 2001, 720 pp., \$US 139.00 (softcover).

We know not to judge a book by its cover. A somewhat better, equally effortless, way to judge a book is by the frequency with which it is borrowed by one's colleagues. In this regard the two-volume book by Morley and colleagues, *The Science of Geriatrics*, rates highly. Staff of the National Ageing Research Institute have made considerable use of the text. The editors appear to have succeeded in one of their stated aims that "the text should provide an overview of gerontology for the expert in one area who wishes to place his or her expertise into the general canvas of the science of geriatrics."

This two-volume text is authored by some of the better known people in the field, such as Hayflick (of "Hayflick phenomenon" fame, which describes the limited potential for replication of cell lines). The contributors have generated quite an approachable text. The principal barrier to ready use of the text is the lack of an index. This means the books cannot be readily used for casual reference, but must be read like a novel. At least the chapters are well indexed and are assembled into a logical framework. This allows readers to read around selected topics by choosing the relevant chapters. The presentation of the text in two softcover volumes is pleasing. The books are easy to handle and the font size is easy to read. This scientific text is easy to approach because mostly a relaxed style is used by the contributors. Introductions link the separate chapters well. On the whole, tension between various mutually incompatible theories is discussed clearly and evidence is presented well.

The text consists of eight sections. These are (1) Theories of Aging, (2) Animal Models of Aging, (3) Regulation of Cell Growth: Changes in Senescence, (4) Alterations in Homeostasis with Age: The Role of Hormones, (5) Nutrition, (6) The Aging Brain, (7) The Aging Immune System, and (8) Other Organ Systems. Clearly, this is a text about biology; readers who wish to examine the effect of psychosocial influences on aging need to look elsewhere.

The authors have attempted to provide in one text "the most recent fundamental knowledge of the aging process and of diseases of older persons." In large part they appear to have succeeded in this task. This text could serve as a useful introduction to researchers in aging and to clinicians with a professional interest in the field. In addition, I can imagine some could quite conceivably read this text for pleasure, in the same way that articles about science or medicine that have been written for the popular press are read. This two-volume book has the ability to satisfy the inquiring reader where articles written for the popular press just tease.

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PSYCHOLOGICAL THERAPIES WITH OLDER PEOPLE: DEVELOPING TREATMENTS FOR EFFECTIVE PRACTICE

Jason Hepple, Mary-Jane Pearce, and Philip Wilkinson (Eds.). Andover, England: Thomson Publishing Services, 2002, 187 pp., \$15.99 (hardcover).

It was with eager anticipation that I took this book into my hands, hoping that it might be the book on psychological therapies for older people that we have been needing for some time. I was not disappointed. While the literature on the application and efficacy of various types of therapy with younger adults continues to grow, there has been far less attention paid to the need of older people for effective psychological interventions or the applicability of the various forms of psychotherapy to the older age groups.

This British book is edited by three psychiatrists all actively involved in therapeutic work with older people, and most of the contributors to the volume are also British. The exception is that the chapter on interpersonal therapy is written by Reynolds and Miller from the University of Pittsburgh, where much of the groundbreaking work on the application of interpersonal therapy (IPT) to older people has been carried out. One of the strengths of the book is that it covers a wide range of psychological therapies; another is that the editors have achieved a consistency in the authors' approaches across the chapters.

Five of the book's seven chapters cover psychodynamic therapy, cognitive behavior therapy, systemic therapy, IPT, and cognitive analytic therapy. Approaches that the editors acknowledge are "core psychosocial interventions for dementia" such as validation and reminiscence are not included. I think this is justifiable on the grounds that the evidence for the efficacy of

these approaches is not as good as that for the therapies covered in each of the chapters. Each chapter starts with a historical background, followed by a brief exposition of the theoretical underpinnings of the therapy. Central to each chapter is a discussion of the application of the therapy, key techniques used, and guidelines to the selection of patients for treatment. All the authors use case material to illustrate their points and most use boxes and diagrams to highlight key points to good effect. I particularly enjoyed the chapter on IPT for its clarity and well-presented information. Each chapter is well referenced, in most cases including reading suggestions that would be suitable for (some) patients.

The final chapter is an overview by the editors, in which they address the challenging issue of how to provide effective psychotherapy services to older people and overcome the continuing underresourcing of psychological treatments for older people. They stress the importance of having evidence available that will enable health care providers to choose the most effective treatment for a given condition, but also highlight the need at a service planning level for coordinated psychotherapy services for older adults. Although written very much from a British perspective, much of what they say would be relevant to other systems of health care delivery.

My minor quibble over this book is reserved for the introduction, which I found rather obscure. In aiming to set the scene for the chapters on the various

therapies, the author examines a number of themes that impinge on therapy of all types. These include the ethical issue of power, the notion that the tensions in individual therapy parallel tensions in the social and historical context of aging, and the role of memory. However, the approach is rather abstract and readers should not be deterred from persisting with the ensuing chapters, which are all highly readable.

This is a book that will be useful to mental health practitioners of all disciplines. It should be required reading for psychology and psychiatry trainees. It

also challenges practitioners to advocate for better services and encourages us to work with planners and managers to facilitate the development of psychotherapy services for older people—so that those of us now in middle age can be confident that the services we might need in our old age will be available!

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ALZHEIMER'S EARLY STAGES

Daniel Kuhn. Alameda, CA: MSW Hunter House Publishers, 2002, 274 pp., \$US 14.95 (paperback).

It is hard to imagine that, even 10 years ago, it would have been unthinkable for there to be a book written specifically for family members caring for people in the early stages of dementia. Advances in awareness, knowledge, and experience are progressing at such a rate that even this excellent book, like so many others, will soon be out of date. Daniel Kuhn must be congratulated for writing such a clear, readable, and helpful book and he writes with the wisdom of someone who has long experience in listening and helping family members with a wide range of problems.

The first part of the book is focused on the medical aspects of Alzheimer's disease. There is a good description of symptoms, diagnosis, assessment, and treatments. The difficult issue of telling the person his or her diagnosis is well discussed. Dementia drugs are put sensibly in perspective in relation to the care that is needed on a very-long-term basis.

The second part of the book describes caring issues. The changing roles and responsibilities of the family members, decision making, and planning for the future are all well described, with the person with dementia playing a significant role in all these areas in the early stages. The financial and legal issues are considered only in an American context.

The last part of the book gives due attention to the caregivers themselves and the importance of maintaining good physical health and mental health. I should like to think that this applies equally both to persons with dementia and their caregivers involving activities they can enjoy together.

I do have a number of general comments to make. First, the book is mainly focused on Alzheimer's disease with little attention to the other dementias. That is not to say that the other dementias are not mentioned, but we are at a point in time when it is recognized that

the overlap between Alzheimer's disease and, for example, vascular dementia, is not always clear. It is highly likely that some of the more vocal and self-aware people with dementia who are quoted in the book do not have either of these two types of dementia, but may have a Lewy body or frontal lobe dementia. My feeling is that perhaps it was a mistake not to have been inclusive and titled the book *Dementia—Early Stages*. Inevitably the book will be read by people in the early stages of dementia. I note high praise from a reviewer writing in the newsletter of individuals with Alzheimer's disease.

Second, it is always disappointing to read that in a country as developed and rich as the United States, there are no universal community-oriented services for people with mental illness and their families available to all independent of income.

Third, although there are many mentions of the American Alzheimer Association and even to my delight a mention of

Alzheimer's Disease International, it would have been good to see a chapter devoted to their work. The US has the largest and richest Alzheimer Association in the world and in a country where state services are very patchy and private services only available to a few, the work of the Alzheimer Association is even more relevant. Finally, it was a relief to me that the author recognizes that cure will probably not occur until still some time in the future. In the meantime, caring continues and the more information caregivers and people with dementia have, the easier it is to manage. Daniel Kuhn's book will make a significant contribution to facilitate this process.

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GRIEF COUNSELING AND GRIEF THERAPY (3RD ED.)

J. William Worden. New York: Springer Publishing Company, 2002, 248 pp., \$US 34.95 (hardcover).

Many readers will be familiar with the first and second editions of this handbook, which has for some time been regarded as a standard text on grief and bereavement. A number of key themes are maintained in the third edition, for example seeing grief and bereavement as essentially normal reactions to loss, and viewing an attachment theory framework as helpful for understanding the experience of loss. Moreover, the basic distinction between normal and abnormal grieving is maintained, the former being

responsive to counseling, while the latter requires more specialized therapy. This distinction may be contentious to some, but Worden makes a good case for drawing certain distinctions between the two.

However, there are also a number of differences between this edition and the second. The layout is cleaner and clearer, key concepts are in italics, and recent research has been incorporated into the text and references. More significantly, the third edition represents developments and refinements in Worden's own

thinking on bereavement that have taken place in the 10 years since the publication of the second edition. There is an expanded section in the first chapter on the experience of grief, with the discussion of the manifestations of grief now preceding the description of the tasks of mourning, a logical change.

Perhaps the greatest conceptual change in this third edition is the introduction of an entirely new section pertaining to understanding the mourning process. Here Worden argues that grieving is more than a set of tasks—and still less a series of immutable “stages.” Rather, in order to understand an individual’s grieving process, one needs to be aware of the mediators of that grief. Factors that may mediate an individual’s mourning include such things as who the deceased person was—for example, a grandchild’s death may be experienced very differently from that of one’s adult child. The nature of the attachment, the mode of death, personality variables, and social circumstances are other factors that the grief counselor or therapist needs to take into account in his or her assessment of and work with the grieving person. Worden warns against simplistic understandings of the bereavement process and although he does not make this link, this sits very comfortably with a long line of psychological and psychiatric

research showing that it is not events per se, but their significance to the individual, that determines their impact on well-being.

Other revisions to the book are in keeping with topical issues, such as assisted suicide and the changing prognosis of AIDS (at least in the developed world) and new research on children’s grief. I do feel that the treatment of cultural issues is very cursory and in general the book has a rather Waspish feel, though I noted that it has been translated into seven languages.

This remains a very useful, concise, and practical text, both on understanding grief and bereavement and on working therapeutically with the bereaved. As such it will be of interest to mental health professionals from various backgrounds, those who care for the dying, and those involved in training and supervising bereavement counselors. Owners of the previous edition need not rush out to buy the third edition, but libraries should certainly make sure they have a copy.

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PSYCHIATRY IN THE NURSING HOME

D. Peter Birkett. New York: The Haworth Press, 2001, 250 pp., \$US 69.95 (hardcover), \$US 24.95 (softcover).

Psychiatric services have evolved considerably in the decade since Peter Birkett’s single-author *Psychiatry in the Nursing Home* was first published. The updated second edition (40% of the references

being from 1998 or later) is likely to be popular. Birkett was the medical director of a nursing home for 20 years. His experience and research activities have extended over decades, and he can (and

does) express opinions with authority. He writes cogently, with snatches of humor and indications of impatience (as in the title of Chapter 2: "Paper, Paper, Paper").

The author states that his book is a "broad survey of the new asylums," and also a clinical handbook. He says it is particularly aimed at the practical needs of psychiatrists who work in nursing homes, but is also "meant for all who work with the elderly and chronically ill." He aims to raise questions that go beyond immediate practical issues.

The first 40 pages provide an excellent overview of the development of nursing homes in the United States, including discussions of funding issues and the enactment of OBRA '87. The next 30 pages refer to staff, patients, and families, and processes leading to admission, and are followed by a chapter concerning psychotropic drugs. Important questions are posed, and will be of interest to those keen on improving residential care arrangements in their country.

The middle 100 pages of the book are concerned with mental health and behavioral problems encountered in nursing homes and how to deal with them. Then there is reference to neurological and other medical illnesses, and five pages on death and dying. The major criticism to be made is that most sections are too brief. Nine pages on sadness, depression, and suicide are not enough to discuss the different types of depression, the factors that may need consideration when trying to work out what caused or exacerbated a depression, and the potential management approaches. This part of the book seems to be aimed at those with limited knowledge of psychiatry and is insufficiently comprehensive to provide for "the practical needs of psychiatrists";

nor is it sufficiently stimulating for trained nurses who are keen to identify and facilitate treatment for mental disorders. Much of the comment on management of disturbed behaviors is relevant and useful, but more is needed.

Some of Birkett's unreferenced statements are wrong or debatable (e.g., page 99, that medication has not been shown to usefully affect function in the primary dementias). It was also disappointing, in a book said to be aimed particularly at psychiatrists, to find no discussion of research and observations concerning different models of mental health liaison and consultation services in nursing homes.

As must be obvious, I would recommend other books (for example, Conn et al., 1992, or Reichman and Katz, 1996) if asked for guidance on clinical handbooks in relation to nursing home psychiatry. However, I would happily return to Birkett's book in order to try to understand and question the way the nursing home system works—in the US and elsewhere.

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EFFECTS OF EMOTION-ORIENTED CARE IN HOMES FOR THE ELDERLY

Veron J. J. Schrijnemaekers. Maastricht, The Netherlands: Universitaire Pers, 2002, 139 pp., € 25.

This book is said to be a thesis, but five of the seven chapters are multiauthored and have already been submitted or published in four journals and a report. Various details are repeated in several of the chapters. Pages 107 to 138 are in Dutch.

The authors found that the literature on "validation" showed little evidence of its effectiveness. They conducted a study of emotion-oriented care (validation in combination with other approaches such as reminiscence) in Dutch homes for elderly people. One person "taught" the approach. When, after a year, they found little difference between effects in intervention and control homes (except that some of the intervention staff seemed to have felt better about themselves), the suggested explanation for lack of a change was that staff in the homes were

already providing appropriate care, so further instruction merely helped them understand why what they were doing was good.

Unless interested in validation, or in discussing methodological difficulties in evaluating psychosocial approaches, readers are advised to limit themselves to Chapter 4, which was published in the *International Journal of Geriatric Psychiatry* (2002, 17, 926-937) and summarizes the study.

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PERSISTENT PAIN IN OLDER ADULTS

Debra K. Weiner, Keela Herr, and Thomas E. Rudy (Eds.). New York: Springer Publishing Company, 2002, 408 pp., \$US 49.95 (hardcover).

This book is the first to attempt an authoritative multiauthor review of pain management for older people. The professional backgrounds of the authors range from medical subspecialty disciplines including geriatrics, psychiatry, anesthetics, and rheumatology, to nursing, physiotherapy, psychology, pharmacy, and occupational therapy. Such a work is both timely and needed by health care professionals who manage persons with persistent pain as, inevitably, an increasing number of their patients present in old age. The evidence for differences in management strategies for older

people with persistent pain has grown sufficiently in recent years to enable the authors of each chapter to put a case for this view based on evidence rather than on hearsay. The editors have also maintained a disciplined approach in each chapter so that, despite the extraordinarily wide range of expert opinion expressed, the reader can find in each chapter evidence for the views expressed, a succinct summary of those views, a reflection on how specific practice settings relate to the chapter topic, and clinical examples that can be used for review or teaching.

Most of the chapters carry clinical perspectives that are an accurate representation of current best practice, but I found the physiologic chapter somewhat dated. It might also have been useful to include a review of the epidemiology of pain in older people so that a better perspective of the incidence and prevalence of conditions that have to be managed in practice was appreciated. As with any book of this type, there is the opportunity for the clinician to learn new approaches outside the restricted training and practice of each professional discipline and this would be expected to improve outcomes for patients. There is also scope for the recent graduate to compare the evidence

base for different domains within the field of pain management, thus encouraging new research and perspectives, and for the relatively few experts in the field to argue the nuances that might eventually crystallize as signposts to new approaches and advances in the overall problem of persistent pain. This book should therefore appeal to a very wide audience.

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CARING FOR A LOVED ONE WITH ALZHEIMER'S DISEASE: A CHRISTIAN PERSPECTIVE

Elizabeth T. Hall. Binghamton, NY: Haworth Pastoral Press, 2000, 149 pp., \$US 54.95 (hardcover).

I have just visited my aging parents who live in the state of Kerala in South India. My father has senile dementia and is being cared for by my mother. In a country with nonexistent support services, much of the caring falls on the family. I read this book during my time with my parents and it was especially meaningful.

This easy-to-read book is written for dementia caregivers, with a particular emphasis on family members who are caregivers. It has 14 chapters followed by a few further chapters as closing thoughts. The chapters are short, using very personal and nontechnical language, which makes the book attractive to nonprofessional readers. Because the author is writing from her personal experience, the chapters are more like a collection of essays.

The author states at the outset that the book is not meant to be a scholarly volume to give answers about dementia.

She also makes it clear how important her Christian faith is in dealing with the struggles of caregiving. Each chapter begins with a verse from the Bible and the book begins with the author's statement of faith.

The author is writing from years of personal experience caring for her mother and prior to that her father and grandparents, all of whom had one form or another of dementia. The book describes what to look for in patients with dementia, how to try and understand what is happening, and ways to try and cope through tough situations.

The author's heartfelt essays about her deepest thoughts and emotions tell the story of what it is to live with someone with Alzheimer's disease. Yet there are many practical day-to-day tips for living with a loved one with dementia. My only criticism of the book is that there were repetitions, which are bound

to occur in a book written as a personal experience and in the form of essays. Though it would be mainly appreciated by those with a Christian faith, I would recommend it also for non-Christians because it describes how God's presence in one's life can help lift one's burdens.

Personally I enjoyed reading the book and found it meaningful. However, it would be better appreciated by nonprofessional caregivers. As I return to Australia, I am

leaving the book behind for my mother because I feel that she would benefit greatly from reading the book as she continues to care for my father with dementia in a country with nonexistent organized social supports.

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THERAPEUTIC INTERVENTIONS WITH ETHNIC ELDERLY: HEALTH AND SOCIAL ISSUES

Sara Aleman, Tanya Fitzpatrick, Than V. Tran, and Elizabeth W. Gonzalez.

Binghamton, NY: The Haworth Press, 2000, 219 pp., \$US 39.95 (hardcover).

As the title indicates, this book addresses not only mental health issues, but a broad range of physical health and socioeconomic problems faced by elderly ethnic minority groups in the United States. If a book of this type is to be useful for clinicians working with the ethnic elderly, there needs to be a balance between drawing out the common themes that can be translated into practical therapeutic interventions for all elderly who have minority ethnic status, and those issues, with treatment implications, that are specific for particular cultural groups. In this regard I found the book patchy and lacking in depth if it is intended to be a practical guide for clinicians. In terms of enlightening the reader about specific ethnic minority groups in the US, the book makes interesting reading.

Following a brief chapter on culture-specific models of aging, the next eight chapters each focus on a specific minority group—Japanese, Vietnamese, Russian Jewish, African American, Puerto Rican, Cuban, Mexican, Yoeme, and

Navajo elders. The final chapter attempts to integrate the common themes that the preceding authors have identified as being of critical importance for the particular ethnic group being discussed. These include the historical contexts of ethnic elders in relation to their country of origin, the stress of migration, and the inevitable problems associated with acculturation, loss, and grief. The importance of family structure within ethnic minority groups, and the problems that arise when health professionals lack awareness of specific cultural sensitivities in assessing and treating ethnic elders, is a central theme that is repeatedly emphasized throughout the book and again in the final chapter. The book concludes with a broad, but very brief, scoping of policy, research, and educational directions that could be pursued in order to improve health care of the ethnic elderly.

I found the chapters on the various ethnic groups very interesting in terms of the historical factors that influenced the patterns of migration of each group, and

the degree to which they had adjusted, or not, to life in the US. The chapters varied considerably in length and format, with some chapters diverging to explain theoretical culture-related constructs that had already been dealt with in previous chapters. Most disappointingly, I considered only a couple of chapters (those on Vietnamese and Russian Jewish elders) really addressed therapeutic interventions that were specific, practical, and relevant for mental health clinicians working with these groups. In other chapters, the authors made broad recommendations that would require major systemic changes at a policy and planning level, or gave the impression that clinicians would not be able to work with the particular ethnic group unless they possessed a rather daunting knowledge and understanding about the culture. Given that many clinicians work with

diverse ethnic groups, such a degree of familiarity with a specific culture's traditions and practices is not always feasible.

Overall, this book is very informative with regard to the history and demography of ethnic minorities in the US, and the health and social problems faced by the elderly within those groups. Although it is important for clinicians to have an understanding of these issues, the title of the book suggests that greater emphasis would be given to actual therapeutic interventions. In this regard I found the book significantly lacking.

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THE NEUROPSYCHIATRY OF ALZHEIMER'S DISEASE AND OTHER DEMENTIAS

Jeffrey L. Cummings. London: Martin Dunitz, 2003, 311 pp., £39.95 (paperback).

At first glance, this new volume by Cummings—who has perhaps contributed more to the field of the neuropsychiatry of the dementing illnesses than any other clinician or researcher—appears relatively brief. However, the low page count and small format are deceptive, because the book contains a rich summary of this area of clinical practice.

There are 10 chapters; an introductory chapter discusses the relevance of behavioral disturbances in the dementing syndromes and places this in a global, health care system context. The second chapter describes the neuropsychiatric assessment of patients with dementing syndromes, and the book then presents six chapters arranged according to dementing syndromes (Alzheimer's disease,

dementia with Lewy bodies, parkinsonian syndromes, vascular dementia, frontotemporal dementia, and prion dementias). There follows a very good chapter that attempts to provide neurobiological underpinnings to the varying behavioral presentations in these dementing syndromes, and finally a brief chapter on the treatment of neuropsychiatric disturbance. Cummings has not attempted to cover all dementing illnesses, but has presented the most prevalent syndromes and their chief features.

Each chapter is made up of a dry and brief, albeit extensively referenced, description of the subject matter at hand. There are also a large number of color illustrations, most commonly in the form of bar graphs summarizing

symptom prevalence and response to treatment, or line drawings illustrating models of causality of behavioral syndromes. A number of neuropathological and neuroimaging illustrations are also included, although the distribution of these is uneven among chapters. A real strength of the book is the balance between its concise summary of the field and provision of a highly relevant list of recent references that provide real value to those new to the field as well as to those clinicians seeking to improve their knowledge; belonging in the latter camp, I frequently found myself highlighting a number of references in the text for perusal at a later date.

Perhaps the greatest shortcoming of this book is the brief final chapter on management of neuropsychiatric disturbance. A complex area fraught with multiple areas of difficulty, it is given only 20 out of the book's 300 pages, and is provided with fewer than 20 references, whereas other chapters' reference lists run into the hundreds. It would have been useful to see some of the common clinical conundrums addressed, such as the co-occurrence of depressive illness with cognitive impairment. This chapter does, however, provide some useful

treatment algorithms and is certainly up to date regarding available pharmaceuticals, although it leaves one with the sense that the vicissitudes of managing neuropsychiatric disturbance in dementia would be left up to someone other than the reader.

The Neuropsychiatry of Alzheimer's Disease and Related Dementias has a format and style that allows it to cut across many fields, and would be suitable for students of age psychiatry or gerontology, particularly those with a medical background, given the neurobiological and pharmacological emphasis in the text. Ideally suited to those training in the area of old-age psychiatry or behavioral neurology, its extensively referenced chapters provide an extremely useful launching pad into the wealth of literature in the field.

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VASCULAR DISEASE AND AFFECTIVE DISORDERS

Edmond Chiu, David Ames, and Cornelius Katona (Eds.). London: Martin Dunitz, 2002, 276 pp., £32.50 (paperback).

It has become customary these days for academic departments to publish smallish volumes on contemporary topics. The authors are usually international experts. These works help us to focus on new knowledge, see who is in the field, and might swell some academic coffers.

The everlasting problem of course is keeping up with the most recent published data.

This book comes from familiar editors in Melbourne and London. The topic is fascinating in that it brings together vascular diseases, the major cause of death,

and affective disorders, the major cause of disability. This relationship may well be better known to psychiatrists than to physicians presently, but that will change.

The volume is workmanlike and separates cardiovascular and cerebrovascular diseases. Distribution, etiology, putative mechanisms, and treatments are covered in a sensible fashion. "New diseases" such as poststroke depression and vascular depression are usefully gone into in depth. More, and of course expensive, longitudinal studies are as always called for. (But do they actually nail down correlations?)

The incidence phase of the Canadian Study of Health and Aging, for example, did not find vascular risk factors to be significant in Alzheimer's disease in contrast to the prevalence phase. What then is true for vascular disease depression and other affective disorders? Psychiatrists are just coming to grips with vascular disease in psychiatry, so let us be optimistic and not have our hopes dashed early!

The concluding chapter by the editors is excellent. It is an example of thoughtful clinical science of which there is far too little currently. Any caveats? Yes, one. Nobody mentioned that splendid book *Global Burden of Disease* (Murray & Lopez, 1996). This established that ischemic heart disease, cerebrovascular disease, and depression were the world's top three causes of disability-adjusted life years lost. Hugely important for our specialty.

This book is well worth buying. I hope it will be a harbinger of valuable work in our field.

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