

## BOOK REVIEWS

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**Focus on Economic Outcomes in Later Life: Public Policy, Health, and Cumulative Advantage (Vol. 22)**

Editors: S. CRYSTAL AND D. SHEA

Springer Publishing Company, 2003, \$U.S. 58,00.

Hardback, pp. 296 ISBN 0-8261-1449-0

The debate over the effects of aging on western populations has taken several different directions in the last 15 years, from the doomsayers who predicted dire societal consequences and poverty for older adults, through to those who have predicted very little societal impact and reasonable economic well-being. As the editors point out in the conclusion, in the U.S.A., the proportion of older adults living in poverty fell from 35% in 1959 to 10% in 2000; in the same period, life expectancy increased by 16 years for a male and 19 years for a female.

Given this increased longevity, a key issue in the debate is determination of economic well-being in older adults, and it is here that this book makes a major contribution. As the editors argue, there is a direct link between economic well-being and health: there is a strong cross-sectional relationship between poor health and low income in old age. The challenge this relationship poses is to identify the lifetime predictors of economic well-being. As Crystal and Shea note in the last chapter, the question of where economic support for the elderly should come from has major implications for public policy in developed and developing countries. These include issues around pension and taxation levels, the funding of health care and social equity.

What this volume makes abundantly clear is that there are differential outcomes for older adults which might be simply summed by the maxim that “the richer get richer”; in Chapter 1. O’Rand presents a review of Merton’s cumulative advantage hypothesis, concluding that the aging process is characterized by increased differentiation and inequality. The following eleven chapters seek to explain these differential outcomes; some more successfully than others. The overall impression, however, is that the various contributors, although concerned with different aspects of the issue, are all telling pretty much the same story: that initial relative advantage or disadvantage at young- or middle-age is compounded in old age.

Two chapters which are particularly interesting are those by Carr and Farkas. Carr argues that poor psychological status in middle age is a function of direct social disadvantage in childhood and young adulthood, and indirect disadvantage through lower educational attainment. Her analysis, however, also suggests

that depression is related more to contemporaneous life experiences. The key protective factor appears to be parental education. In contrast, Farkas shows that it is personal educational attainment that is the critical predictor of advantaged well-being in later life. The argument is that those in occupations requiring higher educational attainment accumulate greater social resources as they age, and that this enables them to delay many of the age-related declines that affect those with fewer resources. Central to this argument is that increased inequality in later life is largely due to the rapid decline in health by the less well-educated because they accumulate more physical and psychological pressures. Schoeni, Freedman and Wallace review the older-life effects of lifelong disability, showing that socioeconomic differences persist right up to death.

Other chapters seek to explain these differentials by wealth accumulation. Lusardi, Skinner and Venti show that while net savings have declined, this has been more than offset by gains elsewhere (typically stockmarket holdings), but that even with this situation, many households may not have saved enough to support their retirement in the style to which they are accustomed. Wolff presents an analysis of the wealth of older-aged Americans, showing that, for some, their wealth has increased substantially when compared with earlier generations. This analysis is interesting because it shows that although the wealth of many pensioners substantially increased between 1983 and 1998, this increase was uneven by socioeconomic group. The predictors appear to have been home ownership and defined contribution pension plans linked to the stock market (which raises an interesting question: would this growth in wealth be maintained should the stock market cease its bull run? This is a question neither Lusardi *et al.*, or Wolff even speculate on). The downside of these two analyses, however, is that for those Americans outside this socioeconomic group there were actual wealth losses during the study period. The sobering conclusion drawn by Wolff is that most middle-aged Americans were worse off in 1998 when compared with those in 1983, in terms of their prospective retirement income.

The most important limitation of this volume is its narrow perspective. There is no discussion in any of the chapters about broad cultural and social perspectives on aging. Although it may be thought this is beyond the parameters of a volume presenting papers on the economic outcomes of age, it is directly pertinent to setting a context within which the different papers can be interpreted.

A second limitation is its American focus. The only chapter in the volume presenting any international data was that by Disney and Whitehouse, who compared 15 different developed countries on pensioner incomes. They report that the key differences were due to social policies relating to public pensions. Those countries with unequal incomes (e.g. the U.S.A.) were also those countries with the greatest pension disparity. Although the reviews presented in the

chapters may have applicability to non-U.S. societies, the narrow American perspective raises fundamental questions about the degree to which the findings have messages for decision-makers, researchers and, indeed, older adults living in the rest of the world.

A third shortcoming is that there is no chapter devoted to discussing concepts of poverty. The different contributors have used different measures of social disadvantage; but this leaves the reader with a rather piecemeal understanding of what constitutes poverty within any particular society and how this may vary between societies, particularly those which may be more egalitarian than the U.S.A. Although the chapter by Disney and Whitehouse presents an international view, there is no discussion here of social capital and aging across societies.

Subject to these limitations, the messages of this volume are clear (if you live in the U.S.A.): pick your parents with care, ensuring they are well-educated and belong to the middle or upper classes; obtain as much education as you can while you are young; avoid occupations and friendship groups of low socioeconomic status; make sure you remain in full health throughout your life; make sure you have full health insurance; and that you are in a position to obtain all the individual and corporate tax breaks available to home owners and investors. As the editors themselves note in the conclusion, the U.S.A. is the outlier when compared with other countries, and it is likely that current moves towards a more privatized, less distributive social security system will make the U.S.A. even more of an international outlier. It is a shame this observation is buried in the conclusion, because it circumscribes the value of the volume to non-American societies.

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### **Alzheimer's Disease and Related Disorders Annual 2002**

Editors: SERGE GAUTHIER AND JEFFREY L. CUMMINGS

Martin Dunitz, U.K., 2002, £39.95.

Hardback, pp. 230. ISBN 184 184 2346

According to the Editors of this edition of the Annual, its broad focus is towards disease modification, based on hypotheses derived from animal studies

and epidemiological studies of Alzheimer's disease (AD). It also reviews trial designs and outcomes including biomarkers and quality of life, discusses the pharmacoeconomics of AD, and concludes with chapters on neuropsychiatric symptoms and their management in AD and frontotemporal dementia (FTD).

Four preclinical science chapters highlight cholesterol, apoptosis, transgenic models, and immunotherapy. They largely have been written with the non-basic scientist in mind. The opening chapter includes a fascinating and far-ranging discussion of the role of cholesterol in AD. It covers topics from vascular contributions to AD onset, cholesterol homeostasis and apolipoproteins in the brain, APOE  $\epsilon$ 4, A-beta, neurofibrillary tangles, regional volumes, and the effects of HMG Co-A Reductase (HMGR) inhibitors (statins), finally proposing that abnormal HMGR may be a risk factor for sporadic AD. Although somewhat heavy going for the clinician, the chapter is well written and suggests various therapeutic possibilities related to cholesterol synthesis and transport, which may prove reasonable in the foreseeable future. The next chapter, on apoptosis, provides a nice, clear introduction for the clinician reader, and concludes with a brief discussion of implications for therapy including A-beta immunization, neurotrophic factors, interleukins, and non-steroidal anti-inflammatory drugs.

The chapter on transgenic models covers the utility of these animals for the study of etiology, pathogenesis, and therapeutic approaches. A useful overview regarding amyloid precursor protein (APP) and presenilin 1 (PS1) transgenic mice and modulation of the neuropathological phenotype is provided for the cognoscenti, while the discussion of therapeutic targets will generate wider interest. Undoubtedly, all clinicians, patients, and families can relate to the concluding sentence: "*... care must be taken when extrapolating results of preclinical studies performed in these mice to AD patients.*" The chapter on immunotherapy is a fairly detailed review of the literature, concluding with the recent vaccine trials in humans, and efforts to understand the basis of the inflammatory reactions which led to the termination of those trials.

Instead of providing yet another overview of the entire subject, the chapter on epidemiology focuses on the epidemiological evidence for protective factors against AD and dementia generally. The authors discuss two putative protective factors, antihypertensive drug treatment and moderate alcohol consumption, as exemplars of two classes of individual protective factors; those which can be experimentally confirmed and those which cannot. The concepts of collective prevention, of primary and secondary prevention, and of the public health implications of delaying onset of clinical disease are addressed. The chapter would have been strengthened by a brief systematic review of the literature on risk and protective factors, including the ongoing controversy about the effects of cigarette smoking.

The next several chapters focus on selected aspects of AD research methodology, beginning with an excellent review of clinical trial design which covers both symptomatic and stabilization trials, trials of drug combinations, and surrogate outcomes. Ethical issues are also addressed, albeit briefly. The chapter on adopting dementia assessments for international application covers an extremely important topic. It is somewhat disappointing in that it merely states the need for reliability and validity of measurements without any discussion of the issues involved in establishing these parameters; it also ignores psychometric and calibration issues. Further, this chapter only discusses studies carried out in Pacific Rim countries. An extremely detailed and comprehensive chapter on measurement of quality of life (QOL) profiles several generic and specific QOL measures, and addresses considerations in their selection as well as future directions in QOL research in dementia. Another chapter provides a scholarly overview of the pharmacoeconomics of dementia, focussing on the impact of the increasing use of cholinesterase inhibitors. This chapter discusses different types of pharmacoeconomic studies and critically reviews the literature in an understandable manner, carefully pointing out the limits to validity and generalization from currently available studies.

The remaining chapters include an excellent review of biomarkers. Cerebrospinal fluid (CSF) A-beta, plasma beta amyloid, CSF and phosphorylated tau, oxidative stress markers, and inflammatory markers are discussed in some detail, while others are briefly mentioned. A practical chapter for clinicians is the one on natural history, covering cognitive and functional decline and related factors in AD, and more briefly in Dementia with Lewy Bodies (DLB) and FTD. A chapter devoted to neuropsychiatric symptoms, and their underlying neuropathology and neurochemistry, also touching on brain morphology (neuroimaging) and genetics, is a welcome inclusion given the extent to which behavioral symptoms have been ignored in the AD literature until recently. There is also a comprehensive chapter on FTD, likewise a largely neglected topic with regard to pharmacotherapy.

In summary, this book includes much to interest both clinicians and researchers in psychogeriatrics. Given that it encompasses several rapidly moving areas of research, it is inevitable that its contents will be at least a little dated by the time such a book comes to press. For the most part, the chapters “hang together” well and significant effort has gone into making them accessible to the general reader. As with any multi-authored volume, there is some unevenness in the writing and broad appeal of the various chapters. Further, the topics selected for representation in any given year will leave some readers more satisfied than others. This reviewer hopes that the next Annual will include an update on advances in genetics and imaging, and in clinical as well as research ethics.

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### **Suicide: An Unnecessary Death**

Editor: DANUTA WASSERMAN  
Martin Dunitz Ltd., London, 2001, U.K. £29.95.  
Hardback, pp. 286. ISBN 1853 178 225

Danuta Wasserman indicates in her preface that this book is intended for busy clinicians “who work with psychiatric patients, but who have no implicit knowledge of the field of suicidology,” and that it includes “a rapid overview . . . of the assessment and treatment methods recommended for daily use.” This book is not intended as a clinical text for geriatric mental health providers or as a textbook on suicidology. As a basic introduction to suicidology for busy clinicians, this book hits its mark, and makes a useful contribution. It demonstrates limitations as a clinical reference manual, however, given its ambitious focus yet brief coverage of topics surveyed.

Overall, I enjoyed reading this book, given its clear presentation of important issues in modern suicidology. One of its unique contributions is a section on clinical treatment for suicidal individuals in specific “risk groups” (i.e., with primary psychopathology, personality disorders, or somatic disorders). Each chapter in this section of the book describes the clinical presentation, risk factors, and suggested courses of action with specific populations. Representative case histories are also included for all but the chapter on personality disorders, an unfortunate omission. A limitation of this section is that clinical depth and complexity appear to have been sacrificed for brevity’s sake.

Contributing authors include leading international experts in suicidology, most of whom are European. Structurally, the book’s 32 chapters are divided into 7 sections and 6 subsections. The first section presents worldwide trends in the epidemiology of suicide from 1959–2000. Section II consists of 2 chapters on theory, one on a stress-vulnerability model for suicide, and the other on the neurobiology of suicide. Psychological theories of suicide are generally absent, although Dr. Wasserman’s psychodynamic perspective is clearly outlined in the 17 chapters that she authored or co-authored. Section III presents diagnostic

groups at risk for suicide; with chapters devoted to primary psychiatric disorders, personality disorders, somatic disorders, and social conditions. Section IV discusses risk situations and risk assessment for suicide. Section V consists of 2 brief chapters on treatment, including an extremely informative chapter by Paul Salkovskis on empirically supported psychotherapy for suicidal patients, and a brief chapter on pharmacological treatment of psychiatric disorders in suicidal individuals. Section VI covers “special topics,” consisting of one chapter each on the young and the elderly. Section VII covers large-scale prevention.

The book has a few notable weaknesses. Although intended to serve as an overview of suicidology for the clinician, the sheer number of topics in a book of this length leads to a simplified treatment of many of them. Moreover, some topics are not of clear relevance to a primarily clinical audience (e.g., worldwide trends in suicide rates, suicide contagion effects, public health policy, national level prevention efforts), and might have been omitted, allowing for more in-depth discussion of clinical material. In addition, although authors generally selected key references to their topic, important articles were overlooked. Advances in the field of suicidology have been rapid in recent years, and some chapters contain outdated references. The chapter on suicide assessment instruments lists particular measures that are either out of date or not in widespread clinical use in North America, having been abandoned for newer measures with established psychometric properties.

As the focus of this book is not specific to geriatric suicide, it is not recommended as a primary reference for the geriatric mental health professional. Diego De Leo and Gaia Meneghel’s chapter “The Elderly and Suicide” gives a good overview of the epidemiology of geriatric suicide, risk factors, life conditions, biological factors, suggestions for primary, secondary, and tertiary prevention, and a case history. The coverage of clinical assessment and treatment efforts is quite cursory, however, and there is little reference to the body of research on geriatric suicide conducted in the United States over the past 10–15 years. Although now-classic texts on geriatric suicide include reference to some of this literature (e.g., McIntosh *et al.*, 1994; Osgood, 1992), the field is in clear need of an updated volume on the theory, research, and treatment of geriatric suicide.

Dr. Wasserman is to be commended for undertaking so large and comprehensive a project as this book. Its slant is too clinical for the introductory student of suicidology, its coverage too limited for the more advanced suicidologist, and its focus on clinical populations too broad for the geriatric health care professional. The current book makes a useful contribution, however, as a brief introduction for the busy clinician wishing to learn more about suicide and its treatment.

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### **Depressive Disorders WPA Series, 2<sup>nd</sup> edition: Evidence and Experience in Psychiatry**

Editors: MARIO MAJ AND NORMAN SARTORIUS

John Wiley & Sons, 2002, \$U.S. 45.00.

Paperback, pp. 489. ISBN 0-4708-4965-7

This is the second edition of the first volume of the World Psychiatric Association series, (WPA) *Evidence and Experience in Psychiatry*, designed to stimulate international discussion of the evidence-based diagnosis and treatment of major psychiatric disorders. The format comprises six systematic reviews, authored by acknowledged experts who are usually affiliated with the WPA. These are followed by several pages of commentaries from distinguished international academics. The commentaries add regional and expert perspectives, but are at times, idiosyncratic in focus.

The first section grasps the thorns of “Diagnosis of Depressive Disorders,” encompassing: nosology, classification, co-morbidity, diagnostic instruments, biomarkers, and is completed with a summary of the evidence and directions for further research. The controversies of the categorical versus dimensional classification of depression, profusion of depressive subtypes and inconclusiveness of biomarkers is covered. The late Robert Kendell comments on the review that “depression sine depressione” is the clinical reality, especially in the elderly, particularly, given the preponderance of this depressive presentation in populous Asia.

The next review tackles the “Pharmacological Treatment of Depressive Disorders.” This is also a well summarized review, primarily of the licensing and early treatment randomized controlled trials (RCTs) for current antidepressants. As Baldwin observes, the reliance on RCTs limits the generalizability of the data to the clinical setting of, largely, primary care psychiatry for most of the world. Therefore there are some omissions, notably, alternative pharmacotherapy, such



as with St. John's Wort, treatment compliance, and too brief a discussion on augmentation strategies. Review of other physical treatments for depression would also have stimulated significant discussion, especially on the role of electro-convulsive therapy (E.C.T), particularly given reference to its utilization in Asia, U.S.A., U.K. and Oceania.

The next review is of the "Psychotherapies for Depressive Disorders." The main psychotherapies explored are interpersonal therapy, cognitive therapy, behavioral therapy, marital therapy and brief psychodynamic therapy. This review makes some interesting observations, including the statement that most psychotherapies are of benefit in mild-moderate depression, but that efficacy in more severe depression is less certain. The important caveat of uncertainty about generalizability to standard clinical settings is discussed, as is the need to learn which depressed persons benefit most from each type of psychotherapy, or summarized by the authors: "Thus, different treatments are affecting different persons differently." Some comments echo these concerns about the lack of evidence of specific effects based upon the model of psychotherapy and the discussion here is quite animated.

The review entitled "Depressive Disorders in Children and Adolescents" identifies the controversies of diagnosis of and concurrent co-morbidity in depression affecting young people. The relative dearth of research into etiology, characterization and treatment of depression in this group is lamented. There is consistent evidence of the impact of such depression in social, academic and health domains, yet little outcome evidence has been accumulated for treatment, with the majority of research focused on cognitive behavioral therapy (CBT). There is evidence that tricyclic antidepressants are not effective, but little investigation of what other pharmacotherapies may be effective. As the reviewer and commentators observe, there is much to be discovered about the treatment of depression in young people.

The review on "Depressive Disorders in the Elderly" is authored by four distinguished Australian clinical academic psychiatrists, resulting in the most comprehensive and clinically relevant of the reviews. The parallel difficulties of applying the depression criteria for mid-life to another age-group, the elderly, are highlighted. There is extensive coverage of the correlates of depression in the elderly, especially in subgroups frequently encountered in clinical practice (eg. the medically ill, those in nursing homes etc.). The treatment section is no less comprehensive, covering pharmacotherapy, psychosocial interventions and ECT. Finally, the review closes with discussion of prognosis and extensive recommendations for future research. However, as the reviewers conclude there is "disappointment at the inadequacy of our research methodology and our inability to make useful links between alterable prognostic factors and outcomes."

Finally, the last review addresses economic modeling of the costs of treatment of depression. This review emphasizes the relevance of indirect costs incurred to employers, families and society as well as to the patient. The relative merits of

different modalities of treatment, delivery systems and funding models are also explored. However, the jury is still out on the economic models and appropriate study designs to answer the remaining questions about cost-effective models of treatment.

In conclusion, this volume comprises discussion papers and commentaries which succeed in stimulating reflection upon selected major topics in depressive disorders. The editors should be commended for commissioning separate chapters on young and old people. A chapter on gender would also be relevant, since depression was a major focus at the first WPA congress on Women's Mental Health in Berlin in 2001. The volume has a place in institutional libraries as a reference for trainees and scholars. These volumes are designed to act as points of discussion, not as a set of international clinical guidelines. Those seeking clinical guidance on depression in the elderly should consult the relevant chapter in this volume and the WPA clinical guidelines for depression in the elderly (Baldwin *et al.* 2002).

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## The Memory Bible

GARY SMALL

Penguin, New York and London, 2003, £9.99.

Paperback, pp. 310. ISBN 07 181 453 72

I read this book from cover to cover in the four and three quarter hours that it took for the Bela Bartok Munich-Budapest express to transport me from Munich to Vienna. That it held my attention was no mean feat, for in addition to the distracting presence of four noisily disruptive gentlemen across the aisle who got stuck into beer and salami at 9.26 am and kept at it with heroic dedication until Vienna, I was still coming down from the excitement of the previous evening's walk with Hans Förstl and his enormous dog Jakob, to see the site of Ludwig II's drowning in Lake Starnberg. But Gary Small is a persuasive kind of a guy!

What Gary Small has written here is an information and self-help book for the general public. Its ten chapters are full of advice about what people can do to help and protect themselves, as well as containing information about the nature of brain aging and dementia, recent research findings and one of the most concise and accessible summaries of current knowledge in regard to drugs which can affect cognition that you are likely to encounter. I particularly liked the book's focus on optimism and empowerment. Some may find a few of the author's assertions to be over-optimistic or premature (e.g. "Many experts anticipate that Medicare . . . . and insurers will soon make reimbursement available for PET scanning in the diagnosis of Alzheimer's disease and other memory problems. This would be a great step forward . . ."), but for those of us who are constantly frustrated by our inability to offer the sort of helpful advice on self-care to the relatives of dementia patients that our physician colleagues can offer to the families of so many individuals with other common medical conditions, this book will come as a blessed relief. The chapters on stress reduction and lifestyle are excellent. One to recommend to the next relative who asks you what they can do to reduce their chances of getting what Mother has got!

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### **Parkinson's Disease, Depression and Serotonin**

By ALBERT F.G. LEENTJENS  
Maastricht University, 200X, € 25  
Paperback. ISBN 90-901607-3

The etiological relationship between Parkinson's disease (PD) and depression continues to be the subject of debate. The author of this book has undertaken a program of research which has sought to examine this relationship through epidemiological, phenomenological, neuroimaging, neuroendocrine and pharmacological studies.

The author outlines four main aims for the book, the contents of which comprised the author's thesis for a higher degree. The first is to examine the epidemiological evidence for a biological vulnerability to depression in patients with PD, the second to examine how to best make the diagnosis of depression in

PD, the third is to use imaging and endocrine studies to examine the serotonergic hypothesis of depression in PD and the fourth is to establish the efficacy of SSRIs for depression in patients with PD. The book brings together a series of both published and unpublished papers, including original research and reviews, which have arisen from this impressive body of work.

This approach has inherent strengths and limitations. The strengths lie in the book's description of a program of research as it evolved and the pursuit of an idea across several research domains. The major limitation, especially for the reader seeking some definitive answers, are that the results often lead to far more questions than have been answered, and generate more hypotheses to be tested.

The majority of the book covers the author's original research, with the exception of three review chapters (covering depression and PD, serotonergic function in PD and the use of selective serotonin re-uptake inhibitors in PD) and one case report. The final "General Discussion" chapter attempts to formulate the evidence for and against the serotonergic hypothesis of PD and concludes that the hypothesis may need to be replaced by a broader hypothesis which includes other monoamine neurotransmitters, such as (not surprisingly) dopamine.

The reader seeking a review of PD and depression may be disappointed by the focus of the book on the serotonergic hypothesis. Conversely, this very focus allows a tour through one author's body of work as he describes the recurrent cycle of hypothesis-testing and revision of the hypothesis based on the data acquired. As such the book provides insights into the research process and one author's attempts to unravel a complex and multi-determined clinical problem.

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### **Dementia Care Mapping – Applications Across Cultures**

Editor: ANTHEA INNES

Health Professions Press, 2003, \$U.S. 28.95.

Hardback, pp. 168. ISBN 1-878812-84

Commensurate with advances in medical treatment, caring for people with dementia and understanding the needs of caregivers have become equally relevant and important. Many approaches are attempted and obviously they are not mutually exclusive. In this context, the book by Anthea Innes *Dementia*

*Care Mapping – Applications Across Cultures*, adds another dimension to this area. Dementia care mapping, designed in the late 1980s as a result of a request to evaluate dementia care services, has undergone many developments since its inception. The Bradford Dementia Group has come out with its seventh edition after taking into consideration the views of caregivers, also called “mappers”.

The book describes the methods of dementia care mapping and also the means to improve patient care. In addition, it discusses policy and principles and has a section on future users of care mapping. Although many centers are using this method, some of them are not comfortable with it, as the method may not be useful in all cultures, especially in developing countries, where the majority of people with dementia are cared for in the home environment. This kind of detailed evaluation is also time-consuming.

The chapters on “Policy and Dementia Care Mapping principles” highlight the issues concerning dementia and its care in developed countries like Australia and Hong Kong. These indicate differences in care mapping, which is in its infancy in these countries, and other cultural issues that color caring and caregiver issues.

The chapter on “Social, political and economic consideration of Dementia Care Mapping” brought out the importance of aging with a succinct quote “A major task is to understand how the aging process itself is influenced by the treatment . . . . . of elders in the society.”

Given the background and the details that are provided for the use of this mapping method, it would find its use in different settings. What needs to be appreciated is the manner in which different viewpoints have been accommodated with ease. On the whole, this book makes interesting reading for all those working with people who have dementia and their caregivers.

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### **Understanding and Treating Cognition in Schizophrenia: A Clinician's Handbook**

By PHILIP D. HARVEY AND TONMOY SHARMA

Martin Dunitz, London, U.K. 2002, £19.95.

Hardback, pp. 177. ISBN 184 184 1331

Hands up everybody, who like me, is unsure exactly what cognitive impairment of schizophrenia consists of. As Old Age Psychiatrists, many of us care

for older people with schizophrenia who are often apparently much more functionally impaired than moderately demented Alzheimer patients. Yet, unlike our Alzheimer's patients, it is often difficult to put one's finger on exactly what constitutes the underlying cognitive deficit. Harvey and his colleagues have done much in the past decade to characterize the extent and nature of cognitive decline in institutionalized, poor outcome patients. This book is clearly aimed at helping clinicians to get to grips with what is a complicated area and one full of incomplete and methodologically limited studies. The advent of the atypical antipsychotics injected both scientific interest and huge amounts of (mostly pharmaceutical industry) money into cognition in schizophrenia. Could the new drugs, or at the very least replacement of the older agents, improve the cognitive functioning and chronic disability of schizophrenia patients? Harvey and Sharma's sanguine answer to this question would seem to be that there are hopeful signs but the results of definitive trials are still awaited. Comprehensive but readable chapters cover the basic neuropsychology of schizophrenia, the functional impact of deficits and the results of both drug and behavioral treatment trials. The authors perhaps go a bit over the top in their confidence that brain imaging will have an important practical part to play in the choice of treatment for schizophrenia patients, but this was the only flight of fancy I could find in an otherwise very sober and cautious account. I think that every Old Age Psychiatrist should read this book (a single, not-too-unpleasant evening's work!) – at the very least to gain a balanced insight into advances in an area that massively affects the lives of an important minority of our patients.

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