BOOK REVIEWS

Geriatric Medicine for Old-Age Psychiatrists
Editors: Alistair Burns, Michael Horan, John Clague and Gillian McClean
Hardback, pp. 262. ISBN 1 84 184 393 8

It is some 35 years since I qualified as a doctor and since then I have mainly practiced as a psychiatrist with older adults. Although I try to keep up-to-date by general reading and attendance at courses, whole areas of therapeutics have been completely transformed. I was therefore delighted to find this small book written by a practicing academic old-age psychiatrist and a trio of eminent geriatricians. This book is aimed at practitioners in old-age psychiatry who may have become rusty in the knowledge base of general medicine. The authors’ intention is to provide an update of current medical problems to aid in the understanding of investigations, and to provide advice about initial management of medical problems encountered in the practice of old-age psychiatry.

The book is designed in several sections, including those on the interpretation of abnormal results, clinical management and commonly-prescribed drugs. These factual digests are admirably clear and concise, and the section on clinical vignettes is lively and interesting to read. The layout makes the book approachable and the content is informative. The section on clinical management is particularly useful on pain relief, and I was reassured that I could easily assimilate the update on cardiac medication.

The authors reiterate that the book is not intended to replace the need for consultation between disciplines. Aging has implications for the management of severe mental illness because of the effect of diminishing physical reserves on a number of target organs. Recent difficult therapeutic dilemmas faced by my own team include the complexity in safely managing rapid-cycling bipolar affective disorder in a patient with severely compromised cardiac and renal function, which necessitated withdrawal of lithium therapy. The second-line mood stabilizers had also suppressed bone-marrow function and not controlled the mood swings. Similar difficult therapeutic choices occur in the management of psychosis in patients with severe Parkinson’s disease. The safe management of these patients has involved close clinical collaboration with medical colleagues.
The book is succinct and it admirably fulfills the authors’ stated aims of providing an update in current general medical knowledge for practitioners in our speciality. Perhaps a little more space could have been devoted to the terminal-care issues confronting old-age psychiatrists and physicians. There are different opinions and approaches between our specialities, especially in the areas of feeding and fluid replenishment in the last stages of life. This book is a commendably approachable, logical and brief update but has whetted my appetite for an additional book exploring a joint approach to difficult therapeutic and ethical dilemmas in this age group.

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Alzheimer’s Disease and Related Disorders Annual 2005

SERGE GAUTHIER, PHILIP SCHELTENS AND JEFFREY L. CUMMINGS

It is difficult to bring updated news in a book on dementia, a field where everybody can find scientific articles of interest almost every week. The editors of the Alzheimer’s Disease and Related Disorders Annual 2005 have found an intelligent way to solve this problem, especially by choosing to publish chapters that describe therapies of Alzheimer’s disease that may be a reality in the years to come, or maybe not. Of the 12 chapters, seven deal with possible or established drug treatments of Alzheimer’s disease, ranging from treating conditions that increase the risk of developing Alzheimer’s disease to an updated review of what we know about the use of atypical antipsychotics in dementia. It wisely points to the limited knowledge we have about the value of treating hypertension and vitamin B12 deficiency in preventing dementia. The three chapters describing scientific news about immunotherapy, the glycosaminoglycan mimetics, especially 3-amino-1-propanesulfonic acid (3APS), and the possible implication of insulin-resistance for the treatment of Alzheimer’s disease are of special interest for busy clinicians who do not have the time to go deeply into these areas. The last four chapters deal with the value of diagnostic tests, such as the use of cerebrospinal-fluid markers, new use of electroencephalography, and not forgetting the value of executive control function as a marker of mild cognitive impairment (MCI) and Alzheimer’s
disease. The remaining chapter is about cognitive dysfunction in multiple sclerosis.

Even though a variety of topics are covered, the authors and editors have together managed to produce an interesting book on dementia. To my mind, the authors have succeeded in bringing expert knowledge to clinicians in an understandable way. I would like to emphasize especially that the authors have, in their presentation, provided information in a sober way, looking at the scientific evidence that exists.

I can absolutely recommend the 2005 Annual to clinicians, especially to doctors who are interested in Alzheimer’s disease and do not have the time to follow scientific news in the broad range of disciplines that are engaged in research about the disease.

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Transcultural Geriatrics: Caring for Elderly People of Indo-Asian Origin
Authors: PARTHA GHOSH AND SHAHID A. KHAN
Paperback, pp.168. ISBN 1 85775 745 9

The last decade has seen a dramatic rise in the proportion and absolute numbers of older people from minority ethnic groups in the U.K. Many of those who migrated to the U.K. in the post-war years are now entering old age, and they are emerging as a relatively new and under-researched section of society. It is very likely that there will be important systematic differences between their health needs and the service response to older people from such minority groups compared with the white majority. This book represents a timely consideration of the challenges health and social care providers will face as they attempt to meet the needs of one important element of this growing population. The authors focus exclusively on older adults who originated from the Indian sub-continent, using the term “Indo-Asian” to describe them.

The health problems of this group have attracted growing interest in recent years, as researchers and practitioners become increasingly aware of the impact of social and cultural norms that come into play when dealing with individuals with this background. This book aims to sensitize the reader to the cultural beliefs and behaviors of Indo-Asian elders and to highlight the most effective ways for medical staff to work with them. The information is both practical
and accessible and it is to the authors’ credit that equal attention is paid to the individual differences within the population. It summarizes in a helpful way the health-related heterogeneity amongst Indo-Asian elders within the U.K.

The first three chapters are introductory. Chapter 1 sets out the demographic- and health-related trends of the growing elderly population in the Indian sub-continent, whilst Chapter 2 traces the history of the region, from pre-Raj times through to the British immigration policies that encouraged people from these countries to enter the U.K. It gives the Indo-Asian group a name and identity and elucidates the reasons behind their decisions to live and work in the U.K. Chapter 3 deals with socio-cultural background of this group, in terms of language, diet, physical activity, religion and lifestyle. The health implications of cultural traditions are introduced at this point. Chapter 4 extends this discussion, with a general consideration of the impact of ethnicity on clinical practice. The authors draw attention to how cultural norms can complicate history-taking, examination and investigations, essential practice amongst health care professionals within the Western biomedical model.

Subsequent chapters deal with specific illnesses in turn. The book addresses medical conditions that are common in Indo-Asians, such as diabetes, hypertension, cardiovascular disease and stroke. The epidemiology of each of these is considered, and the authors provide a socio-historical background of the illness in Indo-Asians that will be of interest to clinicians and lay readers alike. For each of the illnesses, the authors discuss how the lifestyle and religion of Indo-Asian elders might complicate diagnosis, treatment, and prognosis. The importance of preventing ill health is stressed throughout the book, and practitioners are advised on how best to encourage ethnic elders to adopt a healthier lifestyle. This is accompanied by practical guidance aimed at improving the awareness and cultural sensitivity of health professionals.

The brief chapter on alternative treatment is also useful given its continued prominence within the Indo-Asian community in the U.K. However, the information is limited and further reading is required to gain a functional understanding of this field. Similarly, there is limited information on psychiatric illnesses. There is a clear and interesting discussion of attitudes surrounding mental health in general, but information on specific illnesses is sparse. In particular there is surprisingly little included on dementia, and this element does not do justice to the literature in this area.

Even given these specific concerns, this is a readable and useful book, for those working with the Indo-Asian elderly. It is a useful addition to the literature, providing an accessible account of how historical, social and religious factors shape the health and health-related beliefs of the Indo-Asian elderly today. These insights can help us all to generate accessible health care that is not institutionally
discriminatory to those who face the challenges of age and minority ethnicity in the developed world.

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Dementia with Lewy Bodies and Parkinson’s Disease Dementia
Editors: John O’Brien, Ian M. McKeith, David Ames and Edmond Chiu
London, Taylor and Francis, 2005, £75.00
Hard cover, pp. 264 ISBN 1 8418 4491 8

My first act was to open the book on the train, and immediately spill black coffee over the introduction. This was in no way however a non-verbal critique of the text, which provides a unique and comprehensive overview of dementia with Lewy bodies’ (DLB) and Parkinson’s disease dementia (PDD). The book offers a detailed summary of current evidence pertaining to a full breadth of areas related to DLB and PDD, covering topics such as neuropsychology, neuropathology, neurochemistry and autonomic dysfunction, as well as diagnosis and treatment, and ranging from detailed accounts of recent research evidence to a poignant account of a carer’s individual experience.

The chapters describing the clinical syndrome and key clinical features, including the neurological features, were all excellent; the sections summarizing neuroimaging, neuropathology, neurochemistry, autonomic dysfunction and PDD were superb and comprehensive accounts of the research literature and the chapter elucidating the differences between DLB/PDD and other Parkinsonian syndromes provided valuable and practical clinical insights. Overall, the text provides an excellent overview of current evidence, but perhaps it is a little disappointing that in a couple of areas it did not go beyond the evidence to offer some practical guidance for clinicians regarding diagnosis and treatment. A much more comprehensive summary of diagnosis is provided in the recent McKeith et al. (2006) revision of the operationalized diagnostic criteria published in Neurology. A chapter covering some of the emerging topics, that gazed a little more into the future, and some further consideration of the emerging experimental literature that may impact upon our understanding of disease mechanisms and the future development of new treatments, would also have been welcome additions.
As with any textbook, the delay to publication invariably means that several key papers have been published since the book went to press, such as the prospective study of Aarsland et al. in *Annals of Neurology*, identifying Lewy bodies as the main substrate of progressive cognitive decline in PDD. Despite these minor caveats, this is an excellent book which I would wholeheartedly recommend.

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Assessing the Nursing and Care Needs of Older Adults
Author: HELEN TAYLOR
Paperback, 136 pp. ISBN 1 85775 718 1

This slim volume covers in a succinct yet comprehensive manner a breadth of material related to the assessment of the nursing care needs of older adults. The subject matter is topical, given the current National Health Service (NHS) funding crisis. The need for an accurate assessment of nursing-care needs relates directly to funding in, for example, the care home sector. With this in mind, the primary target audience are nurses working in community settings in key roles. Its strong evidence base, however, coupled with a user-friendly format makes it a useful text for other health-care professionals working with older adults in a variety of care settings. While not specifically mental-health focused, it provides useful information for those working in this field on key aspects of the often-complex health and social-care needs assessment of older adults.

Structured around seven well-focused chapters, the book covers major aspects of the assessment process. Chapter 1 sets the scene, while Chapter 2 examines a variety of assessment formats and concludes with a review of key assessment tools. Chapter 3 articulates the contribution made by nurses to the care of older adults, with a particular focus upon the input of the registered nurse. Chapter 4 looks at the key role of decision-making in the assessment process and Chapter 5 examines the reliability and validity of assessments. Finally, Chapters 6 and 7 examine patterns of interaction during the assessment process and sources of information (pages 84–86 cover assessment of older adults with cognitive
impairment). The book concludes with a discussion of ethical, professional and legal issues associated with the assessment process, including Do Not Attempt Resuscitation (DNAR) orders and the impact of the Human Rights Act (1998). Of particular use is the summary of key points presented at the end of each chapter, coupled with a comprehensive list of references. The author draws upon a vast body of literature to inform the discussion throughout the text. Theoretical constructs are clearly outlined and their relevance to clinical practice precisely articulated. The book is a useful concise guide to this important aspect of practice.

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Adult Neurology, 2nd edition
Editors: J. COREY-BLOOM AND R. B. DAVID
Hardback, 435 pp. ISBN: 1 4051 1766 4

We live in times of increasing specialization – and, as someone who runs a general hospital old age psychiatry liaison service, I should know. Despite this, the problems and disorders to which we respond remain stubbornly unspecialized. It has never been more important for clinicians in any area of medical practice to have access to reliable sources of information from related clinical fields. Perhaps this is particularly true for psychogeriatric practice, since the people we treat often have several co-occurring health problems.

Psychiatry and neurology have long been closely related specialties and at times the division of “disorders” between the two seems wholly arbitrary. For example, is Parkinson’s disease a disorder of the motor system with psychiatric complications, or a psychiatric disorder with early motor symptoms? Either way, a good neurology textbook is a helpful, possibly essential, resource for anyone working in psychogeriatrics. The second edition of Adult Neurology fulfils this requirement in many respects.

How might this book be helpful for staff involved in the care of old people with mental illness? I am assuming here that these potential readers will already have other textbooks. Dementia and delirium are more extensively written about elsewhere, although the relevant chapters in this book are of good quality. For readers who wake up in a cold sweat because they have forgotten the difference
between bulbar and pseudobulbar palsy, a general textbook aimed at medical students may provide the most rapid relief. *Adult Neurology* is instead best suited for background reading, for higher level clinical examinations and in-depth study. Having said this, the format is clear and accessible and, when individual authors follow the editorial guidelines, there is plenty of visual material relating to diagnosis, investigation and management.

The book itself is divided into three sections. The first covers the neurological examination, including chapters on electroencephalography and neuroradiology which are excellent potential reference sources. The second section covers common “problems” (i.e. specific symptoms/syndromes) and the third describes specific neurological diseases and disorders. These last two sections inevitably overlap at times, but this is an advantage rather than a drawback since it is always valuable to have more than one perspective on a disorder. Furthermore, for a non-specialist, chapters on disorders of gait, headaches, pain and sleep disorders are frankly more useful than detailed accounts of specific neurological disorders, many of which are rarely encountered.

The book has different authors for each of the 23 chapters, inevitably generating some unevenness. However, definitive single-author texts (such as Lishman’s *Organic Psychiatry*) are rare now and in general the standard for *Adult Neurology* is high. Psychiatric aspects of neurological disease do not always receive sufficient attention – for example, depression as a consequence of pain syndromes, or psychiatric complications of epilepsy. Furthermore, there is sometimes too strong a focus on disorders rather than normality. For example, causes of white matter lesions receive considerable attention in the neuroradiology chapter with perhaps insufficient acknowledgement that they are most commonly incidental findings in older age groups. However, these are minor concerns for readers of *International Psychogeriatrics* who will be well aware of the issues and who will find this book a helpful and easy-to-use reference.

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