Dementia (Third edition)

Editors: ALASTAIR BURNS, JOHN O’BRIEN AND DAVID AMES
Hardback, pp. 864. ISBN 0 340 812 036

If you are a specialist in dementia, it’s time to fortify your bookshelf! However extensive your library, there is a need for a single comprehensive volume covering the subject. This book, now in its third edition, is a strong contender for the role, providing as it does both a wide scope and, in many areas considerable depth, to deliver a useful one-stop resource for specialists in the areas of old-age psychiatry, neurology and the health care of the elderly.

The book is divided into seven parts. The first and largest covers general aspects of dementia, including a historical overview and epidemiology and considers the diagnosis, assessment and management of dementia. Topics such as sexuality and quality of life, along with ethical, moral and legal aspects are included. The multidisciplinary approach to dementia care is covered, with individual experts from different disciplines discussing their roles. This part also includes a fascinating comparison of how dementia care is provided in different countries. Part 2 specifically concentrates on mild cognitive impairment, its clinical characteristics and treatment. Part 3 concentrates on Alzheimer’s disease and covers extensively the neurobiology of Alzheimer’s, along with therapeutic strategies, trial design and prevention. Parts 4, 5 and 6 concentrate on cerebrovascular disease and dementia, dementia with Lewy bodies and focal dementias. Part 7 deals with neuropsychiatric disorders and dementia.

The strengths and weaknesses of this book derive from the fact that it is a compendium of contributions from some 150 authors. This approach provides a genuine breadth and depth of knowledge but has led to stylistic unevenness. Although there are common elements in the style of each chapter (for example, each presents the widespread referencing of the relevant literature), there is a marked unevenness of tone, with some papers written relatively discursively, addressing a generalist reader and other chapters apparently addressing a highly specialized and knowledgeable audience in the style of a scientific journal (sometimes citing so many references that the text is overwhelmed). Another drawback is the more-than-occasional repetition of information, despite the best efforts of the editors to avoid this. More importantly, the multi-author approach
has led to the book not necessarily using terminology (such as the term FTD or frontotemporal dementia) consistently. This is unsettling.

Our understanding and treatment of dementias continues to change rapidly and so a new edition of this book is welcome. However, even the latest edition cannot keep up with all the changes. For example, the book went to press before the recent publication by the Dementia with Lewy Bodies Consortium of revised criteria for the clinical and pathologic diagnosis of dementia with Lewy Bodies. However any shortcomings mentioned in this review are minor compared with the book’s usefulness as a key resource for specialists in this field. The information is well presented: the layout is excellent, each chapter commencing with helpful summary outlines to guide the reader. It provides a basic framework for nearly all the main areas of knowledge, with abundant references to other works for those who want to know more.

The book claims also to be useful for a wider market, including general practitioners and nurses, but your reviewer does question its suitability in this regard, given the degree of specialization of many of the chapters and the high price. However, as an old age psychiatrist, I found the book interesting, informative and useful. This is a substantial book in many ways. If you are a specialist in this field (but probably not otherwise) and if your bookshelf and pocket can bear the strain, it is a book worth buying.

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Conflict of interest declaration

This book was reviewed through the office of the book review editor, without the involvement of the editor or deputy editor of International Psychogeriatrics, both of whom are co-editors of the book under review.

Psychosis in the Elderly
Editors: ANNE HASSETT, DAVID AMES AND EDMOND CHIU
London: Taylor and Francis, 2005, £49.95.
Hardback, pp. 259. ISBN 1 841843 946

For most medical students and the less diligent of psychiatric trainees, the commonest diagnosis given when an older patient shows any psychotic
symptoms is that of schizophrenia. Anyone who reads this book would be able to give a better differential diagnosis, given the many different causes of psychotic symptoms in old age. The blurb at the back of this book claims that it is the first to provide “an overarching framework to examine and understand late-life psychotic phenomena”. The book certainly seems to be the first to explore the subject but it is more of a preliminary sketch than a framework.

Part of the problem is the subject matter itself. Primary psychotic illnesses in later life have never been satisfactorily defined or consistently named, and this nosological vagueness continues to dog research to this day. This book can only reflect the paucity of research, inconsistent diagnostic criteria and poor evidence base.

The first section tries to describe late-onset schizophrenia and its variants, and does a fair job of a difficult topic. The chapter on neuroimaging deserves mention as one of the best in the book and is well worth the read. The next section is supposed to review the management of schizophrenia in older people. The chapters here cover topics such as stigma, rehabilitation and residential care, but these turn out to be largely general overviews of the topic, with issues specific to the older psychotic patient being mentioned in passing. Some chapters are better than others, the chapter on antipsychotic medication being easily the best.

The last section is another mixed bag. Some chapters like those on psychotic depression and delirium, are excellent. Some are too short, e.g. the chapter on psychotic phenomena in dementia which hardly started to cover what, for most old age psychiatrists, is the most commonly-encountered form of psychosis in older people. Most of the other chapters mention psychotic disorders in older people only in passing – e.g. as the chapter on iatrogenic psychosis which has little on old age, even less on psychosis in the elderly and does not mention management at all. The least satisfactory chapter of the book is the chapter claiming to be on psychosis in bipolar disorder. Although it does review the subject of bipolar disorder in older people, I have still not found one mention of psychosis, despite reading it twice.

In ancient days, maps showed blank spaces where the cartographer did not know what was in unexplored areas. The topic tackled by this book is similarly unexplored and the few well-studied areas are surrounded by larger areas where we do not know much at all. I would have preferred a shorter and more tightly focused book without having to pad it with interesting but incidental detail. In spite of its defects, this book is the only one to cover the topic. For that reason it deserves a place in your local psychiatric library and, no doubt, will inspire more research in this neglected field.
Neurology Update: Reviews for Continuing Professional Development

Editor: HUW MORRIS
Paperback, pp. 344. ISBN 1 85775 722 X

This book brings together a series of “outstanding” reviews from the Postgraduate Medical Journal. Whilst the book is dated 2006 and the foreword September 2005, it is not clear when the articles themselves were actually published. This may matter more for the neurologist seeking up-to-the-moment information than old-age psychiatrists looking to generally update themselves on the peripheries of the speciality. The most obviously relevant chapter is a review of early-onset dementia, but it would probably add little to the working knowledge of most psychiatrists involved in the care of this group of patients. Indeed the chapter is very light on care, rather than refined diagnosis.

Other chapters that are of more value include the management of stroke and chronic subdural hematoma in the elderly. Sadly, the vexed question of the pharmacological management of Parkinson’s disease did not seem any clearer to me after ploughing my way through this section of the book. Some chapters (e.g. juvenile myoclonic epilepsy) seem to be of little value in routine practice.

The reader will have gathered that this is somewhat of a “curate’s egg” of a book and begs the question about the wisdom of bringing together review articles in this way. Although narrative reviews are out of fashion, they remain a valuable way of making sense of a confusing literature for the non-specialist. I have other books of this ilk on my shelves but rarely return to them, preferring to turn to the Internet to identify recent papers or find the journal with the latest review. This book is unlikely to change my practice.