Book Reviews

PERSONALITY DISORDERS IN OLDER ADULTS:
EMERGING ISSUES IN DIAGNOSIS AND TREATMENT
Erlene Rosowsky, Robert C. Abrams, and Richard Zweig (Eds.).

I was intrigued to see how any group could produce a text of 280 pages on personality disorders in the elderly. Eight pages by Klaus Bergman are all that is available in Jacoby and Oppenheimer (1997), probably the best account from a United Kingdom perspective. These American authors could not, in fact, deliver. Probably a quarter of the book is about older people, much of the material being interesting clinical vignettes.

Having said that, it is a surprisingly balanced book on personality disorders in general. Current conceptual issues—category/dimension and taxonomy—are well covered. There are chapters on epidemiology, neuropsychological damage and personality, the effect of personality upon outcome of Axis I disorders, and the relationship between personality type and physical illness. These chapters are limited, as often with American authorship, by the fact the authors have not bothered too much about literature published outside their own country. Nevertheless, they are worth reading. There really is very little research on personality disorders in older people. This is illustrated in the epidemiology chapter, where the authors point out that community samples in which personality disorders are being assessed have included all age groups, and conclusions about older people (here meaning aged over 50!) were drawn from the one in seven of the larger samples who are of this age.

The other way the authors have filled the book is to focus on “difficult” behaviors shown by older people. Personality type is inferred by the clinician from the behavior itself and from history. There are chapters on the use of psychoanalysis, the use of psychopharmacology, cognitive behavior therapy, and management in nursing homes for such difficult patients.

The book could be recommended as a good text on personality disorders to inform old-age psychiatrists about current American thinking on the subject. However, neither the authors nor any of us can yet answer the basic question posed early in the book, as to “whether a zebra is always a zebra, or whether it will gradually turn into some form of horse.”

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No excuses: "Best practice, not theory" lies at the heart of this transatlantic alliance. In this book, which is born out of a shared sense of passion and conviction, the contributors set out to share their experiences on how to achieve "best practice" when delivering services to older individuals at risk of various forms of abuse. The editor makes no apologies for its style and lack of theoretical framework. This is not a systematic review of elder abuse nor its clinical management.

The book draws on a wealth of experience from professionals who share a commitment to multidisciplinary work. The emphasis is not on providing the reader with a tightly defined blueprint of procedures and policies, but rather it operates much more as a guide to what has worked in the past and how to avoid previous mistakes and pitfalls.

In keeping with the book’s core aim, multiple case vignettes animate the text. In some chapters the narrative is too anecdotal, personal, or locally focused to be of general relevance. However, examples can be found of well constructed and carefully thought through policies on abuse, providing helpful suggestions on a broad range of issues, including training strategies, assessment and investigative procedures, and the role of different professionals. Uncertainties and anxieties are aired and suggestions offered on how to achieve a satisfactory outcome in what are often complex situations.

This collaboration unites an array of professions from sociology, gerontology, applied social science, law and care providers, though there are no specific contributions from the field of psychiatry, and of the 25 contributors only 1 is a doctor. Differences and similarities between Britain and Canada are not specifically analyzed. Instead the reader is left to draw his or her own conclusions. The absence of a theoretical framework brings an unfortunate amount of duplication and lack of cohesion. The text feels slightly disjointed and there is a sense in which one has to search for relevant information.

This is very much a pick-and-mix book. Overall, the diversity brings a degree of interest and breadth to this important topic, but save for a handful of well-written chapters, I suspect it will be of restricted value to the old-age psychiatrist. Perhaps its greatest worth is to any professional or service provider setting up or revising his or her own policies on elder abuse and to commissioners of services to ensure the issue receives sufficient attention and action.

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