Book Reviews

Advances in the Diagnosis and Treatment of Alzheimer's Disease
Vinod Kumar and Carl Eisdorfer (Eds.).

Advances in the Diagnosis and Treatment of Alzheimer’s Disease addresses two fundamental aspects of clinical medicine related to Alzheimer’s disease (AD): problems relating to diagnosis, especially early diagnosis, and therapeutic approaches currently available or likely to be developed in the near future. Both research and clinical management of AD have progressed significantly in the past few years, leading us to renew our approach to both diagnosis and management. This work is a response to such innovations.

The first part covers the multiple factors known to be implicated in the development of the disorder, a review that is essential to the later discussion of diagnosis and therapy. It covers risk factors, in particular genetic factors, the role of the β amyloid protein, neurofibrillary degeneration, inflammation, the mechanisms implicated in neuronal death (free radicals, calcium, amino acid stimulants), and neuroprotection (neurotrophic factors, estrogen). This information is essential to our understanding of current developments in symptomatic treatment and both primary and secondary prevention.

The problems raised by the differential diagnosis of AD are clearly presented in a manner that renders this information easily accessible to both specialist and non-specialist. The accent is placed above all on the difficulties posed by early diagnosis. The absence of a single diagnostic marker implies reference to multiple indicators: clinical markers (neuropsychology, psychobehavioral features), biological markers, and cerebral imaging. Morphological imaging methods are well developed with good quality iconography; the utility of volumetric MRI studies of the hippocampus is particularly highlighted.

The potential advantages of functional imaging techniques (functional MRI, PET, and SPECT) are also elucidated with discussion of their respective limitations. Biological markers are described with the reserve that they merit, given the number of so-called “spectacular” findings published in recent years that have subsequently been retracted. The title of the chapter itself (“Biological Tests. . . Fact or Fiction?”) clearly indicates the authors’ scepticism.

The third part of the book concerns therapeutic aspects. It is particularly informative, covering pharmaceutical treatment (in particular cholinergic treatment), cognitive disorder, and also noncognitive problems (which constitute a major concern in everyday medical management).
It is especially interesting to note that in this section, the authors also include global care of both the patient and family, both in the community and in institutions. Finally, ethical and medicolegal aspects of disease management are comprehensively covered, which is unusual in this type of work. The conclusions of the editors concern primarily the latest areas that have been targeted for future research on AD, stressing that the book is a reference at one point in time along the continuum of ongoing developments. Above all, this book is easy to read and provides both useful and complete information on current areas of knowledge; it is certainly to be recommended as an important reference book for the medical practitioner involved in the care of AD patients.

REVIEWED BY
Prof. Jacques Touchon
and Dr. Karen Ritchie
INSERM-E9930
Epidemiology of Nervous System Pathologies
Montpellier, France

HANDBOOK OF THEORIES OF AGING

This multiauthor book presents many current and former theories of aging. The editors are social scientists and accordingly the emphasis of the book is on the psychosocial rather than on the biological aspects of aging. This emphasis appears in part a reaction against the "biomedicalization of all things having to do with growing old." In this era of rapid developments in molecular biology techniques, the limited review of the theories of the biology of aging is disappointing. The emphasis on the hypothalamic pituitary axis is outdated—the book comes across as a text from the 1980s rather than from 1999.

The topics addressed in this handbook could justify a multivolume encyclopedia of aging. Obviously, much more could have been said were there more space. The book's brevity is both a strength and a weakness. Readers who know little about aging may find this book a useful introduction. Others, who already have some knowledge of theories of aging, may find the lack of detail annoying. In a book with as wide an ambit as this, there is little space for critical examination of conflicting experimental results. Some of the apparent disagreement in empiric research mentioned may reflect experimental factors rather than fundamental theoretical differences. The limited information provided gives readers little choice other than to accept the authors' judgment and conclusions.

I found this a difficult book to read because of the style of the prose. Much of it is written in convoluted, passive, rather than active, language. The text is peppered with words that feature rarely in my professional geriatrician-epidemiologist vocabulary. Presumably this reflects differences in emphasis between medical science and social science. Although the difficulties I encountered were occasionally quite trying, with perseverance I gained insights into how social scientists think. Doctors may find the book quite useful from this perspective. Another particular-

International Psychogeriatrics, 12(4), December 2000
ly useful aspect, indeed an unexpected bonus, is the examination of the skeptical postmodernist movement. Postmodernism questions the very possibility of experimental evidence and of theory. Junior investigators, or even experienced investigators who wonder in bewilderment “what it all means,” and what the next step might be, could find inspiration in the chapter “Historical Development of Theories of Aging.” This section describes some of the overarching politics of research and the way social factors influence how the “so-called facts of aging are seen and how they are explained.”

This is not a book for relaxation. It is more like an exercise program—hard but rewarding activity. Health care practitioners in aged care who have a primarily biomedical training and practice, who have developed a comfortable familiarity with their work, may benefit from reading this book and may enjoy the challenge it presents.

Reviewed by

Dr. Peteris Darzins
University of Melbourne
National Ageing Research Institute
Parkville, Victoria, Australia

CAMDEX-R THE CAMBRIDGE EXAMINATION FOR MENTAL DISORDERS OF THE ELDERLY—REVISED

In its first (1988) edition, the Camdex was touted as a single standardized instrument, incorporating all the components needed to make an accurate clinical diagnosis of the most common forms of dementia, which also aimed to detect dementia at an early stage. It consisted of six main elements: a structured psychiatric interview with the subject, a scale for objective evaluation of a broad range of cognitive functions (the Cambridge Cognitive Examination—CAMCOG), a standardized schedule for recording observations of the mental state and appearance, a structured interview with an informant, a means of recording a brief physical examination, and a record of laboratory findings. It included its own diagnostic criteria for a range of dementing disorders and some functional psychiatric disorders that affect older people.

My colleagues and I used the first edition of the Camdex in our memory clinic for nearly a decade and we used the CAMCOG extensively in a variety of research studies with older patients. The best thing about the first edition was the advent of the CAMCOG, which provided a useful mini-neuropsychological battery incorporating the Mini-Mental State Examination and Abbreviated Mental Test Score, which filled the gap between these briefer instruments and a full neuropsychological examination. The fact that the instrument could be used without the need for lengthy training was also a big plus. The worst things about the first edition were its cumbersome length, the lack of a computerized algorithm for making diagnoses, the fact that no time period was given over which symptoms had to be present in order to make functional diagnoses, and the...
fact that yet another set of idiosyncratic diagnostic criteria had, for no very good reason, been added to an already overcrowded field.

How does the revised version shape up by comparison? It comes in a sturdy plastic box and contains a booklet that as well as giving the questions for the schedule, provides a range of information about the origin of the instrument and the information necessary for making diagnoses according to Camdex-R, DSM-IV, and ICD-10 criteria. The box also contains pictorial material similar to that used in the first edition. A floppy disk for recording data and printing record schedules is a new innovation. The schedule now specifies that depressive symptoms should be recorded only if present for at least 2 weeks, and some of the CAMCOG items that relate to long-term memory have been altered for later birth cohorts. Tests of ideational fluency and visual reasoning have been added. The picture booklet still contains a tatty and very old picture of our Queen. The computer disk is DOS-based and is about as user-friendly as a rhinoceros.

The first edition of the Camdex has been officially translated into Spanish, Dutch, Italian, and German despite the somewhat culture-bound nature of some of its content. There is no doubt that researchers have found the instrument useful. I would expect that the CAMCOG will be more used than any other element of the revised version and would hope that the Camdex-R diagnostic criteria will be universally ignored, as they deserve to be. It is deeply disappointing that the instrument’s originators and Cambridge University Press could not do a better job with the computer disk or in the production of a series of diagnostic algorithms given a decade to work on them. I doubt whether the instrument could be used outside a cultural environment derived from the west European Christian tradition. However, this is where the bulk of research on dementia has been done, and no serious clinical dementia researcher in Europe, America, or Australasia could afford to be without this updated version.

REVIEWED BY
David Ames, MD
University of Melbourne,
Department of Psychiatry
Royal Melbourne Hospital
Parkville Melbourne Australia

MEMORY DISORDERS IN PSYCHIATRIC PRACTICE
German E. Berrios and John R. Hodges (Eds.). New York: Cambridge University Press, 2000, 120 pp., $US 64.95 (paperback).

Thirty-two authors have contributed 23 chapters in three parts to this tome on memory disorders, edited by Britain’s leading psychiatric historian and behavioral neurologist. The book aims to take the concept of memory complaints seriously, irrespective of whether or not they are associated with organic brain disorders, and devotes much space to phenomena that the editors believe have been clinically disenfranchised until recently. This is a good book to dip into and a useful place to find out more about unusual syndromes, symptoms, and situations. Although it does rather have the feeling of attempting to offer the
reader “everything you could ever want to know about memory (including some things you had been too sensible to ask about!),” it will be a very valuable reference text for neuropsychiatrists, old-age psychiatrists, behavioral neurologists, neuropsychologists, and anyone involved with a memory clinic.

I thought the best chapter in the book was Berrios’s historical survey of aspects of memory and its disorders (magisterial, erudite, and informed as usual). I learned a lot from the chapter on malingering and feigned memory disorders, but suspect the most useful chapter will be the one on practical management of memory problems. I was very disappointed in the chapter on the psychopharmacology of memory, which dealt at length with one chapter author’s work on tacrine and nicotine but failed to mention donepezil, rivastigamine, or galantamine! The index contains no mention whatever of the word “nootropic.” Given the small revolution in clinical practice (both in available treatments and in consequent demand) driven by the advent of the new cognitive enhancers, I think it was obligatory of the editors to commission a comprehensive chapter on the burgeoning area of drug treatments for memory disorders. What is offered here is hardly that.

Despite some reservations, I think this is an interesting book and because it has the relatively inexpensive price of $US 64.95 in paperback, clinicians active in this field should think seriously about buying a copy.

Reviewed by
David Ames, MD
University of Melbourne,
Department of Psychiatry
Royal Melbourne Hospital
Parkville, Victoria, Australia