RECRUITMENT AND RETENTION IN MINORITY POPULATIONS: LESSONS LEARNED IN CONDUCTING RESEARCH ON HEALTH PROMOTION AND MINORITY AGING

This book was simultaneously published as a special issue of the Journal of Mental Health and Aging (Vol. 6, #1, 2000) and although that fact might appear to define the readers of this interesting collection of research articles, their appeal is broader than just to practitioners of aged mental health care in the US.

The book is divided into a preface, overview, commentaries, and special articles. The editors, who come from Harvard, Chicago, and the National Institutes of Health (NIH), have written the preface, which gives a brief but thorough introduction to the book and the reasons for its publication. The overview article, by Marcia Ory et al., provides information about the aging patterns of the various minority populations in the US and goes on to discuss the foundation of the Exploratory Centers for Minority Aging and Health Promotion (MAHP). The NIH sponsored these projects in a deliberate attempt to improve the recruitment of older Americans from minority backgrounds into health research projects. The negative differential in health status between White and minority older people was the reason behind the push to organize the research studies and to recruit subjects for the studies.

The articles that make up the bulk of the book are mostly drawn from work done in the Centers for MAHP. In some cases, simple examples like women developing cardiac disease later than men are given to show that the need to provide practical support to the potential recruits may mean the difference between success and failure. Most of the articles give details of the way researchers went about deciding on their population, discovering the most appropriate way to get to the key decision makers in the population, describing how they did this, and reporting on their results. Most writers provide examples of the time and energy expended in recruitment, particularly getting the minority groups to trust the research teams. The greatest successes came using strategies such as focus groups from church communities and from those attending clinics, especially when the researcher was from the same ethnic background as the participants, or where a significant person in the community backed the project and would help with recruiting. The least success came from mail-outs and "cold" phone calls.

The article by Levkoff, Levy, and Flynn Weitzman provides a model of recruitment that discusses the enablers
and barriers at the macro, mediator, and individual level for both the minority groups and the researchers, showing that both sides will have issues that must be recognized and addressed to ensure the success of research projects. This interesting collection of articles gives examples of the problems and provides solutions to improving minority participation in research. It will be of particular interest to designers of research projects in areas with high nondominant populations and in academic departments teaching research methodology to both undergraduates and graduates. Although the examples are all from older populations, the lessons are applicable to other “minority” groups such as palliative care patients.

**Reviewed by**

Dr. Eleanor Flynn  
Faculty of Medicine  
University of Melbourne  
Melbourne, Australia

**MANAGEMENT OF DEMENTIA**  

Two leading experts from Britain and Canada have produced a succinct, well-organized text, which fits in a coat pocket. The book is strong on research evidence for interventions, but has a focus born of extensive clinical experience. The chapter on disease modification is very up to date and informative. I would have liked to have found disruptive vocalization in the index and to have seen more discussion of this difficult clinical problem in the text, but you can’t have everything! Containing very useful algorithms, boxed summaries, and a compendium of clinically relevant scales, this excellent little book should be of interest to all who work with dementia patients.

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

**STUDY GUIDE TO THE AMERICAN PSYCHIATRIC PRESS TEXTBOOK OF GERIATRIC PSYCHIATRY, SECOND EDITION**  

It is tempting to be swayed in one’s opinion of a study guide by your scores on their multiple-choice questions. This is not an objective method for such criticism. I try not to be swayed.

Baker’s guide is obviously designed as a complement to the *Textbook of Geriatric Psychiatry* (a lengthy and costly tome). For those who are not in possession of this book, how does the study guide stand alone as a learning resource? Questions are set direct from the text and by the chapters of the textbook with page numbers to allow the “candidate”
to read around the subject. As such the guidebook acts as a portal to more extensive study from the textbook. In isolation its scope is obviously much more limited. The choice of questions is necessarily set by the author’s impression of what a candidate should know and this will be influenced, as stated by the author, by the US general psychiatry curriculum. Different authors in different settings would have different areas of interest.

It is noteworthy, in this regard, that 38 questions are given in the section on somatoform and psychosexual disorders and only 14 on cognitive disorders, the latter of course representing the majority of a psychogeriatrician’s workload and, indeed, current academic pursuit.

The other familiar criticism of textbooks is their responsiveness to change. The evidence base in psychiatry and moreover psychogeriatrics is rapidly evolving and any textbook at the time of publication is already 2 to 3 years out of date. By way of example, in the section on pharmacological treatments, there is no mention of atypical antipsychotics and tacrine is the only “anti-Alzheimer” drug to be mentioned. This is despite the fact that the guide went to press in 2001!

It is the challenge for future study manuals to guide learning through an evidence-based approach employing “real-time” sources of information such as the Internet. Given these caveats, it is hard to recommend this book to either clinicians or students wishing assistance with their learning in this fascinating and ever-changing arena.

Reviewed by
Dr. Craig Ritchie
University College London
London, UK

The Encyclopedia of Elder Care

The Encyclopedia of Aging, Third Edition (Two Volumes)

To some extent these two tomes, which arrived for review in the same package, complement one another. The one-volume work has 300 entries, a few of which (mainly on health service topics) overlap with the 600 entries in the two-volume encyclopedia. The Encyclopedia of Elder Care is aimed more at those involved in applied health and the social service sciences, whereas The Encyclopedia of Aging may be of more interest to those with a medical degree engaged in basic scientific or clinical research programs. Members of the International Psychogeriatric Association (IPA) will be pleased to know that the association scores an entry in both volumes—a one-column entry from Manfred Bergener in The Encyclopedia of Aging and a more comprehensive two-column entry by Dottie Zoller in The Encyclopedia of Elder Care. In a short review it is impossible to
do justice to the many topics covered, but the nature, diagnosis, and treatment of urinary tract infection, the training and work of speech pathologists, and a comprehensive entry on bereavement are typical of the sorts of information available in *The Encyclopedia of Elder Care*. The African American elderly, clinical psychology, suicide, and sundown syndrome are all reasonably well covered in *The Encyclopedia of Elder Care*.

Not all entries are beyond criticism and sometimes there is surprising overlap. The section on cognition instruments in *The Encyclopedia of Elder Care* has a subheading of screening instruments and mentions the functional activities questionnaire, the Blessed scale, the Clock-Drawing Test, and the memory impairment screen, but one has to turn to a separate entry on cognitive screening tests to learn about the commonly used Mini-Mental Status Examination. *The Encyclopedia of Aging* has no entry on cholinesterase inhibitors, nor one on acetyl cholinesterase inhibitors, and an attempt to find anything about the burgeoning area of drug treatment for dementia by looking under headings such as “Alzheimer’s disease” and “dementia” and searching for nonexistent entries on pharmacology and nootropics draws worrying blanks. One needs to look up “donepezil” or “cholinergic treatments” in the index to find the section on drug treatments for dementia hidden away under “memory dysfunction: drug treatment.” It seems quirky and outdated that when one turns to “dementia” one is directed to an entry titled “senile dementia,” which deals mainly with the nature and progression of dementia rather than with management of same.

One useful feature of *The Encyclopedia of Elder Care* is references to websites given at the end of each entry. It is a pity that this innovation was not also utilized for *The Encyclopedia of Aging*, which came out 3 months later.

Neither of these books offers quite the comprehensive coverage of aging/elder care that I would hope to see in the ideal encyclopedia, but they certainly represent a pair of useful resources, which I will be pleased to have on my shelves. Libraries ought to buy them of course, while gerontologists and social scientists may find *The Encyclopedia of Elder Care* useful from time to time. I don’t think old-age psychiatrists and geriatricians plying their trade in clinical settings would need to own a copy of either book, but academics in geriatric medicine and the psychiatry of old age might find a copy of *The Encyclopedia of Aging* useful on occasion. If they own a previous edition they should be aware that the new one contains 600 entries, of which 200 are brand new, and that most of the other entries have been extensively reworked.

Reviewed by
David Ames, MD
University of Melbourne
Department of Psychiatry
Royal Melbourne Hospital
Parkville, Australia
AGING MOTHERS AND THEIR ADULT DAUGHTERS: A STUDY IN MIXED EMOTIONS

Much of the research on elderly persons' relationships with their children has focused on children as carers of their aging and unwell parents. It was therefore refreshing to read the blurb of this book, which described the work of Karen Fingerman and her exploration of the mother-daughter tie when both parties are healthy. Anticipating some new insights into a complex and underresearched area, it was disappointing to find that the book didn't really progress beyond the introduction.

Fingerman interviewed 48 mothers and their daughters using a number of semistructured interviews and questionnaires, assessing the mothers and daughters individually and as a dyad. The sample was unique, in that their background was predominantly European American, educated, and middle class. Divided into four sections, this book begins with an overview of the mother-daughter tie in later life, followed by descriptions of the positive qualities of the mother-daughter relationship. The third section explores difficulties in the relationship including a historical review of various theoretical perspectives. The book concludes with a description of how mothers and daughters react to problems encountered, with some general statements about patterns that emerged from the data presented. The appendix contains the interview questions and questionnaires used.

Some interesting concepts were described, such as the "developmental schism," which purports that problems arise because parents and their children have discrepant developmental needs. Fingerman concludes by stating mothers in her cohort were consistently positive about their relationships with their daughters, whereas daughters were ambivalent about expressing negative feelings and felt more intruded upon by their mothers. The observed trend for the dyad to avoid conflict was suggested as a potentially healthy strategy, detouring the pitfalls, which through experience, mothers and daughters have learned are irreconcilable.

There is a lot of collected information and the use of quotes and vignettes helps bring some of the data to life, but much of this book was repetitive and seemed to state the obvious, with the structure and introductions to each section adding confusion rather than clarity to the material. This book may have something to offer those interested in exploring further the tie between aging mothers and their adult daughters. For those practitioners working in clinical aged psychiatry, a more beneficial use of $US 38.95 could probably be found.

REVIEWED BY
Dr. Fiona Cairns
Bundoora Extended Care Centre
Bundoora, Australia
Interpersonal Nursing for Mental Health is a delightful book that captured my interest. It is comprehensive yet easy to understand. I would recommend it for undergraduate students as well as nurses who, like myself, have been in a specialized job for a long time and need a bit of refresher in all aspects of mental health nursing. (For the past 12 years I have concentrated my experience in aged psychiatry and seem to have lost touch with some of the general themes of adult mental health nursing.)

Interpersonal Nursing for Mental Health is well researched with many of the expounded ideas supported by details for further reading. It depicts the essence of Peplau’s interpersonal theory in nursing. Interpersonal relationships with patients are not confined to mental health alone but are essential in all aspects of nursing. Is the statement “the way the nurse has dealt with significant life events is pertinent to supporting others in diverse health care settings to manage similar transitions” not relevant to all human interactions?

The layout of this book is unusual in that the authors appear to focus on student needs. Throughout each chapter there are either reflective or/and discussion questions to help readers absorb information. Occasionally readers are asked to keep a journal of certain experiences that reflect their own practice and then apply the newly learned ideas to their daily nursing practice. This is a clever way of implementing ideas. There are inserts from the consumer’s perspective and this adds an extra dimension to the understanding of the problems at hand. This subtle methodology effectively delivers the message and at the same time reinforces the merit of the propounded theories. Simon Champ’s account of some of his experience when he was not well alerted me to reflect on some of my own professional practices.

In aged psychiatry, patients come from a variety of backgrounds. Although some are physically robust, others are fragile and vulnerable, and despite the age differences, they may present the same mental symptoms as younger members of the population. The contents of Interpersonal Nursing for Mental Health, which focus on the basic skills needed to communicate and build rapport with mental health patients, are useful for all age groups.

I recommend this book to all undergraduate mental health nursing students and am strongly of the opinion that it should be a mandatory prescribed textbook.

Reviewed by
Alice S. Cheung, RN
Aged Persons’ Mental Health Service
St. George’s Health Service
Melbourne, Australia

International Psychogeriatrics, 14(1), March 2002
**AGEING AND LATER LIFE: GROWING OLD IN MODERN SOCIETY**

Impending demographic changes have increased the importance of aging. This has led to a need for a good general textbook on various aspects of aging. This useful book covers almost every conceivable aspect of old age ranging from physical aspects at one extreme to legal issues at the other. Sadly, it is largely focused on America and very little reference is made to non-American issues or data.

Although very many issues are covered here, for most there is a lack of in-depth literature review and critique. This, nevertheless, actually makes the book very readable. However, readers should exercise caution about some of the factual information presented. For example, on page 64, vascular dementia is referred to as "the most common type of dementia." This is not accurate because Alzheimer's disease is the most prevalent dementia among White Americans. The comments about vascular dementia, at best, may apply to African Americans. Another possible inadvertent inaccuracy was observed on page 130, whereupon anxiety disorders were said to include obsessive-compulsive neurosis. The author appeared to misrepresent the broad label of neurosis with the more specific diagnosis of anxiety disorder. Furthermore, there are several such inaccuracies in this book. If the reader can ride through them, then it is a useful source of information for beginners in any field related to old age.

This book should ideally be made available in the library as a reference source for beginners in any field of old age. However, by attempting to cover all topics, it covers none with sufficiently rigorous detail to be of major interest to more senior specialists in any aging-related field. This is indeed a pity as the book has the potential to offer much more. I was left thirsty after reading it!

REVIEWED BY
Ajit Shah, MBChB, MRCPsych
West London Mental Health NHS Trust
Southall, Middlesex, UK

**PSYCHIATRIC MENTAL HEALTH NURSING RESEARCH DIGEST**

Fitzpatrick and Wilke have compiled an inspiring comprehensive collection of topics salient to psychiatric nursing practice. The book is divided into two sections: "Health Promotion and Risk Reduction" and "Pathologic Conditions and Nursing Intervention." The format focuses on general mental health topics, then addresses more specific interventions and current nursing research. The authors succeed in presenting current nursing research that has implications for practice in the US. Though the offering covers a vast amount of research topics, most of the information will be more appropriate for academic settings.
Topics in Section I include psychosocial interventions and therapies, such as psychodrama, biofeedback, music therapy, and relaxation. The content progresses from theory to issues unique to special populations, conditions, and interventions for high-risk individuals. The underpinnings of this section include chapters on communication, interactions and relationships, empathy, comfort, and cultural aspects of mental health nursing and research, among others. Other chapters provide insight for nurses on topics such as workplace violence, workplace mistreatment, quality of life, use of no-suicide contracts, and stress management. All chapters are cross-referenced.

Section II presents an array of topics addressing mental illness pathology and specific populations. This section has several chapters that provide an overview of confusion and delirium, alcoholism, drug abuse, bipolar disorders, dual diagnosis, chronic mental illness, schizophrenia, and suicide. There is a progression to specific populations, and further chapters address the connection between medical problems and traumatic events, reinforcing the need for mental health interventions.

There is an excellent chapter on substance abuse and addiction among registered professional nurses, which clearly identifies by practice what substance may be most commonly abused. This research gives the nursing profession guidelines for assessing abuse and developing preventive strategies in the workplace.

Overall, the organization of the book is somewhat convoluted. It does not progress well from topic to topic, tending to jump from one to another. There is no orderly progression either by theory to practice or from one population to another. The chapters are arranged in alphabetical order rather than divided into subsections. There is confusion between the two sections of the book; for example, depression is addressed in both. The reader may find this organizational style too time-consuming to pursue. Many of the chapters review the literature and meet the authors’ goals of providing evidence-based nursing research to be used in practice, but if the intent was to give practice guidance in developing practice/clinical interventions, this offering falls short. One of the pitfalls of using discipline-specific research is not including state-of-the-art research from other fields. Many chapters reference nursing literature but neglect other experts in that domain.

Several chapters could benefit from tables or charts to support and summarize content; for example, the chapter on empathy could benefit from summarizing Bennett’s key questions into a table for easy reference. Reference to screening and/or assessment tools would have been a helpful addition. Many chapters are too generic and need more substance to be useful to the practitioner. Although many age-specific populations were discussed, there is a lack of attention to men’s issues.

This text will be useful in encouraging nursing research in mental health. The topics are broad and varied enough to stimulate the new as well as the more seasoned nurse researcher to pursue a variety of interests. Most sections, while presenting the author’s research, fall short of providing readily usable suggestions or direction for practice. For the nurse researcher, many topics presented need further research to enhance mental health nursing practice.

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and to design evidence-based nursing theory and interventions. This book will be a useful text in the psychiatric curriculum and should be included in the research component of nursing education.

**REVIEWED BY**

Peggy A. Szwabo, PhD  
Department of Psychiatry  
Saint Louis University  
School of Medicine  
St. Louis, MO, US

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**The Oldest Old in Everyday Life: Self Perception, Coping With Change, and Stress**  

The fastest growing part of the U.S. population is those 65 and older. Within this group the oldest old, aged 85 and older, are gaining most rapidly in numbers, reflecting a worldwide trend. Dunkle, Roberts, and Haug concentrate on this segment of the population and provide important new information on this unique age group. The book is written for the broad audience, including researchers, nurses, social workers, psychologists, gerontologists, and students in health, mental health, and social service professions. It can be a helpful source for everyone who is trying to initiate research on this age group and needs to justify the importance of increased knowledge on healthy aging.

With a focus on social science and sociology, the authors report the results of a prospective longitudinal study over 9 years on community dwellers aged 85 years and older from a midwest urban U.S. area. The study concentrates on experiences, aspirations, and attitudes of these elders. Functional health, stresses, and resources to deal with stressors were examined. They found surprisingly different results for people in their 80s compared to those in their 90s. Survival into the 90s seems to be rewarded by fewer worries, and survivors display gratitude to be still alive!

The book contains chapters on the interview procedures and methods of the study sampling, self-perceptions over 85, new research into the views and plans of the very old about the future, and coping with everyday problems and age-related problems like declining health and function and the certainty of future demise. Every chapter starts with a clear and helpful overview of what the chapter is about including a review of the relevant literature. In the last summarizing chapter, the authors critically discuss the literature on functional independence among the elderly and apply a model of disability to topics such as living environments, formal services, and interventions. They conclude that many of the oldest old are active and live independently. However, they point out that their social network declines with advancing
age, and family members—themselves growing old—are less able to offer support. The book ends with a strong appeal to initiate more research in the living circumstances of the oldest old. There is still little known on what factors contribute to an enjoyable life in the winter of the human life span when this winter is lasting longer and longer!

REMEMBERING WELL, 2ND EDITION

Self-help books seem very popular these days. Memory problems would have been a tempting niche to fill. However, when the authors began putting this book together, it must have begun to dawn on them there were reasons why the gap had not already been filled. Who are you writing such a book for? Is it for people who want to hone up their memory skills for the next trivia night? Is it for people who are anxious about their memory? Is it for people in the early stages of dementia or those with advanced dementia? Is it for carers of people with memory disorders? Is it aiming to change our wider society to be more “memory friendly?”

The neuropsychologist and aged-care activist who coauthored Remembering Well have a nibble at each of these markets without being completely successful. Nevertheless, the book is written in a clear style. They practice what they preach, with key points at the end of each chapter, large print, illustrative anecdotes, and sensible headings.

The first few chapters provide information on how memory works and how it changes with age. Factors that can interfere with memory are outlined, with practical advice on how to minimize them. The fourth chapter is perhaps the most useful, dealing with strategies for improving memory. These are divided into internal and external strategies. The external strategies look more relevant for patients with significant deficits. They include calendars, diaries, whiteboards, notes, and getting others to help remind you. The authors acknowledge that most people don’t find internal strategies all that useful. The chapter on “what if it’s dementia” makes a reasonable attempt at the daunting task of explaining the difference between dementia and normal memory change with age. Their information is well researched and up to date. They come to balanced conclusions, without getting bogged down in the minutiae of literature review. It could be argued that their advice to the person with dementia to keep up his or her social contacts may sometimes be counterproductive. The social withdrawal of many patients with dementia could instead be seen as self-protective. Another quibble might be their reassurance that most of us won’t

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get dementia, by citing figures of a prevalence rate of 16% in the 80-84-year-old group. The fact that the prevalence rate may double in the next 5-year period is a little less reassuring given that more and more of the people reading this book will live to that age.

Looking at memory in isolation can lead to the same limitations as regarding dementia solely as a cognitive disorder. To be fair, the authors struggle gamely to contextualize memory problems in the wider human experience, but it remains a problem for any single-topic book. The contact numbers and websites in the Appendix cover a number of English-speaking countries.

The final chapter exhorts us all to think how we could make our society more memory-friendly. Somewhat ironically, they advocate more change rather than less, with new signs and symbols and different architecture. Sometimes I wonder if less change, rather than more, might be better!

Despite its difficult task, the book largely achieves its purpose of providing an introductory self-help book on memory for the general public. I can imagine it being useful as prereading for attendance at a memory clinic. However, for most people seen in a psychogeriatric service, there are many self-help books aimed at dementia that carers will find more useful.

Reviewed by
Dr. Stephen Ticehurst
James Fletcher Hospital
Newcastle, Australia