Book Reviews

Predictors of Alzheimer Type Dementia in Subjects With Mild Cognitive Impairments
Pieter Jelle Visser.

This is a well-presented, illustrated volume that is based on a doctoral thesis. The aim of the research was to determine which variables in individuals with mild cognitive impairments would be useful predictors of the subsequent development of Alzheimer-type dementia. Variables that were assessed included: age, educational level, apolipoprotein E (APOE) genotype, degree of cognitive and functional impairment, Mini-Mental State Examination (MMSE) score, extent of medial temporal lobe atrophy on magnetic resonance imaging (MRI) scan, and severity of depressive symptoms. In a series of linked investigations, elderly individuals living in the community as well as those attending a memory clinic and some with established alcohol-induced brain damage were followed for up to 5 years. The best predictors of subsequent development of Alzheimer-type dementia in subjects with mild cognitive impairments were age, MMSE score, level of functional impairment, performance on other formal cognitive tests, extent of medial temporal lobe atrophy on MRI, and possession of an APOE epsilon 4 allele.

A combination of these variables predicted outcome better than any individual variable and on the basis of these findings a scale called the Preclinical Alzheimer-type Dementia Scale (PAS) was developed. Initial validation suggested that the scale could accurately predict ultimate outcome in subjects with mild cognitive impairments.

This is a well-written book and includes a good review of the background to the research conducted. It will be interesting to see whether other researchers find the PAS to be a useful predictor of the subsequent development of Alzheimer-type dementia in mildly impaired individuals, because there is a strong need for reliable determinants of subsequent decline to enable research on preventative therapies to move forward. Not only researchers, but also clinicians working in memory clinics and other settings where individuals with mild cognitive impairment are seen, will find this book to be of considerable interest.

Reviewed by
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**Practical Psychiatry of Old Age (3rd ed.)**

In two previous editions written with Mike Church and Carol Martin, John Wattis set the standard for a short accessible textbook on the psychiatry of old age. Unlike Jacoby and Oppenheimer's excellent *Psychiatry in the Elderly*, this book does not set out to provide a comprehensive account of all that is known about old-age psychiatry but instead to cover the main mental health problems found in older people with an emphasis on practical action. In this it succeeds admirably. As well as chapters on assessment and general treatment principles, the main groups of disorders each get a separate chapter to themselves and there are concluding chapters on the relationship between physical and mental health and the planning and delivery of services. This last chapter focuses very much on services in the United Kingdom and will be of limited practical help to old-age psychiatrists and trainees in other countries, although some of the general principles it elucidates can be applied outside of the UK context. Liberally spiced with case examples, useful tables, and diagrams, this book is a very stimulating and enjoyable read. Anyone who has met John Wattis will know what a humane and compassionate individual he is. If old-age psychiatry is about anything, it is about doing our best to help older people with psychiatric disorders and their families, and the authors never lose sight of this central objective. This book can be recommended to all trainees in old-age psychiatry and geriatric medicine. Neurologists, general practitioners, nursing, and allied health staff working with the elderly will find it useful and it would be very appropriate for this text to be consulted by medical students during an attachment to an old-age psychiatry service.

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**Alcohol Problems in Older Adults: Prevention and Management**

The authors of this slim manual claim it is "the first systematic practical approach" to detection, prevention, and intervention in alcohol-related problems in older adults. The preface uses terms like "state of the art," "best practice," and "guideline driven" and there seems to be a managed-care impetus. The premise behind the book is that brief, targeted, systematic, nonjudgmental approaches can reap benefits. The bar is set low for such intervention. They claim most older
adults with alcohol-related problems do not meet criteria for abuse or dependence. National Institute of Alcohol Abuse and Alcoholism guidelines suggest more than one drink per day or eight drinks per week may be harmful and can be a focus for treatment. The justification given for intervening at more than one drink per day is an increased association with physical illnesses such as breast cancer and cerebral hemorrhage. These associations occur alongside allegedly beneficial associations in relation to ischemic heart disease and thrombotic stroke. The authors report on two recent studies suggesting that brief intervention after primary care screening for problem drinking in old age was able to reduce weekly alcohol consumption and binge drinking. However, the evidence to support interventions at such a low level of alcohol consumption in relation to reducing net harm is not yet strong.

Those looking for a review of what we know about alcohol problems in older adults should look elsewhere. Perhaps Atkinson's (1997) chapter in Jacoby and Oppenheimer’s text would be a good starting place. In Alcohol Problems in Older Adults, there are only 3 pages of references and around 10 pages of text addressing the evidence base for the guideline-driven interventions.

All told, there are 49 pages of text with lots of bulleted points and a chapter for frequently asked questions. There are 80 pages of appendixes including a Spanish version of the authors' Health Promotion Workbook, the short Michigan Alcohol Screening Test-Geriatric Version, drinking cards, and patient handouts. There are a couple of pages of "Resources" but only United States addresses are given. Internet addresses are useful for readers in other countries.

The bulk of the brief intervention model is based on motivational interviewing, and practical aspects of this approach are described. There is a chapter on "Special Circumstances" including a brief overview of alcohol withdrawal that is heavily dependent on the Clinical Institute Withdrawal Assessment Scale. The authors claim this instrument is well validated, but do not provide specific evidence for its use in the elderly. They don’t give answers to the problem of how to interpret such scales in patients with preexisting cognitive deficits or delirium. It is interesting they recommend oxazepam for outpatient withdrawal management because its metabolism is not affected by liver disease. The withdrawal section does not really get into issues related to inpatient detoxification, reflecting the focus on the community, lower-drinking end of the spectrum.

Comments on concurrent benzodiazepine abuse accentuate how scarce information is on this topic. Benzodiazepine withdrawal over 3 weeks is recommended, but alcohol use should be addressed first. The section on heavy drinking covers in four pages the issues that specialist mental health services for older people would be more familiar with. The authors advocate age-specific groups for treatment and point to preliminary evidence for the benefits of naltrexone.

The strength of this book is providing clear guidelines in a “FRAMES” and motivational interview empathic style. However, the book seems aimed at elderly people who consume alcohol at levels lower than would normally be seen in a specialist mental health service. This underlines the preventative focus of the manual. It is not a manual that will help a great deal with patients who are
dependent or have cognitive deficits. The problems of more severe drinking, comorbidity with physical and mental illnesses, and family dynamics are not comprehensively covered. To some extent the book ends where specialist services begin. I think general practitioners, primary care physicians, and health workers from a generalist background will find this book more helpful than specialist workers in mental health or substance abuse.

**Decoding Darkness: The Search for the Genetic Causes of Alzheimer’s Disease**


I have worked in old-age psychiatry since 1985. During this period the major causative genes for Alzheimer’s disease (AD) and frontotemporal dementia have been identified, as has at least one risk factor gene for AD. Widespread therapeutic nihilism has been replaced by guarded optimism with the advent of cholinesterase inhibition, and the current development of a range of potential treatments that target aberrant amyloid and tau processing. The advances that we have seen did not take place in an anonymous vacuum, but are attributable to the hard work of individual researchers and clinicians in a variety of centers. In Decoding Darkness, Tanzi and Parson bring this story to life, acquainting us with the personalities, teams, and techniques that have wrought these rapid advances. The stresses, tensions, and interpersonal rivalries of high-octane science are vividly depicted by one of the central researchers in the field together with his journalist collaborator. The writing style is breathless and does not have the quality of *The Double Helix*, even if the story told is only marginally less exciting. Although Tanzi flirts with self-revelation—mentioning his marital difficulties, indulging his narcissism as his activities in a rock band attract recurrent mention—at other times he is coyly withholding; we never learn what really happened with his marriage and although we hear the strong opinions of others about key players in the field, it is sometimes hard to know what Tanzi thinks about a key individual. I was appalled to see the most eminent British psychiatrist of the postwar era, Sir Martin Roth, described as a *pathologist* on page 30 (did nobody proofread that chapter?), but I learned a lot about the underlying
pathophysiology of AD and was very impressed by the quality of the graphics in this text. If you read this book, you will get a rare glimpse into the lives of the leaders of the revolution in molecular biology that is changing all of our existences forever.

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