A sense of personal control plays a pivotal role in the way an individual perceives and subsequently responds to difficulties. This is a basic tenet of all stress-coping models discussed in this collection of papers, although each author has their own preferred name for the construct (mastery, locus of control, autonomy, fatalism). Western popular culture promotes a rather simplistic dichotomy between strong individuals who seem to rise to the challenge of major life-events and those who seem unable to cope with modest levels of stress. Value judgements concerning stoicism and helplessness as “coping styles” do not help in the provision of appropriate and effective health and social care. There is a need for greater understanding of the developmental and cultural influences on ways of coping to inform health promotion and service delivery.

Empirical evidence presented by the contributing authors suggests that these positive or negative beliefs about our own efficacy play a significant role in moderating the potential consequences of stress. In longitudinal studies of the impact of stressful events, those who believed at the outset that they had the psychosocial resources to enable them to cope are more likely to have positive psychological outcomes, provided they were able to appraise the demands of the situation realistically. In other words, the likelihood of a good outcome is increased by having a strong sense of personal efficacy, coupled with the ability to make well-informed judgements. This has been clearly demonstrated in studies of the health outcome for carers of people with dementia. Coping styles associated with better outcome for the carer require the ability to access information and support.

The evidence for personal control as a moderator of stress is presented in a series of conference papers by key figures in research into psychosocial aspects of aging. Possible influences upon an individual’s sense of control include early life experiences, ethnic and cultural background, religious beliefs, education, immigration and employment history. The evidence for each of these influences is considered and sometimes countered in a critique by another expert. However, there is consensus that one’s sense of mastery is reinforced by later achievements or failures, suggesting that positive feedback can improve coping skills. As people
age, there are more aspects of life over which they have less control. The wise older person may be the one who can “pick his or her own battles” (p. 97) and enjoy the sense of mastery that comes from choosing to delegate or seek support for selected functions.

The book will appeal to readers with an interest in the psychosocial and developmental aspects of aging. It indicates the importance of cultural, religious and social sensitivities in providing treatment and supportive interventions for older people.

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Practical Management of Dementia: a Multiprofessional Approach
Editors: STEPHEN CURRAN AND JOHN P. WATTIS
Paperback, pp. 237. ISBN 1 85775 931 1

Despite growing research knowledge about the dementias and public expectations of expert management of these conditions, as a professional in the field I still struggle with many unanswered questions and always welcome good practical advice. Practical Management of Dementia has been clearly set out with summary boxes at the end of each chapter and it has been written by authors from various disciplines in accessible language. As a doctor working in old age psychiatry, the chapters I found most interesting were the truly practical ones such as the chapter comparing possible tests to detect early dementia; a physician’s view of physical investigations; a succinct account of legal and capacity issues; and reading about multidisciplinary experiences of service provision.

At times the focus has been slightly lost in the wish to make the book of interest to a wide range of professionals. Some chapters are quite basic, such as the one on diagnosis and classification that would be useful for beginners in the field of old age psychiatry. Other chapters are aimed at consultant psychiatrists tackling the complexities of developing services. The authors manage to keep the text simple but at times this is at a slight loss with respect to depth of coverage. Several major practical aspects of dementia care are not covered, including ethical issues such as the disclosure of a diagnosis of dementia and psychopharmacological management.
In the same area I have found *Clinical Guide to Community Psychiatry of Old Age* by Jha and Pogson useful for basic teaching purposes, and for a more detailed coverage of dementia, the textbook *Psychiatry in the Elderly*, edited by Jacoby and Oppenheimer, or *Management of Dementia* by Lovestone and Gautier are useful. Nonetheless the personal perspectives given in some chapters of *Practical Management of Dementia*, especially by those developing innovative old age psychiatry services, are certainly a welcome contribution to the area.

**References**


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*Molecular Neurobiology of Alzheimer Disease and Related Disorders.*

Editors: MASATOSHI TAKEDA, TOSHIHISI TANAKA AND RAMON CACABELOS
Hardback, 297 pp. ISBN 3 8055 7603 X

As the foreword (written by Tsuyoshi Nishimura, Emeritus Professor of Osaka University) suggests, this is not a comprehensive textbook, or a series of lecture notes on Alzheimer’s disease, but rather a tribute to the “dawn of psychogeriatrics in Japan”. The majority of the text is presented as a series of research articles, which were selected from presentations at a two-day International Symposium (October 2002), in conjunction with the 21st Annual Meeting of the Dementia Study Academy of Japan. The warmth and enthusiasm of the three editors is refreshing and the “preface” provides a brief but interesting resumé of the growth of Alzheimer’s disease research over the past five decades in Japan. Most notable has been the increasing emphasis on clinical and basic science research.

The chatty, accessible style of the introductory pages is in marked contrast with the style of the research articles—22 in total—which cover a wide range of subject areas, including “Animal models of tauopathies”, “A functional genomic approach to the analysis of biological markers in Alzheimer disease” and
“Pivotal role of neurofibrillary degeneration in Alzheimer disease and therapeutic targets”.

The subject area covered by each of the articles is clearly indexed at the front of the book, but there has been no attempt to organize the information in terms of subject area or research methodology. As a result, the text generally lacks a sense of coherent progression.

The fact that the authors assume a degree of specialized knowledge means that the text may, at times, be relatively inaccessible to academics and clinicians who work outside this field of research. The book may perhaps have benefited from the inclusion of a chapter which described in more detail the commonly-used techniques and how they have been developed and utilized.

Viewed from a clinical perspective, there was a disappointing lack of emphasis on the clinical implications of the reported findings. The article entitled “Nicotinic receptor stimulation blocks neurotoxicity induced by amyloid-β via the phosphatidylinositol-3-kinase cascade” is a prime example of this. The interaction between glutamate and nicotinic cholinergic receptors is a fascinating area of research which may have therapeutic potential in terms of the development of drugs which may optimize aspects of higher cognitive function: the potential implications of their findings were discussed in a single, brief paragraph.

Viewed in historical context, the editors rightly suggest that this series of articles marks a milestone of achievement for the Department of Psychiatry and Behavioral Proteomics in Osaka and one which will inevitably interest other researchers within this field.

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CANE: Camberwell Assessment of Need for the Elderly
Editors: Martin Orrell and Geraldine Hancock
Paperback, pp. 208. ISBN 1904671 06 3

“Need is an elusive concept, and in the vocabulary of politicians, inevitably a slippery one” (Sir John Grimley Evans, p. xii). These thought-provoking words are an interesting way to begin a book whose clear objective is to make the case for a particular measure (the Camberwell Assessment of Need for the Elderly or
CANE) as a tool for what is known in the U.K. as the Single Assessment Process (SAP).

The CANE assesses and identifies need (met, unmet or inappropriately met) across 24 areas (ranging from accommodation to self-harm) together with two additional scales assessing carers’ needs. Hancock and Orrell introduce the book by discussing the background to the assessment of needs in elderly people. This is explored in more detail in the first chapter (by Reynolds et al.) which summarizes the development of the CANE and its original validation. The CANE appears to have much to recommend it to service managers and team leaders in health or social care hunting for a standardized assessment tool which will meet the demands of the U.K. National Service Framework for Older People. It is comprehensive, person-centred, recognizes the views of users, carers and professionals and has been developed for use across services for older people. It is acceptable and has established reliability and validity. The latest version (version 4) has been modified to take account of the needs of the SAP, and is indeed one of the SAP tools listed by the U.K. Department of Health. There is even an electronic version.

Orrell and Hancock have drawn together nine further studies from the U.K. and elsewhere in Europe which describe the current state of play with regard to the development and use of the measure. Inevitably there is an element of repetition between the chapters. However, they offer the reader a taste of the many ways in which the CANE can be used in clinical and research practice. These include providing a framework for multidisciplinary team assessment and care planning, mapping the needs of specific populations or evaluating the impact of services upon clients’ needs. The chapters emphasize the breadth of service settings in which the CANE has been used – in primary care, community mental health teams, sheltered housing, day hospitals, long-term care settings, liaison psychiatric services and services for younger people with dementia.

Many of these studies describe work in progress or “field trials” of the measure (for example, the chapters of Martin et al. or Walters and Iliffe discussing the uses of the CANE as a care-planning tool in residential-care and primary-care settings respectively). This is tantalizing and may be frustrating to readers looking for a stronger evidence base to justify adopting the tool. Whilst the editors and contributors are not blind to the difficulties and shortcomings of the measure, the chapters would benefit from more extensive discussion of these (e.g. how to modify the measure for use in non-mental-health settings).

However, the reader gets much more than an overview of the literature. In the second part of the book, Orrell and Hancock provide readers with the means to use the CANE in their local services. The final chapter provides a detailed instruction manual together with freely copiable appendices offering the measure itself, an abbreviated version (the “CANE-S”) and a training package. (The
authors do offer an optional one-day formal training programme for the less confident). This represents unusually good value for the cost of the book and should justify its expense to any service manager.

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The Clinical Management of Elder Abuse
Editor: GEORGINA J. ANETZBERGER

Before starting this book, I spent a few days contemplating what I know about elder abuse. As a flexible trainee in old age psychiatry, I spend quite a lot of my time in residential homes for the elderly. Before I arrive at work each day, I drop my infant son off at his nursery. In a very prominent place near the entrance is a large poster detailing how nursery staff have a duty to report any concerns about potential child abuse to the relevant authorities. I studied the notice boards of the residential homes I visit, expecting to find similar posters alerting staff and visitors to the problem of elder abuse. I was unable to find any information on elder abuse in the public areas of any of the homes.

Concerns about possible elder abuse regularly crop up in clinical old age psychiatry. Yet there seems to be a big contrast between knowledge about child abuse and knowledge about elder abuse. This book, which is a collection of separate papers, provides the reader with an impressive amount of information relating to elder abuse. It is written by American authors of different disciplines: social work, medicine, law and nursing.

The first chapter discusses the “reality” of elder abuse, defining the problem and describing the various different forms of abuse that exist. Interestingly, the American definition of elder abuse includes abuse inflicted by the person themselves (i.e. self-neglect and self-abuse). There is useful information about the prevalence and incidence of elder abuse plus discussion regarding risk factors.

The bulk of the book consists of three case studies. The first case is that of an elderly woman living alone in extreme isolation who presents the clinical team looking after her with concerns of self-neglect, fire risks, driving risks and issues about alcohol abuse. The second case concerns a married couple who endured a relationship characterized by verbal and physical abuse. The husband was becoming more physically frail and the wife was failing to ensure he is treated adequately. The final case is of a hard-working daughter living with her mother
who suffers from dementia. She is at risk from wandering, is not adequately supervised and may be a victim of verbal abuse, neglect and exploitation.

The three cases are examined from the perspectives of the different disciplines and the discussions serve to highlight the complexity of the problems. The case studies appear very detailed but each one describes situations that clinicians frequently encounter. There is in-depth discussion on assessment and intervention. The legal chapter contains useful information on issues such as capacity and guardianship, but as the author is an American lawyer, some of the material may not be relevant to non-American readers.

The final chapter of the book brings all the disciplines together and examines the cases again but from the point of view of a multidisciplinary conference. Suggestions are made about the best course of action for all the cases and there are helpful ideas such as involving non-statutory organizations (e.g. The Alzheimer's Society).

I found this collection of papers difficult to digest at first, but it is a very welcome addition to the literature on elder abuse and would, I think, be helpful to readers from all the represented disciplines that are looking to improve their knowledge and skills in this difficult area.

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Gerontological Social Work in Small Towns and Rural Communities
Editors: SANDRA S. BUTLER AND LENARD W. KAYE
Paperback, pp. 360, ISBN 0 7890 1693 1

Butler and Kaye, of the School of Social Work at the University of Maine bring together the contributions of U.S. social work and aging specialists to focus on the specific needs of older people living outside major conurbations within the U.S.A. – and on the particular contributions of social work in such settings.

Drawing out the parallel themes of the twentieth century – massive urbanization, and the development of the social work profession, partly in response to the social problems associated with rapid urbanization – the editors highlight the dual neglected study environments: the circumstances of more rural elderly populations, and the associated challenges for social workers in more rural settings.
Through juxtaposing the poorer health conditions and poorer health associated with rural elderly populations – linked to poorer access to health care and support services – and the prevalent rural elders’ themes of valuing independence and greater involvement in community activities than their urban counterparts, the contributors address the particular challenges for the rural social worker. These encompass the problems of both fitting into the community, and undertaking multiple roles ranging through individual casework to community development in health and social care.

Although these underlying themes hold key transferable concepts for understanding and developing appropriate responses to elders’ needs in other societal settings in other countries of the world, there is a tendency toward a plethora of detail about the development of specific case-management schemes that detract from the studies’ wider applicability.

Significantly greater emphasis is placed on concepts transferable across international boundaries in the chapters focusing on specific cultural communities – indigenous, African-American, and Latino rural elders – with crystal clear identification of culturally competent rural practice.

These particular chapters convey a wealth of understanding of the experience of discrimination of minority elders, and of empowering practice which promotes valuing of understanding of the values and perceptions of the community members.

Encompassing understandings of the meaning of illness and health care within these micro-societies of minority elders, the contributions of these chapters are gems to be treasured by readers from all professions and national settings, paving the way for further development of principles and practice within cross-cultural competent practice in psychogeriatric care.

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Talking over the Years. A Handbook of Dynamic Psychotherapy with Older Adults
Editors: SANDRA EVANS AND JANE GARNER
Paperback, pp. 290, ISBN 1 58391 144 8

Dynamic psychotherapy, or any talking therapy with older adults, has suffered from Freud’s statement that around the age of 50 the “elasticity of the mental
"process" is lacking and consequently change in thinking cannot occur. Although he retracted this statement later in life, the legacy still remains. However, more latterly it seems that the idea of using psychodynamic therapy with older adults no longer provokes a shocked reaction but what is true is that few older adults have access to such a service. Sandra Evans and Jane Garner have gathered together a list of contributors who have vast experience in working psychodynamically with older adults within National Health Service (NHS) settings and have also facilitated the convergence of the thinking of many of the major psychodynamic theorists and demonstrated their relevance to clinical practice with this client group.

Evans and Garner’s aptly named book *Talking over the Years* is written in two halves. Part one consists of theoretical frameworks. It looks at theorists such as Freud, Klein, Jung, Bowlby, Winnicot, Erikson, Yalom and others, exploring their relevance to the older adult. For example, how can Freud help in work with dementia sufferers (Davenhill, p. 10) or how powerful is the idea of Klein’s superego when exploring the feelings of loneliness or anxiety (Hess, p. 25) or how important is Yalom’s factor of “universality” in the use of group work with the older adult (Evans, p. 88)?

The first section also contains valuable chapters on inpatient dynamics, as well as ethical issues of psychotherapy with older adults. Roger Wesby’s look at inpatient dynamics examines how psychodynamic thinking can enhance teamwork by exploring negative counter-transferences, splitting, and the ways borderline-personality issues can manifest themselves differently in the older adult and consequently become overlooked. He also addresses the resistance staff may feel to psychodynamic thinking, as it involves an analysis of their own feelings, and how sometimes psychodynamic work is guilty of using jargon which can seem excluding. He also looks at the “us and them” divide that can occur between medical staff and psychotherapists, but suggests that a working together can only enhance patient care.

*Talking through the years* stresses the vulnerability of the older adult and how important good supervision and qualified staff are to the safety and containment of these patients.

The second half of this book looks at some clinical applications of psychodynamic work. It considers a range of interventions, including brief work, individual psychotherapy, family work and three different kinds of arts therapy (art, music and dance) as well as exploring specialist areas of dementia, sexuality and bereavement. Jane Garner, in her chapter on dementia, points out the stresses on a clinical team who feel de-skilled by “dealing with a deteriorating condition”. One of the strengths of this book is not only that it is patient-centred but shows the same kind of sensitivity and thought for the teams who work with the older adult.
Not only are experts in this field few and far between, but there is often a lack of understanding of the value of psychodynamic work with older adults. *Talking over the Years* is a much needed and very valuable resource that should appeal to a wide range of clinicians, but especially those already using dynamic psychotherapy.

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**Consultation-Liaison Psychiatry in Germany, Austria and Switzerland**
Editor: A. DIEFENBACHER
Hardback, pp. 218, ISBN 3 8055 7749 4

This collection of papers gives a picturesque view of the development of the liaison specialty in German-speaking countries. Specialization in Germany was driven by the contrasting positions of biological psychiatry and social psychiatry that seemed incompatible. This led to the establishment of separate disciplines like psychiatry, psychotherapy, neuropsychiatry, “Nervenheilkunde” (a combination of psychiatry and psychotherapy), psychoanalysis, psychosomatic medicine, psychotherapeutic medicine, medical psychology and so on. In contrast, useful fields of practice like geriatric psychiatry are still ignored. General practitioners might still be unsure as to whom an older depressed person might best be referred for specialist help. This book could contribute to solve the puzzle.

Diefenbacher has divided the book into three sections. The first section describes the current state of consultation-liaison psychiatry in Germany, Austria and Switzerland and the need for a further specialization in psychiatry, with consultation-liaison psychiatry as a new field. The second section gives data on psychiatric themes in eleven chapters. Nearly the whole spectrum of psychiatry is shown with its relations to medical neighbour disciplines. From a historical point of view, section three is most interesting. It tries to explain why the psychiatric profession in German-speaking countries is divided into so many different sub-groups. However, although the reader gets some insight into the different groups, it remains difficult to understand the justification for these divisions. It becomes
clear that group ideology and dogmatism are responsible for the unshakeable barriers between the specialties. Moreover, economic reasons for surviving in a further sub-speciality might also play a role.

Thus, I would recommend the book to readers interested in the history of specialization development in German-speaking countries. The book attempts to justify the existence of consultation-liaison psychiatry but this may only increase the problem of too many specialties.

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Evaluating Mental Health Services for Older People
Author: JENNY FINCH

I came to review this book from the background of being a new consultant with little experience or knowledge of service development and evaluation. I was hoping that the book would be helpful in clarifying the maze of management-speak and confusing acronyms. It is helpful that the author has a clinical background and so perhaps can fit these numerous policies and directives against the background of being in frontline services.

The book outlines the history of old age psychiatry services. I felt that this was perhaps slightly biased, as there appeared to be a lot of information on day hospitals and relatively little on community mental health teams. The overview of the international services was interesting, and the guide to U.S. services was particularly valuable as a structure against which to review American research. Reading through the history of service development, it was very helpful to see the historical context of the various current initiatives. Understanding their origins, can make them seem slightly less irksome. One also gets a circular feeling that “what comes around goes around”.

The title of the book may be slightly misleading, as evaluating mental health services for older people is only actually dealt with in the latter half of the book. It was enlightening to have an overview of the different methods and the inherent difficulties of evaluating services. One of the most compelling parts of the book was the section describing how the author and colleagues actually went about evaluating services as part of the Health Advisory Commission.
In conclusion, this was a helpful, accessible and interesting guide to service development and evaluation in older adult mental health services, and it has helped to partially clear the dark fog that is my own understanding of health service management.

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