BOOK REVIEWS

Geriatric Nursing Protocols for Best Practice, 2nd Edition
Editors: MATHY D. MEZEY, TERRY FULMER AND IVO ABRAHAM
Hardcover, pp. 368. ISBN 0 8261 1834 8

The context and focus of *Geriatric Nursing Protocols for Best Practice, 2nd Edition*, is clearly set out in the foreword and opening chapters. When recovering from an illness, the elderly patient is often hampered by adverse experiences, and it is the premise of this text to optimize the patient’s quality of life and prevent the occurrence of complications, minimizing their effect if they occur. The focus on protocol development at the expense of protocol review is also mentioned, and attention given to the obstacles to the change of nursing practices: heavy workloads and minimum standards.

The strengths of the book are: the “Educational Objectives” which are listed at the beginning of each chapter; the detailed easy-to-read narrative which describes each subject; readily accessible models for assessment of patient problems that are provided in most chapters, and case-studies used to demonstrate the effect of efficient risk assessment. The importance of the patient’s and/or carer’s input at the time of assessment and contribution to the development of an individual, effective, nursing care protocol is highlighted.

The only criticism I have of the book, is that whilst patient autonomy and independence are mentioned in some chapters; respect for these issues is not listed in the assessment of risk factors. My feeling is that the patient is the centre of the team effort for effective recovery and, as such, needs to have control in their treatment regime. This can only assist patient co-operation with nursing care protocols.

I found this an excellent reference and would recommend it for any nurse working in the field of aged care, particularly in nursing homes, and to student nurses learning their craft. It would be an excellent ward reference book. Its protocols and models are practical, easy to read and implement, their necessity well supported by statistical evidence. At A5 in size, it is not a cumbersome tome.

‘Negative outcomes are not inevitable’ (Regenstreif, Foreword).

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The third edition of this well-known text serves as a fitting memorial to its third editor, who died recently after a stellar career as one of the founding fathers of American geriatric psychiatry. Just as the 1996 second edition marked a clear advance on the first, published in 1989, so too does this 32-chapter, multi-author, 5-part reference text reflect the rapid advances in our discipline over recent years. Chapters on neuropsychological assessment, movement disorders, personality disorders, agitation and suspiciousness, electroconvulsive therapy, families, and legal and policy issues have been added, greatly enhancing the coverage of this volume, while the original somatoform and sexual disorders chapter has been split into two separate components. The editors have contributed to several chapters themselves and other illustrious American experts such as Murray Raskind, Harold Koenig, Benoit Mulsant, Ira Katz and Dilip Jeste are among the 54 individual chapter authors. The very thorough chapters on nursing home psychiatry and social and economic factors related to psychiatric disorders in late life are a major asset of this book, but in the next edition, delirium needs to be given a chapter of its own, instead of being submerged by the excellent material on dementia which dominates the cognitive disorders chapter. Readers from outside the U.S.A. should be warned that some of the material is very much geared to the specific needs of practitioners in that country and, if they can afford only one textbook on the topic, may be better served by Jacoby and Oppenheimer’s Psychiatry in the Elderly (2002), but anyone who buys this book will find it a more than useful resource in their daily practice. Libraries used by trainees in psychiatry, neurology, geriatrics, nursing and allied health disciplines need to stock this new edition.

Reference


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Physical Environments and Aging: Critical Contributions of M. Powell Lawton to Theory and Practice

Editors: RICK J. SCHEIDT AND PAUL G. WINDLEY

A forum presented at the Gerontological Society of America conference in 2001 was dedicated to the memory of M. Powell Lawton, a prominent gerontologist who died in January that year. Powell Lawton made one of the most significant contributions to gerontology both in terms of originality of thought and in bringing his ideas into practice in aged care services. Physical Environments and Aging is the resulting report of that forum, with a few additions. There are nine articles authored by gerontologists whom Lawton either taught or mentored during his career spanning from the early 1960s.

The best chapters are the one by Benyamin Schwarz on “Three dilemmas in the field of environment and aging” and the one by Margaret Calkins on “Powell Lawton’s contributions to long-term care settings.”

Schwarz discusses three dilemmas that were addressed by Lawton throughout his lifetime, and summarized in Lawton’s own autobiography – basic versus applied research; theory-driven versus empirically-dominated research; and the intrinsic dilemma of person-environment transactions. In some ways the first two dilemmas are artificial dichotomies that do not reflect the reality of today’s research world. Reading Schwarz’s thoughtful discussion, it was interesting to compare the research world that Lawton began work in with today’s, when the distinction between basic and applied, theory-driven and empirically-driven research, is less polarized. These days much basic research needs the justification of applications to gain funding, and theory-driven research needs the grounding of an evidence-base to be relevant. Like evaluation research, where the old dichotomy of qualitative versus quantitative has blended into recognition that we often need both, Powell Lawton’s dilemmas have been resolved as we recognize that we work on both alternatives together in many instances.

Discussing person-environment transactions, Schwarz affirms Lawton’s preference for qualitative research in addressing the multiple layering of factors embedded in the relationship between person and environment. Schwarz is not alone among gerontologists in relying on qualitative research to tackle such complex relationships. Most gerontologists have yet to fully explore the use of more sophisticated research techniques such as multi-level modeling or structural equation modeling, both of which would be good research techniques to examine the complexity involved in mapping person-environment transactions.
I enjoyed the chapter by Margaret Calkins on Powell Lawton’s contributions to long-term care settings. Her article described the history of long-term care design. Lawton’s original contribution to research into what we now call “quality of life” was seminal. His ideas on creating multi-level services, which included independent living, intensive nursing care and what we now call low-level care have become standard practice. And his ideas on personalization and social integration are now part of resident rights. As Calkins says, “the preceding illustrations provide substantial evidence that the basic principles developed by Powell Lawton in the early 1970s for creating successful dementia care settings have been both borne out by research and accepted by care providers.” (p. 82)

For those not familiar with Lawton and his work, a chapter at the beginning which summarized his life and most important contributions would have been informative as this book is essentially a eulogy. It would provide interesting reading for gerontologists and researchers interested in a historical perspective on aged care research.

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Death, Dying and Bereavement, a Challenge for Living, 2nd Edition
Editors: INCE CORLESS, BARBARA GERMINO
AND MARY PITTMAN
Hardback, pp. 400. ISBN 0 8261 2655 3

I began reading this book while my wife was in hospital seriously unwell during pregnancy. My mother-in-law had moved in with us and was dying of dementia and cancer. Now, nine weeks later the bodies of my absolutely beautiful daughter and Grandma lie in the same grave. Both died well, loved, wanted, valued, prayed for, prayed with and missed by us all. Oddly, despite being fully incapacitated and requiring 24-hour nursing support, my mother-in-law helped me run the rest of the family for the nine weeks my wife was away in hospital, bringing with her, as she did, nurses, who would also iron, clean and help run a family while we nursed Grandma.

So there. We all have baggage to bring with us, and reading this book I was struck that the most meaningful and communicative bits of it are the stories put there by the authors. Starting with the story of Dame Cicely
Saunders’ “hospice-founding” patient who moved her so much in 1948, the book is full of short testimonies. From stories of children coping with bereavement, right down to the loss of one author’s pet dog, it is the stories that bring this book to life. Perhaps this subject lends itself to qualitative understanding more than the quantitative understanding with which we are more familiar.

Academically, the book looks through many issues around dying and palliative care. It spreads towards the issues of advance directives and withdrawal of treatment, as well as “Do not resuscitate” orders, although by doing so, spreads itself thin. I would not use it as a definitive guide to many of the topics covered. Some topics, such as death education for children and adults with attendant discussions of death systems I found rather complex and tricky. The chapters on spirituality are good and helpful, and seemed to me to emphasize the importance of not seeing these matters from a single viewpoint of atheism. To see beliefs as valued and truly worthy of respect is a crucial message for us all. Those of faith and those without faith must all avoid undermining belief structures which can help people to cope so well in adversity. Mind you, by asserting that conviction does not change the contours of reality, the author who wrote this chapter did appear to reject the beliefs of many who think prayer can influence dying and disease in a supernatural way. Asserting such a rejection is a faith- (or atheism) based conclusion and should surely be avoided.

There is a very good analysis of problems with advance statements which challenge their validity and it also painfully describes one author’s struggle to limit invasive treatment for her dying father. We cannot really beat around the bush, death is big and we want to know and talk about what is happening and for it to happen well. Somehow though, because death is so individual and so personal it is a hard subject to write about and generalize. “Most people want to die at home” was a statement by one author which made me counter in my thoughts “No they don’t – they don’t want to die at all!.” So a book like this can prompt thinking and reflection upon terribly important strands of our understanding, while it may not be able, at the same time to be an exhaustive scientific tome. This book succeeds in being a thought-prompter and so will make a good resource for those who wish to reflect. Those who want to know about the mechanics of palliative pharmacology will need to read more deeply elsewhere.

I am pleased to end by saying (thank God) that my wife is well again.

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Dementia: Presentations, Differential Diagnosis, and Nosology, 2nd Edition
Editors: V. Olga, B. Emery and Thomas E. Oxman
Hardback, pp. 534. ISBN 0 8018 7156 5

The timely publication of a second edition of this book comes when the nosology of the dementing illnesses is being radically revised by advances in neurobiology, particularly neurogenetics. The discovery of the spectrum of tauopathies (Pick’s disease, frontotemporal dementia, corticobasilar degeneration and supranuclear palsy) and the synucleinopathies (Dementia with Lewy bodies and Parkinson’s disease with or without dementia) has added greatly to our understanding of the relationship of these illnesses to more traditional concepts of dementing disorders such as Alzheimer’s disease and vascular dementia. Greater understanding of the biology of these illnesses however has not lent itself to neat nosological cleavage, particularly in the clinical setting, where the rate of correlation between clinical and neuropathological diagnosis is less than 50%.

Unfortunately the lack of coverage of these two disease groupings is the greatest failing of the book. Each is cursorily mentioned in the text when they could reasonably have justified at least one chapter in this volume. Coverage of these dementias is scant, and conflated with discussion about presentations of subcortical dementias in Cummings’ chapter on “frontosubcortical dementias.” Given that this volume aims to capture a snapshot of the current thinking on dementia nosology, these are most unfortunate omissions.

However, there is stimulating and thorough coverage of other topics, including two chapters on vascular dementias (and their relationship to Alzheimer’s dementia), and two very good chapters on the relationship between depression and dementia. Another interesting chapter on non-depressive pseudodementias covers the much-neglected cognitive presentation of major psychiatric disorders such as bipolar disorder and schizophrenia, although the introduction of the term “schizophrenic dementia” is perhaps less necessary or useful. This chapter by Sachdev and Reutens also includes a fascinating discussion on the various forms of falsified cognitive impairment, from Ganser’s syndrome to factitious presentations of dementia and malingering.

The authors of this volume aimed to use a spectrum approach in the development of a nosology of dementias. Unfortunately they have omitted perhaps two major spectra of dementing illness that justify inclusion. Readers interested in understanding the place of synucleinopathies and tauopathies in the biology, presentation and treatment of dementia should look elsewhere; those
who are interested in discussions on the relationship between major psychiatric disorders and dementia, the role of vascular pathology in the presentation of Alzheimer’s and non-Alzheimer’s dementia, and the interaction between dementia and major depression will be more satisfied.

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Widows and Divorcees in Later Life: on Their Own Again
Editor: CAROL JENKINS

Is longer life expectancy in women a boon or punishment? Are women, because of their caregiving career throughout life, left alone in their later years? This book tries to review the unique needs of women in later life. The author has carefully chosen research papers of varied methodology from across continents and diverse cultures.

It is interesting to read the book, beginning with the advantages of widowhood, with greater autonomy and independence, and continuing with a journey through differing social supports across various cultures in different parts of the world. It gives a good flavor of the effects of living alone in later life, including increased risk of hospitalization, early institutionalization and poverty. Research papers from the African subcontinent give a good illustration of how traditional social systems with enmeshed family networks safeguard older women’s needs, in spite of the lower welfare status of these countries.

The author’s own chapter on qualitative study design throws light on how professionals and carers of older women differ in their assumptions and measurement of independence. There is also a good discussion as to how informal support from family members, especially daughters, can delay institutionalization. The chapter by Michael et al., explores how religion and spirituality can impact in beneficial way on adjustment to various life events.

The individual research papers open new avenues (or provide food for thought) for managers and policy makers dealing with older people’s welfare. The data from the U.S. social security system alarms the reader about the welfare needs ‘time bomb’ for America’s future older population. The background
reasons for the origins of the National Health Service and Community Care Act are well rehearsed in one of the papers from the U.K.

The editor deserves admiration for choosing papers that discuss the needs of ethnic minority older adults’ needs in developed countries.

Although the detailed descriptions of methodology and statistical analysis could be boring to a generalist reader or to clinicians, it is worth going through discussions and future directions which may be useful to our own practice. Even though the book is sociological in origin, it makes worthwhile reading for professionals working in the field of older adults’ services, as they are often called upon to contribute to decision-making for the care needs of this group.

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A History of Ideas about the Prolongation of Life
By GERALD J. GRUMAN

Although first published in December 1966 as a monograph in Transactions of the American Philosophical Society, this title has been reissued as one element in the Classics in Longevity and Aging Series in cooperation with the International Longevity Center, co-editors Robert N. Butler and S. Jay Oshansky. It covers Apologism, Prolongevity Legends, Taoist Prolongevitism, The Alchemists, Hygienists and Philosophes. Informed as it is by a copious knowledge of history and philosophy, the book would be of most use as a reference text for researchers with an interest in the origins and antecedents of current ideas about longevity. Clinicians working in the discipline of psychogeriatrics may find the erudite and heavily referenced text to be rather heavy going, but it would be a useful resource in a university library.

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