Many readers will already be familiar with Professor Alistair Burns and colleagues’ *Assessment Scales in Old Age Psychiatry*. I am sure I am not the only academic who has read this book and found proper scales for contemporary research.

Reviewing this new edition of a compendium of scales in old age psychiatry, I felt the need to comment on the limitation of current rating scales and their impact on clinical practice. In spite of widespread knowledge about rating scales, most authors have not clearly mentioned the fallacies inherent in most rating scales. Strictly speaking, we have no ways to interpret rating scale scores properly, despite the fact that standardized psychiatric assessments bring a measure of reliability and validity to clinical judgment. This is for the following reasons.

First, using a cut-off score may not accurately reflect the true condition of an individual, because the rated score may be greatly influenced by other factors, including age, education, medical care, cultural background, nutrition, and protection from adverse environmental exposure, as well as target diseases. For example, a cut-off score of 23/24 on the Mini-mental State Examination (MMSE) (Folstein *et al*., 1975), perhaps the most frequently-used and best-known of all rating scales, has been widely accepted as indicating cognitive impairment. A cut-off score of 11/12 on the MMSE has been adopted in the NICE guidelines for the treatment of Alzheimer’s disease (AD). However, clinicians frequently have seen exceptional cases, such as AD patients with perfect MMSE scores and very old, illiterate patients without dementia whose MMSE score is less than 10 points. All the reports using a constant cut-off score have the same problem to some extent. Second, there is no clinical or statistical evidence that a rated score can be treated as ratio scale or interval scale in character, although mostly it has been accepted as a continuous variable in the field of psychiatry. In other words, a patient whose score is twice as high as another’s on the same scale is not necessarily twice as ill. In clinical trials, clinical effectiveness frequently has been defined arbitrarily as 30% or 50% reduction from the baseline score. However, complex human experience such as effectiveness cannot be reduced to a score on a rating scale. Whenever we arbitrarily set a point or a score to delineate one from the other, the same fallacy may occur. Perhaps a better alternative way that we can choose is to adopt the
statistical concept of standard deviation (SD) to define abnormality by area over 2 SD, derived from the established norm of a certain rating scale in the general population, and simultaneously to control for the effect of the aforementioned influential factor statistically. The recently developed “Cognitive Assessment Reference Diagnosis system (CARDS)” defines caseness by the same method, using a computer-aided algorithm (Suh and Lee, 2003).

Despite these problems, rating scales and assessment measures in old age psychiatry are still useful if they are used with clinical wisdom and experience. This is certainly illustrated by the 2nd edition of the Assessment Scales in Old Age Psychiatry, which continues the tradition of distinction established by the first edition. This is a well-organized, comprehensive book with a compendium of scales for old age psychiatry. It is divided into eight sections (depression, dementia, global mental health assessments, physical examination, delirium, caregiver assessments, memory functioning, and other scales). For me, the noteworthy feature of this superb volume is its dedication to dementia, scales for which fill more than half the pages. Section 2, dementia, divides into four subsections entitled “2a. Cognitive Assessment; Neuropsychological Tests; 2b. Neuropsychiatric Assessment; 2c. Activities of Daily Living; 2d. Global Assessments/Quality of Life”, though other sections have no subdivision. This reflects the great social impact of dementia and the necessity for early diagnosis. Each assessment measure (usually a rating scale) has an orderly structured scheme of description, gives the time necessary for the test, the qualification or method of rating, the main indication, a commentary, additional references, address for correspondence, and a summary of the instrument or scale.

I strongly recommend this book to all clinicians as well as mental health researchers. This is an absolutely splendid accomplishment.

References


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Aging with a Disability – What the Clinician Needs to Know

Editors: BRYAN J. KEMP AND LAURA MOSQUEDA
£39.50 (Hard) £18.00 (Paper)
Paperback, 307 pp. ISBN 0 8018 7817 9
Hardback, ISBN 0 8018 7816 0,

Kemp and Mosqueda’s five-page introduction clearly sets the tone for this tome, and they each contribute two chapters. Of the remaining twelve, seven are written by individuals, four are co-authored and only one has been penned by more: in fact, four writers jointly address the issue of “The therapist’s role in maintaining employment”. It is a truism that clarity may be distilled by many voices, but here it is not necessarily an issue. The assembled consider a series of topics which clinicians need to be prepared for in their practices.

Book covers rarely merit much of a mention in reviews, but Rosenberger’s design is intriguing–a fist clenches an almost fibrous walking stick, which is foreshortened to a fuzzy spherical point: as eye-catching as if Stieglitz or Steichen had been commissioned for the ET campaign. Somewhat inevitably, the issue of international generalizability of the material is raised – perhaps rather disconcertingly early, as the first sentence begins “For most Americans . . .” and a brief check establishes that all but one contributor (McColl, Ontario) are employed by highly-regarded American seats of learning.

Divided into five parts, Kemp and Mosqueda cover “The consumer’s perspective”, “Biopsychosocial issues” “Treatment” and “Impairment-specific” conditions, before addressing the myriad complexities raised by their concluding category, “Future Directions”. As is identified on the back cover, that huge topic is given a greater pertinence by utilizing particularly knowledgeable voices, by “paying special attention to the feelings, attitudes, and needs of people with disabilities - three chapters are written by authors who have a disability”.

Throughout, realities are itemized, as when Kemp reminds the reader that “increased life expectancy and the concomitant changes in the health and functioning of people with disabilities have important implications for the family” (p.19). This is no less true than Mosqueda’s opening gambit that “the absence of disease is not the same as good health” (p.87). Elsewhere acronyms abound, which can potentially lead to distractions from the body of the text: this is particularly significant on pages 64–65, where in the space of two densely-packed paragraphs, “ADL”s and “IADL”s are each printed four times, while “QOL” is printed eleven times. Seriousness of intent or subject matter should not hinder the reader.
Some contributors adopt and utilize different strategies to get their points across, as in the concluding chapter, where Kailes cites only five references, all her own – two from “Mainstream”, three self-published. It should come as no surprise that references, illustrations and charts are all of an exemplary standard. Heavy emphasis is placed on the information that “research has shown that the changes and problems associated with aging often occur 10–20 years earlier in the lives of people with disabilities than in the lives of people without disabilities, posing significant challenges for healthcare professionals. Because research in this field is relatively recent, few practitioners and students are aware of these findings”.

While this book is hardly likely radically to affect practice worldwide, it offers some significant insights into circumstances at the time of going to print. One looks to future developments, and further comprehensive research, with interest.

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Practical Psychiatric Epidemiology
Editors: MARTIN PRINCE, ROBERT STEWART, TAMSIN FORD AND MATTHEW HOTOPF
Paperback, pp. 414. ISBN 0 19 851551 0

Psychiatric epidemiology is a foundation discipline for mental health workers. Without it, we would have no idea of the scale of the needs that those delivering psychiatric care must meet, nor would we have insights into a host of etiological influences and factors which shape the course and outcome of psychiatric disorders. The four editors of this book all work at the Institute of Psychiatry in London, where from the 1960s to the 1980s Michael Shepherd’s General Practice Research Unit helped to train an influential generation of psychiatric researchers (including the Editor Emeritus of this journal) in this important field. Latterly Martin Prince has succeeded Anthony Mann as Professor of Epidemiological Psychiatry there. It is no coincidence that both of these academics, together with Scott Henderson and Tony Jorm (who have been the successive heads of another establishment devoted to psychiatric epidemiology in Australia), decided that the psychiatric disorders associated with aging should be a prime focus for their research activities, as these represent one of the overriding public health challenges of our young century for developed and developing countries alike.
The editors of this attractively priced volume have assembled a team of 20 experts, (most of whom work at the Institute of Psychiatry) who have written 21 chapters, which cover four main themes: basic principles, study design, interpretation and special topics. What has been produced is more of an introductory overview to get the infant psychiatric epidemiologist going than an encyclopedic reference text for the established researcher, but most professionals who work with old people affected by mental health problems could learn something useful from the clearly written text which is full of real life examples and practical exercises to reinforce what has just been taught. It may be a little unfair to single out particular chapters in what is a very even text of uniform high quality, but I learned much from Joanna Murray’s sensible chapter on qualitative research and was relieved to find that I could understand the accessible and well-written chapters on inference and statistical methods by Robert Stewart, Michael Dewey and Martin Prince, even though I read them after lunch.

I know of no better or more accessible text on this important topic. This book should be read by trainees in psychiatry, and anyone working in the field of mental health and aging would be well advised to have a long hard look at it. It would be impossible to have a good understanding of how we know what we do know about psychogeriatrics, or how we might learn more in the future, without a thorough grounding in psychiatric epidemiology.

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Conflict of interest

David Ames was a guest researcher in the Section of Epidemiological Psychiatry at the Institute of Psychiatry from September to December 2003.

The Ageing Brain – The Neurobiology and Neuropsychiatry of Ageing
Editor: PERMINDE S. SACHDEV
Hardback, pp. 348, ISBN 90 265 1943 5

As reviewers are expected not to start their reviews with the words “This book…””, I had to suppress my first impression that—this book is expensive!
Therefore I will consider the question whether this book is worth its cost.

Perminder Sachdev is one of the most productive and important neuropsychiatrists in the world, but what kind of an editor is he who claims that “the editing of a book is a labor of love that demands doggedness and compulsive persistence”. He admits that the idea for this book was born five years ago and rekindled at a conference in Sydney – not necessarily a good sign. Is this a loose collection of occasional essays? Payback for long-distance flights? An unlikely theory, as only three of the 27 authors are from the Northern hemisphere (C. Brayne, I. Kola and G. Small).

Essentially the book is a nicely-arranged mosaic of essential research on brain aging, from epidemiology and molecular biology to clinical issues (frontotemporal degeneration; early detection of Alzheimer’s; Parkinsonism; depression; vascular dementia) via neuropsychology and neuroimaging. The focus is consistently on the issue of brain aging reaching out towards clinical issues. This volume contains a wholesome crop of original data from down under and well-extracted summaries of state-of-the-art knowledge from many fields of the aging sciences.

The very clear answer to the question “Will we all dement, if we live long enough?” (Chapter 14) is only one of reasons why we should buy and study this book rather sooner than later. €125.00 not wasted on alcohol and cigarettes appear a good investment.

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Alzheimer’s Disease and Related Disorders Annual 2004
Editors: SERGE GAUTHIER, PHILIP SCHELTENS AND JEFFREY L. CUMMINGS
Martin Dunitz; Taylor and Francis Group, London and New York,
£49.95.
Hardback, pp.182. ISBN 1 84184348 2

How to convince the experienced clinician diagnosing and treating patients with dementia to buy yet another book on Alzheimer’s disease (AD)? How to overcome the common problem that “actual” or “annual” books on such a
topic have the tendency to be quickly outdated and therefore have a hard time to compete against monthly journal copies?

The editors of Alzheimer’s Disease and Related Disorders Annual 2004 found a flavorsome recipe and I can fully recommend this “tasty” annual. What is their secret ingredient to avoid rapid expiry? Serge Gauthier and Jeffrey L. Cummings, together with their new co-editor Philip Scheltens, chose 11 interesting topics which span a broad range of disciplines. Despite all this variety, their common denominator is that, in every chapter, the authors manage to build the bridge to the clinician, and make the information relevant in the context of clinical work. So instead of diving into the depth of hard-to-follow expert knowledge, the authors provide information that never makes you think “Why would I want to know?” but rather “Why has nobody explained this like this before?” No doubt it has helped that the editors accumulated a variety of well-known authors from Canada, U.S.A. and Europe, who provide state-of-the-art knowledge of high quality on dementia research.

The 11 topics presented cover areas such as the roles of senile plaques and white matter changes; the interaction between vascular factors and AD; the subclassification of mild cognitive impairment (MCI); neuropsychiatric symptoms of MCI; cognitive rehabilitation for prodromal AD; clinical trial design for dementia treatments; the ethics of research in dementia; glutamate antagonist treatment in AD; management of co-morbidity in AD; and nutritional prevention in AD. This choice of topics illustrates how dramatically the dementia research field has expanded in recent years, now venturing into exciting areas such as prevention strategies. The selection also includes important background information (for example on clinical trial designs) which puts the interested clinician in a position to critically interpret the clinical relevance of drug trial results.

Some of the authors do not hesitate to ask burning questions which are not easy to answer, but surely have been popping up in clinical scenarios, e.g. when explaining to patients and their families what AD is, such as in the chapter on senile plaques “Which lesion occurs first? Which lesion causes symptoms?” Other chapters provide helpful tables e.g. in Chapter 4 on current drug trials in MCI, comparing the different diagnostic criteria and outcome parameters. Like good review articles, these chapters save the reader valuable time extracting this information from several single publications. Instead of hunting for ingredients, they are presented as a complete menu. Occasionally the authors add some spice, as in Chapter 4 where suggested new clinical criteria and subclassifications for MCI for clinical practice are presented. Naturally, this might not meet everyone’s taste, and initiates discussion and debate, but it makes this book more entertaining and gives the authors room to add their own conclusions and interpretations, after having provided the evidence. In doing this, they increase
the readers’ appetite to reflect on the topics presented themselves. So altogether
a healthy supplement for the hungry mind—*bon appetit!*

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