BOOK REVIEWS

Vascular Cognitive Impairment
Editors: TIMO ERKINJUNTTI AND SERGE GAUTHIER

How would you assemble a book on the emerging, or rediscovered, topic of Vascular Cognitive Impairment? You would bring together the vast majority of leading researchers and authors in the area (Erkinjuntti, Burns, Chiu, Cummings, Ferris, Hachinski, O’Brien, Reisberg, Román, Royall, Scheltens, Winblad and more), publish soon after writing, include references up to the year of publication, and ensure you avoid the trap of simply writing up a conference on the issue. In all these respects, this book has succeeded superbly. Erkinjuntti and Gauthier have edited a magnificent book, not only full of information and research findings, but considered opinion and suggestions for where this is all heading. All clinicians, researchers and other care-providers would find a great deal in this book that was relevant to their practice and that would expand their horizons, without feeling that they already knew it or that they were missing out on the very latest. The book is strongly recommended.

The first major section covers the conceptual basis and diagnostic criteria, with an excellent review of the early history of vascular dementia by Gustavo Román. While the twentieth century contributions of Tomlinson and Roth are only briefly mentioned, this reviewer found the much earlier contributions new and most interesting. The proposal that vascular dementia (VaD) be replaced by Vascular Cognitive Impairment (VCI) – a new concept not constrained by the recent “Alzheimerization” of dementia – is well presented, although, surprisingly, no formal diagnostic criteria are offered. Unusually, a typographical error (page 14) has crept in – perhaps a casualty of rapid publication.

While the editors are clear about the need for the concept of VCI, not all contributing authors seem to have been converted or to have adopted the same nosology. The chapter on classification and subtypes is dominated by VaD, and later Royall gives VaD a unique definition (small vessel disease, as opposed to large vessel Multi-infarct Dementia). The teasing off of Subcortical VaD as a subtype of VCI is well justified by its unique risk factors, pathology and course. There is some repetition of tables between chapters and some overlap of material – again perhaps due to the rapid publication, but a minor fault of editorship that could have been avoided.

The second major section on pathophysiology may be the least attractive to clinicians, although the chapter on the overlap with Alzheimer’s disease is
useful – for example, the table on the Alzheimer’s pathology seen in VaD. The third section on clinical features is of much more interest to clinicians.

The fourth section, on diagnosis, is comprehensive, but perhaps at times too much so. I have certainly never felt the need to closely examine facial pulses to determine carotid circulation. The VaDAS-Cog (vascular version of ADAS-Cog) is well presented and will be useful to clinicians as well as researchers. Not every chapter has the same structure – it would help if each had a conclusion or key points. Again, there is considerable overlap between chapters – for instance, chapter 21 on the neuropsychological examination of memory overlaps greatly with other chapters. The chapter on cognitive outcome measure, with one of the editors as co-author, seems to be saying that VaD and Alzheimer’s are similar, so we should use similar outcome measures – this seems incongruous with the book. It is also surprising to read Philip Scheltens not insisting on a central neuroimaging rater in clinical trials.

The final chapter on Course and Management is arguably the most useful to clinicians. It highlights that, probably unlike Alzheimer’s, VCI/VaD may well be preventable, but trials demonstrating both prevention and treatment are still sparse and a great deal more are needed. In particular, there are no randomized trials of pharmacological management of Behavioral and Psychological Symptoms (BPSD) of VaD/VCI, so, understandably, parts of this book on BPSD concentrate on Alzheimer’s research. Two chapters covering prevention are quite comprehensive, although it is surprising that depression as a possible risk factor for VCI is not discussed. The Rockwood/Gauthier/Erkinjuntti chapter on treatment covers the current state of our knowledge well, including the role of cholinesterase inhibitors. It would stand alone well as a monograph on the issue. An economic analysis concentrates on what we know (Alzheimer’s) arguing that the situation is similar for VaD, but does include some specific VaD data (moderate VaD is more expensive to manage than Alzheimer’s).

Overall, this is a great buy and will not be gathering dust on this reviewer’s shelves.

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The concepts of Vascular Dementia (VaD) and Vascular Cognitive Impairment (VCI) have seen much ambiguity in recent years, and there has been no dearth of commentary on the way forward. Pleas for change, however, have a hollow ring if they are not backed by the solidity of data. The force of the latter, on the other hand, easily maps the territory of a field and encourages an army of explorers. Erkinjuntti and Gauthier in this book have managed to ring in the unruly terrain of VCI and have almost succeeded in providing a road map for the future.

Their choice of VCI as the title of the book is itself bold and in one stroke cuts loose the constraints imposed by ‘dementia’. They have spread their net wide so as to make the book comprehensive, and have invited an international cast from no less than 17 countries. The material presented is not novel, as is to be expected in a book such as this, which reviews the current status of the field. As has become customary in books on VaD, Román opens it with an historical survey, and Bowler and Hachinski present their conceptualization of VCI. The diagnostic criteria are presented by again the usual suspects – Erkinjuntti, Román and Chui. White matter lesions are discussed by Fazekas, the overlap with Alzheimer’s disease by Kalaria and Skoog, neuropsychological profile by Desmond, and so on. What the book lacks in surprise is made up for in its comprehensive coverage and authoritative style. It manages very well to go beyond stroke and multi-infarct dementia so much so that the older concepts need detain us no longer.

The cost of a pluralistic approach and a large cast is some redundancy in the material covered. The neuropsychological assessment of VCI is covered in no less than five chapters in which individual authors take the liberty to indulge in their favorite concepts. It is difficult to understand why there are two chapters on the prevention of VaD and VCI, except that one author emphasizes stroke prevention in particular. Some chapters, such as the one on regulatory guidelines for antidementia drugs, appear to be there to accommodate the authors, and sit uncomfortably amidst the others. Others are unexpected gems such as the one on the differential diagnosis with leukodystrophies and non-vascular acquired white matter disorders by Barkhof and van der Knaap.

Limitations aside, this book does present a state-of-the-art review of VCI and VaD, and is possibly the best book currently available on the topic, with
arguably one competitor (Bowler and Hachinski, 2003). For this reason alone, it belongs on the bookshelf of every medical library with an interest in disorders of the elderly. Is it a book that will define the field and have a life beyond its first edition? The judgement on this must be reserved, as it needs much editorial work to take it to a second edition. The field of VaD is small in comparison with Alzheimer’s disease, and the pace of research has only recently picked up. As this book testifies, the field is much more complex than the simple ‘additive effect of strokes’ would suggest. After the long definitional breast-beating, this book has rightly announced that it is time to move on.

Reference


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Editor’s note: Two reviews of this book were commissioned by accident because the publisher sent two separate review copies, so both viewpoints are published here. Steps have been taken to prevent duplication of reviews in future. The editor apologizes to both reviewers for his error.

Critical Advances in Reminiscence Work: from Theory to Application
Editors: Jeffery Dean Webster and Barbara K. Haight

The editors of this book state that its major purpose is to present: “examples of cutting-edge treatments of reminiscence work which, we believe will shape the direction of the field for at least the near future.” The book is divided into five parts. The first part contains one chapter – this being a review of the reminiscence research and one that relies heavily on qualitative descriptions of studies – which is rather uncritical in tone. Although interesting, it is not clear what scientific weight should be given to the studies contained in this chapter. The second part contains five chapters under the rubric of Conceptual Issues. The third
part contains a further five chapters under the rubric of Developmental and Sociocultural Issues. The fourth part contains four chapters under the label of Special Populations whilst the fifth and final part of the book is labelled Clinical Applications.

I think this book suffers from the same problem as many other multi-authored texts, namely, from great differences in writing style across chapters; consequently, there is unevenness to the quality of the chapters. But a second factor is at play here. There are varying approaches to the subject matter. Arguably this is derived from the authors of the individual chapters being members of different disciplines – not all are clinical psychologists or psychiatrists or members of other mental health professions. For me, this has resulted in a book that lacks thematic coherence except at the most general level, i.e., it deals with different aspects of personal narrative.

Some of the authors appear to have no awareness of the scientific approach; the conclusions they draw appear to go outside the data, that is, there is no awareness of concepts such as reliability and validity of measurement. So I found some of the case studies that are the focus of some chapters very interesting to read but ultimately I was left with a number of questions: how does this work help us further our understanding of people as they age? How does this work help us understand well-being, adjustment to illness, and changed life circumstances? Does the work help us to further our understanding of psychopathology? For someone trained in the traditional scientific model, I was left at the end of the book with unresolved questions as to the function of the personal narrative in promoting well-being and protecting against or indeed promoting psychopathology. Other questions were raised: does the personal narrative offer the therapeutic practitioner greater understanding of the client? Does it afford greater understanding than taking an initial detailed history, which is elaborated on by the client over the course of the therapist-client relationship? Is knowledge of the person’s ‘story’ more important than knowledge of the client’s coping repertoire and personality style? It seems to me that these are important issues for the readership of this journal.

I found the final part of the book very disappointing. I wanted to know whether a focus on reminiscing produces improvement in, say, depression and if so, what are the essential components of the therapy that produce positive outcomes? Are these outcomes equally, or more, positive, when compared to other therapies, e.g., cognitive-behavioural therapy, or do they add to the power of those therapies? Yet the data that are offered up in support of the therapeutic work is weak, being reliant on case studies, as in Chapter 16, which focuses on Canadian war veterans, or on a small open trial with depressed patients (Chapter 19). There is no control for threats to internal validity – we cannot be sure that it was the therapy of interest that produced any positive outcomes.
Although parts of the book are interesting, the work described does not advance our knowledge, simply because the hard data are not compelling. For this reason it cannot be recommended as an essential book for mental health professionals working or researching within the area of psychiatry of old age.

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