**BOOK REVIEWS**

**The Dementias: Diagnosis and Management**


This book, edited and written in large part by Myron F. Weiner, MD, professor of psychiatry, assistant professor of neurology, and vice-chairman of the Department of Psychiatry at the University of Texas, serves first and foremost as a myth breaker.

It is commonly believed that dementia is an inevitable and untreatable aspect of aging. However, although more common in the elderly, dementia is not a concomitant of aging, and many symptoms are amenable to treatment. Weiner and his colleagues have studied more than 300 cases of suspected dementia in their clinic, which was the clinical core of a federally funded research study on Alzheimer disease.

Occupational therapists might find it particularly interesting that most persons with dementia live with their families, and it is often the caregiver with whom the health care worker must deal with most often.

Management strategy, according to this book, depends on several factors, including the firm establishment of a diagnosis and knowledge of whether the dementia is static, progressive, or irreversible; familiarity with the client, with his or her life situation, and with the demands made on him or her; and knowledge of the amount and type of support that is available.

In an excellent chapter on psychological and behavioral management, the use of Piaget’s description of cognitive maturation in children is described as a guide for grading degree of dementia. Although useful, Piaget’s stages do not completely parallel the stages of dementia, but are useful as a diagnostic aid. In the first stage of Piaget’s model, the sensorimotor stage, the child cannot maintain a mental image of a person or object and experiences an internal affective storm when the nurturer disappears from view. In the preoperational stage, the child can remember objects and persons. In the concrete operations stage, the child is able to change thinking. For example, he or she can imagine what an object looks like from another physical view. Piaget believed that only 30% of adults achieve the stage of formal operation, which is the ability to imagine and transcend reality and think of possibilities. It allows for hypotheses that can be tested. Adults who have achieved this final stage of maturation often maintain the ability to use their imagination early in the course of a demen­ting illness and can picture what it would be like to no longer be able to reason or remember.

Another chapter of particular interest to occupational therapists is the one dealing with coping mechanisms for the caregiver. The caregiver must often employ subterfuge or diversionary tactics rather than risk the adult counterpart of a temper tantrum. Effective communica­tion with patients is based on knowledge of the patient’s stage of impairment. At one point, verbal cues or signs may be all that is necessary, but later on, physical cues may become the only way to achieve response. In the worst stages, physical restraint may be necessary to prevent self-harm.

When dementia is believed to be temporary (e.g., drug reaction, recovering head trauma) or reversible, challenging the patient is useful to maintain skills. When dementia is fixed and limits are established, it is no longer useful to challenge. Some persons with dementia can live independently, whereas others may require supervision or assistance or both in dressing and grooming. The goal is to encourage independence but not so close to the patient’s maximal function that failure is always experienced.

Professionals can help caregivers learn to give cues and sometimes to do the remembering for the patient. It is important to find a caregiver who has a good rapport with the patient. The ideal caregiver is physically strong, has a good sense of humor, and can be stern without being punitive. This type of person often serves as a bridge between family members and the patient with dementia who has difficulty with role reversals. The book stresses that the caregiver cite medical decisions as the reasons for various limitations on the patient (e.g., “The doctor says you are unable to drive the car”), which removes some of the onus from the caregiver.

In addition to the valuable insights on day-to-day living, the book has chapters on the legal and ethical aspects of dementia as well as community resources. Many case illustrations make for interesting reading.

Ruth W. Krinsky, MA, OTR

**Implementing Augmentative and Alternative Communication: Strategies for Learners With Severe Disabilities**


This book will be of interest to occupational therapists who want to learn more about augmentative communication. Written for students and professionals who work with persons who have severe and multiple disabilities, this book provides information on and covers strategies for implementation of augmentative communication systems with people limited cognitively or physically.

Chapters 1 through 10 provide an overview of augmentative communica­tion areas to be considered when setting up a system for a client. Areas discussed are types of symbols to use, how to teach spontaneity, and how to recognize communication intent. Chapter 11 provides tactics for replacement of aggressive behavior and describes reasons why persons may be displaying belligerent actions.

Chapter 12 will perhaps be of most interest to occupational therapists. It describes primitive reflexes and provides an easy-to-comprehend explanation of how reflexes can limit functional movement. In addition, it provides an overview of positioning and handling.

Chapter 13 discusses access methods and direction selection and scanning. Unfortunately, the material in this chapter is poorly organized, and coverage of selection techniques is unsystematic. Thus, the occupational therapist needing this information will have to search out additional resources for adequate coverage.

In conclusion, this book should