Book reviews

The Science of Geriatrics
Edited by John E. Morley, H. James Armbrecht, Rodney M. Coe and Bruno Vellas

This large book (two volumes or tomes, 704 pages) tries to be all things to all men. The aim is to cover basic gerontology and clinical ageing and provide a link between the two—a tall order indeed. Does it succeed? Yes and no must be the answer.

The best sections of the book are the chapters that discuss Alzheimer’s disease, covering ‘genetic’ basics to mechanisms via β-amyloid and SAMP8 mice and other models. This is basic science made interesting (and understandable) for a clinical audience. It is pleasing to see the research concentration in this important area, but is it ageing? Unfortunately my clinical bias leads me to pick out also as best buys the chapters on ageing muscle and haematological systems—the latter particularly well referenced.

The initial chapters on theories of ageing, animal models and cellular senescence are a disappointment. The Hayflick phenomenon is discussed in a chapter by Cristofaro, while Hayflick covers telomeres in his contribution! All the usual culprits for ageing are discussed but frankly many could have been written 30 years ago. For instance: “a large body of evidence is consistent with the free radical theory of ageing . . . further work is required . . . to validate . . . the theory”. I suspect Harman could have said that at the end of his original 1956 paper. Morley’s excellent dismissal of the myth of ‘gender differential longevity’—it means females live longer—gives hope to this hapless male! The 90 pages devoted to the role of hormones and human ageing contribute little, although I have learnt a new acronym—ADAM—androgen deficiency in ageing males. The male menopause no less!

The opportunity to discuss in detail up-to-date work on nematodes is missed. The coverage of this exciting and fast moving area is inadequate. Where is the work of Nancy Kenyon, with her model based on Caenorhabditis elegans linking genetic mutations, insulin growth factors and reproduction? This comprehensive model provides elegant experimental support for Kirkwood’s disposable soma theory of ageing. The latter individual’s work is hardly mentioned in this largely American-authored book.

Why chapters covering prion diseases (bovine spongiform encephalopathy and variant Creutzfeldt–Jakob disease) and thymic involution—the former’s connection with ageing seems to be based on a long incubation period and the latter is surely a developmental/maturational process not ageing.

The book has introduced this reviewer to new ‘useful’ words and phrases: gerontogenes, telomere replicometer, geropharmacology, the hedonic quality of food and psychoneuroimmunology—the latter for some reason equates with the ‘biology of hope’! Anthropomorphism creeps in—“Individual C. elegans make a decision . . .” Clever little beastsies and they hold the key to ageing as well. Illustrations, especially of immunoblots are poorly reproduced and not helpful. The lack of an index is a major deficit.

The book provides an introduction to the neophyte gerontologist, but the variability of references may limit further in-depth analysis and follow-up. The clinician gains an overview of basic gerontology but misses out on the leading-edge development that will change our thinking about the ageing process. Worth stocking in libraries but probably not for individual purchase.

Michael Lye
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Dementia
Edited by John O’Brien, David Ames and Alistair Burns

The first edition of this excellent and valuable book appeared in 1994, so there has been a lot of updating to do. It is quite conceivable that the published literature on dementia could have doubled in volume during this period. Compared with the first edition, the new version weighs 100 g more (2.45 versus 2.35 kg) and has more pages (940 versus 874), but is slightly slimmer (4.8 versus 6 cm). From this we conclude that it has thinner pages but a higher density. The rather plain black and orange cover has been replaced by a blue design upon which the raving King Lear appears prominently. There are now three editors and 133 contributing authors from 16 countries, compared with 85 from eight countries in 1994.

The book has seven parts, of which the first is the longest and deals with general aspects of dementia, including diagnosis and assessment, investigations, management and services. Contributions vary from adept summaries of areas that old age psychiatrists and other clinicians may know well—such as rating scales and the use of computerized tomography—to informative accounts of topics, such as magnetic resonance spectroscopy, that do not yet have widespread application. There is a distinctly biomedical approach, but there are attempts to include other perspectives: for example, the important question of design and the contributions of other disciplines.

Since the first edition, more descriptions of services and how they are organized in various countries have been included. It is particularly welcome to see
contributions from China and Latin America as the increasing preponderance of cases of dementia will be found in the developing countries as the century progresses. A third edition (if the editors can bear the task) should give even more emphasis in this direction.

The second big section considers Alzheimer's disease, and it is wonderful to consider how much more it is possible to write about treatment now than it was in 1994. For clinicians, progress in Alzheimer's neurobiology has been mixed during this period. We know a lot more about its genetics, but not in a way that applies to the management of most cases. And there seems to be some reconciliation of the $\tau$ versus amyloid struggle, but an increasing overlap with vascular factors, so that the separation of Alzheimer's and vascular dementia may not be so clear-cut after all.

The shorter sections that make up the remainder of the book deal with other types of dementia, including vascular dementia, dementia with Lewy bodies, focal dementias and other forms. Very welcome is a series of chapters on dementia with neuropsychiatric disorders, including depression and psychotic disorders. Finally, a characteristically wise epilogue from Elaine Murphy gives a sense of proportion to the achievements and indicates where further progress needs to be made.

Overall, this is a super book and many people will want to own it, not just have it available in a library. If you think it is expensive, start up an endowment fund for your department and buy it (in effect) tax-free.

The fun task for the reviewer is to consider what has been missed or could be given more emphasis and, of course, this reveals personal biases. I would like to see something about policy on dementia and more about cultural issues, perhaps from a non-UK perspective. But the most significant omission is that there are no first-hand contributions, either from carers or from people with dementia themselves. Without these, dementia remains a problem in the third person, rather than being part of the human condition and a fundamental concern to us all.

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Stroke at your Fingertips: the comprehensive and medically accurate manual about stroke and how to deal with it
Edited by Anthony Rudd, Penny Irwin and Bridget Penhale

This book is aimed primarily at people who have had a stroke and their carers. As suggested by its title, it manages to cover the important questions and areas of post-stroke care and also contains an Appendix listing over 80 useful addresses where the reader could seek additional information. The two most useful messages of the book for patients and carers are contained in the introduction: don't be shy about asking doctors, nurses, therapists and social workers questions, and, in some instances, the honest answer is 'we don't know'.

The book covers the basics about what stroke is, why it may have happened and what can be done to prevent further strokes. There is plenty of information and advice about the hospital phase and complications that may arise, written in a manner that is easy to understand with the help of the glossary covering the medical terms that would not be familiar to patients or their carers.

There are some inaccuracies in the book that may have arisen because of recent changes in practice, such as now using botulinum toxin for spasticity in the leg and not using danthon-containing laxatives except in terminal conditions. These could be addressed in subsequent editions and are unlikely to cause staff problems. This may not be true, however, for the statement regarding advance directives not being legally binding.

Compared with other subjects such as cancer, heart disease or smoking, there are surprisingly few health information books about stroke. This book would be a useful addition to the shelves of most public libraries as its cost may be prohibitive for many stroke patients and their carers.

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Textbook of Geriatric Neuropsychiatry
Edited by C. Edward Coffey and Jeffrey L. Cummings

The greatest challenge in reviewing this book is recognizing its enormous scope. Geriatric neuropsychiatry is defined as “an integrative specialty that draws from a diversity of fields (psychiatry, neuropsychiatry, neurology, neuroscience, neuroimaging, neuropsychopharmacology, neuropsychology, gerontology, molecular biology, genetics, epidemiology, and psychodynamics) with the intent of improving the care of elderly individuals with behavioural disorders”. This volume, the second edition, sets out to provide all of that relevant information.

The sections on the neurobiology of ageing and the neurobiological basis of behaviour are superb—well-illustrated, concise and providing the kind of information that most clinicians want (i.e. which bit of the brain does what and how?). There follows a series of detailed reviews of neuropsychiatric assessment of elderly people, including neuropsychological testing, anatomic and functional brain imaging and quantitative electro-encephalography. The book then turns to consider neuropsychiatric aspects of clinical conditions...
ranging from substance abuse to traumatic brain injury. All, of course, in elderly people.

It is here that the cracks, which the wallpaper of geriatric neuropsychiatry wishes to cover, start to appear. Alzheimer’s disease and fronto-temporal dementia are represented as neurological diseases, whereas delirium is regarded as a psychiatric disorder. Such distinctions are a reflection of the way that different specialties have developed their interests, rather than any inherent property of the disorders. So the notion of geriatric neuropsychiatry, as devised in the USA, does not easily automatically translate into other care systems. To raise such an objection is perhaps disingenuous: the information that is provided in the book is excellent, up-to-date, and well referenced and presented.

Old age psychiatrists need to know more about brain function and structure, neurologists and neuropsychiatrists would benefit from a better understanding of the problems of ageing and neurologists and geriatricians generally have limited knowledge about psychiatric and behavioural symptoms. Undoubtedly we need a few super-specialist geriatric neuropsychiatrists to educate and lead the rest of us forwards—but in the main, existing specialties should endeavour to increase interdisciplinary working, to draw upon existing skills and knowledge and to refer to this extremely useful book when the team, between them, cannot quite come up with the right answers.

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