

GERIATRIC PSYCHIATRY

Practical Management of Dementia: A Multi-Professional Approach, edited by Stephen Curran and John P. Wattis. Abingdon, Oxon, U.K., Radcliffe Medical Press, 2004, 248 pp., £27.95.

As the general population (and by inference, each of us) anticipates an increasingly longer lifespan, the problem of dementia also looms larger and may reach epidemic proportions at its present rate of growth. Thus, we anxiously await dividends from an expanding body of work in the fields of genetics, molecular biology, and neuroimaging that may reveal the cause(s) and effective treatment(s) for this condition. In the meantime, a cohesive strategy is required to care for those suffering from serious cognitive decline.

In this context, Curran and Wattis have prevailed upon a multidisciplinary group of experts to outline a very readable and comprehensive approach to caring for those with Alzheimer's dementia and related disorders. Their stated goal is to bridge the gap between the existing knowledge base derived from research in this area and the ability of clinicians to apply this information in a strategy that optimizes patient care. Their stated agenda is to contribute meaningfully to the process of training practitioners to identify dementia as early as possible, respect patient autonomy, and employ treatment approaches that emphasize the spiritual needs of the individual. The discussion from several perspectives results in some repetition, but, overall, the book is a sound review of our present knowledge about the dementias and their management.

The editors have divided the text loosely into three parts. The first reviews the history, definition, epidemiology, diagnosis, classification, and strategies for early identification. They note that age is the single most important risk factor. Family history, certain genetic variations (e.g., APOE, E4 homozygotes), and depression are also important predisposing factors that may increase the risk substantially. Conversely, there is preliminary evidence indicating that such disparate factors as regular physical activity; the use of wine, coffee, statins, nonsteroidal antiinflammatory drugs, certain vitamins (e.g., C and E); and higher educational attainment (as well as length of training) may reduce the risk of dementia.

The chapter authors underscore that dementia is a syndrome with multiple causes, such as vitamin deficiencies, infections, and endocrine dysfunction—conditions that may be correctible, or at least substantially improved. They highlight the three most common irreversible types (i.e., Alzheimer's disease, vascular dementia, and Lewy body dementia), noting that accurate and early diagnosis can have a favorable impact on both treatment and prognosis. In this light, they review a number of simple early screening assessments, but they also note that there is no pathognomonic test for Alzheimer's disease.

The second part uses case examples to clarify the role of different professionals (i.e., consultants, psychologists, physicians, nurses, and occupational therapists) in the assessment, diagnosis, and management of dementia. One chapter is de-

voted to each profession's unique perspective, emphasizing the need to shift from a medical model orientation to a positive person-centered approach to care.

The third part examines the delivery care system for the dementias, focusing on the memory clinic, legal aspects, and the spiritual needs of the individual.

The strength of this book is the inclusion of multiple perspectives, but the weakness is substantial redundancy. Despite the latter, I believe that this is an important consolidation of our present knowledge and a good primer for those involved in the care of the dementias.

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Alzheimer's Disease: The Physician's Guide to Practical Management, edited by Ralph W. Richter, M.D., and Brigitte Zoeller Richter, Dipl.Pharm. Totowa, N.J., Humana Press, 2003, 479 pp., \$99.50.

The goal of this physician's guide is to provide scientific and clinical knowledge about Alzheimer's disease in comprehensible language. The editors have accomplished this with wonderfully succinct and short chapters. The focus of the presentations is to help practicing clinicians understand, diagnose, and treat Alzheimer's disease, which is still underdiagnosed and undertreated.

The first section of the book covers the scientific background of Alzheimer's disease. The first neuropathological hallmark of the disease is the presence of extracellular precipitations of beta-amyloid peptide. The second neuropathological hallmark is the presence of neurofibrillary inclusions composed of the tau protein. Lesions develop in the form of neurofibrillary tangles, first described by Alois Alzheimer (1907), and threads. In addition to these hallmarks, Alzheimer's disease brains also appear to exhibit evidence of reactive-oxygen-mediated injury (oxidative stress).

The epidemiology of Alzheimer's disease indicates that 4%–10% of the population over 65 has the disease, and the percentage doubles every 5 years after age 65. In the United States, \$174,000 is spent on each Alzheimer's disease patient; with steadily increasing life expectancy, the number of patients is expected to rise from 9 million to 45 million by 2030. European studies indicate that women are at greater risk than men for developing Alzheimer's disease after age 85; U.S. studies do not confirm this difference. There is no gender difference for rates and risks for vascular dementia. Interestingly, Native Americans appear to have a significantly lower rate of Alzheimer's disease, although their aggregate rate of all dementias is similar to that of Caucasians. The economic burden of Alzheimer's disease varies among countries; cost of illness studies indicate annual per patient costs of \$6,500 (England), \$24,400 (Sweden), \$59,700 (Italy), and \$53,300 (United States). Costs increase fourfold from the mild stage of Alzheimer's disease to the severe stage.

The clinical assessment of Alzheimer's disease is made by determining if there is an impairment of recent memory and at least one or more other cognitive disturbance: aphasia, apraxia, agnosia, and a disturbance in executive function.