Book Reviews

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Agitation in Patients With Dementia: A Practical Guide to Diagnosis and Management

edited by Donald P. Hay, M.D.; David T. Klein, Psy.D.; Linda K. Hay, R.N., Ph.D.; George T. Grossberg, M.D.; and John S. Kennedy, M.D., F.R.C.P.C. American Psychiatric Press, Inc., Washington, D.C., 2003, 250 pages, $43.95 (paper).

When one thinks of the symptoms of Alzheimer's disease and other dementias, the first thing that typically comes to mind is the progressive decline in memory and other cognitive abilities. While these cognitive deficits are certainly important and indeed a defining component of dementia, the noncognitive disruptions that often accompany these conditions can also be of considerable relevance to the patient's and the caregiver's quality of life and functioning. As most caregivers and clinicians are well aware, many, if not most, patients with dementias manifest psychiatric symptoms (depression, delusions, and hallucinations) as well as behavioral disturbances (agitation) during at least some parts of the course of their illness. In fact, these noncognitive components tend to be the ones most predictive of level of caregiver burden and early institutionalization of the patient. Moreover, even when placement in a structured institutional setting has already occurred, the behavioral disturbances can be quite disruptive and have an adverse influence on other patients, staff, and the overall environment. Geriatric psychiatrists and other mental health clinicians are often called upon to help manage these symptoms. This book, edited by Donald Hay, M.D., and colleagues, was compiled as a practical guide to help such clinicians identify, evaluate, and manage agitated behavior in patients with dementia.

This edited volume consists of 16 chapters: in chapter 1, Jiska Cohen-Mansfield, Ph.D., discusses the complex definitional issues and reviews her 2-dimensional (verbal vs. physical and aggressive vs. nonaggressive) conceptual model for subtyping and classifying agitated behaviors. She also provides a succinct but helpful overview of etiologic models of these behaviors, some of which are further elaborated on in subsequent chapters. Chapters 2 through 5 also deal with broader background issues, including epidemiology (chapter 2), neurobiological/neurochemical models (chapter 3), behavioral assessment scales (chapter 4), and issues in differential diagnosis (chapter 5). Most of the remaining chapters focus on one or more aspects of intervention. Chapters 6, 7, and 8 focus largely on environmental, psychosocial, and other nonpharmacologic aspects of agitation management. Given the rampant polypharmacy in elderly patients and the deleterious effects overmedication can have on mental status, these chapters were well placed as initial considerations in the prevention and management of agitated behavior. However, recognizing that even environmental changes are not a panacea, chapters 9 through 15 deal with various forms of somatic therapy, two of which include nonpharmacologic somatic treatments, i.e., light therapy (chapter 9) and electroconvulsive therapy (chapter 14). Four of the chapters are focused on one or more classes of psychotropic medications, including serotonergic agents (chapter 10), mood stabilizers (chapter 11), antipsychotic medications (chapter 12), and hormone therapies (chapter 16). In the final chapter, Barbara Gilchrist, J.D., Ph.D., considers the complex bioethical and legal issues that may arise when dealing with agitation in dementia patients.

I found this volume to be well organized and the chapters succinct, clear, and well written. Publication lag is invariably a concern with books that rely on the empirical literature, and in that regard it should be noted that although the book itself has a publication date of 2003, most of the cited references within it date from the late 1990s or earlier. Nonetheless, the editors and authors have generally succeeded in their goal of providing a practical guide for the clinical management of agitation. The chapters provide concise summaries of their respective topics and should be easily readable for busy clinicians and students. This volume would be particularly appropriate for clinicians beginning their work in geriatric settings, such as postgraduate interns and residents, geriatric psychiatry fellows, and other students in mental health professional programs, as well as for more experienced clinicians seeking a succinct and readable overview of this topic.

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Massachusetts General Hospital Psychiatry Update and Board Preparation, Second Edition

edited by Theodore A. Stern, M.D., and John B. Herman, M.D. McGraw-Hill, New York, N.Y., 2004, 678 pages, $79.00 (paper).

Massachusetts General Hospital 1000 Psychiatry Questions & Annotated Answers

by Theodore A. Stern, M.D., and John B. Herman, M.D. McGraw-Hill, New York, N.Y., 2004, 231 pages, $29.95 (paper).

These are 2 great review books. The *Update* is 678 pages, including an appendix with 400 questions and annotated answers, as well as an extensive index. Averaging fewer than 7 pages per chapter, the 83 chapters can easily be read in less than 3 months. The *Update* is obviously not meant to be a textbook. For the most part, it helps one to tap into the memories of what one has already learned. In more biological terms, it lights up a lot of neural constellations that may have become a bit stale. This is not to say one won't learn new things from these books. With more than 100 contributors, most affiliated with Massachusetts General Hospital and Harvard Medical School, there are bound to be a few bits of new information for even the most knowledgeable reader.

The *Update* is written in an outline format that is pretty conducive to quick review, and there are plenty of tables and diagrams to help consolidate material. A large part of the text, as one might expect, is devoted to the "core" of DSM-IV diagnoses, psychopharmacology (including drug interactions), and psychotherapy. Compared to a typical "synopsis" of psychiatry, there is less emphasis on child and adolescent psychiatry and much more on neurology, which may reflect the emphasis on the actual board exam. The longest chapter in the book (14 pages) is on laboratory tests and diagnostic procedures, which I think would be very good to know for the oral exam when it comes to formulating a plan.

Besides the "core" chapters, there are a number of excellent chapters on geriatrics, forensics, consultation-liaison, and health care delivery. The *Update* has 2 chapters specifically on test-taking strategies for both the written and oral exams, including a lot of helpful tips. Some chapters that might not be found in a typical "synopsis" include those on statistics, epidemiology, genetics, culture, compliance, violence, and abuse. There is even a chapter on coping with the rigors of a psychiatric practice. I don't know how relevant this is to the exam itself, but for one about to embark on this path, it's a nice bonus.

The other book, the *Q&A*, is an excellent complement to the *Update*. As the title indicates, it adds 1000 more questions and annotated answers. This is in addition to the 400 questions and answers in the *Update* itself. Some people complain that the questions are too brief, unlike the long and convoluted case histories seen on the written exam. The questions, however, are designed for review, not to simulate the test. According to the back cover, they were developed from Massachusetts General Hospital's review course in psychiatry. The answers include chapter numbers in the *Update* for supplementary information. This feature could also be used to figure out which chapters need to be studied more carefully.

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Geriatric Psychiatry

edited by Alan M. Mellow, M.D., Ph.D. In book series: Review of Psychiatry, vol. 22, no. 4. American Psychiatric Publishing, Inc., Washington, D.C., 2003, 195 pages, $34.95 (paper).

Geriatric Psychiatry, part of volume 22 of the APA's outstanding *Review of Psychiatry* series, is a slim, up-to-date review of basic geriatric psychiatry. Topics covered include depression and anxiety, dementia, late-life psychosis, late-life addictions, and the place of geriatric psychiatry in public policy and clinical practice. Chapter authors are all outstanding geriatric psychiatrists with considerable research and clinical experience.

Each clinical chapter provides an up-to-date review of research studies that have moved geriatric psychiatry forward. For example, the dementia chapter provides an excellent review of Lewy body dementia, a topic still confusing to many psychiatrists. The same chapter also provides an outstanding review of the clinical use of cholinesterase inhibitors. Schizophrenia and depression are similarly well covered. Perhaps the most outstanding chapter for me was the review of late-life addictions, a topic frequently neglected in geriatric psychopharmacology references.

If there are any criticisms, they focus on the treatment sections. Within each chapter, the treatment sections are relatively thin given the dramatic increase in late-life treatment research. For example, the depression chapter provides only one short paragraph on the use of antidepressants for late-life depression. A table summarizing placebo-controlled outcome trials for depression in dementia is provided but, curiously, there is no such table for major depressive disorder or dysthymic disorder. Similarly, the treatment of anxiety for generalized anxiety disorder is also limited to one brief paragraph. The author implies that antidepressants are now the first-line treatment for most anxiety disorders (acknowledging the lack of research data to support this recommendation) and incorrectly states that most of what is known about benzodiazepines for the elderly is extrapolated from use in younger populations. This statement is incorrect and may mislead the reader. Of all the classes of psychoactive drugs for the elderly, the benzodiazepines have been the most widely studied in older populations, resulting in a wealth of clinically important material attesting to their usefulness as well as their side effects.

The treatment of late-life psychosis similarly gives short shrift to the field of antipsychotic drugs. Only second-generation atypical antipsychotics are recommended, and the chapter author specifically states that older individuals taking a conventional antipsychotic should be switched to an atypical antipsychotic. This rather bold assertion must be the author's opinion, since it is not clear that all geriatric psychopharmacologists would agree with this advice, especially for an elderly patient who is doing well on low doses of a conventional medication without side effects.

In summary, the APA *Review of Psychiatry* volume 22, *Geriatric Psychiatry,* is a useful review, but is limited by the relative sparseness of its treatment recommendations. Readers may want to refer to other volumes for comprehensive information regarding treatment of late-life mental disorders.

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