

Book Reviews

Mental Disorders in Older Adults. Second Edition. By Steven H. Zarit and Judy M. Zarit; The Guilford Press, New York, New York; 2007; ISBN 1-57230-946-6; \$48 (hardcover), 468 pp.

Life expectancy in developed and some developing countries has been gradually increasing and the proportion of older adults in the general population has been growing. Mental disorders do not usually disappear with older age and new mental health problems such as dementias appear during aging. Thus the number of older adults with mental disorders has been steadily rising, and so have the demands for psychological/psychiatric services for older adults. Gerontology, geriatric psychiatry and geriatric psychology have been rapidly developing fields. Putting all these facts together, it is obvious that a book summarizing the developments in the area of caring for older adults suffering from mental disorders could be useful for anyone involved in providing care to this population. Glancing over the title of this book, *Mental Disorders in Older Adults*, and the brief resumes of its authors, Steven and Judy Zarit, one expects that this volume would be “the book” fully addressing the issues of care for mentally ill older adults. The authors are both involved in research on late-life issues, neuropsychological testing, and consultation services to nursing homes or assisted living facilities. Their book is coming out in a second, revised and updated edition.

The book consists of 15 chapters and 54 pages of references. Chapter 1, “Introduction. Clinical practice with older adults,” outlines the purpose of this book and summarizes the chapters to follow. The authors state that their book integrates clinical practice and research. They also note that they draw heavily on their own professional training in clinical psychology. These statements right away point to two of the three main weaknesses of this volume, discussed at the end of this review. Chapter 2, “Normal processes of aging,” fairly well summarizes the ‘normal’ aging using the lifespan perspective. It discusses the characteristics of the older population, healthy aging and compression of morbidity, where older people live, their income, education and employment, intelligence and aging, memory and aging, personality and adaptation (probably greater continuation than change of personality with aging), and what successful aging is. The perspective of aging provided here is rather optimistic. The authors conclude that today’s older people are healthier and better educated than ever before (p 39).

Chapter 3, “Disorders of aging. Dementia, delirium, and other cognitive problems,” is a very useful summary of dementias, delirium and other problems. The authors emphasize that the dementia syndrome is characterized by three key features: it is acquired, it is persistent and it involves impairment in multiple domains of intellectual functioning (p 43). The last point is especially important as some associate dementia mainly with memory impairment. The chapter discusses various dementias, such as Alzheimer’s, frontotemporal, vascular, dementia with Lewy bodies, reversible or secondary dementia and mild cognitive impairment. Included is also an overview of delirium in the elderly. I found the discussion of causative factors and prevention of dementias useful. Chapter 4, “Mood and anxiety disorders,” is a useful summary of some of the most common problems in late life—depression, anxiety and adjustment disorders and also suicide. The following chapter, “Other common mental health problems in later life,” covers schizophrenia (early-onset, late-onset, very late-onset), personality disorders, and substance abuse. The most interesting is the discussion of personality disorders and their consequences, especially in institutional settings.

In what I would call the second part of the book, the authors finally deal with the assessment and treatment of older adults with mental disorders. Chapter 6, “The clinical interview,” outlines the principles of assessment and then describes how to conduct the clinical interview. This part provides some important, clinically oriented suggestions, e.g., about the clinical setting (the office should have at least one firm chair with arms that is easy to get in and out of, p 121). I was a bit amused by the authors’ statement that their clients (the words client and patient are used interchangeably in this book) “prefer referring to me as ‘doctor.’ In turn, I establish my credibility by asking about current medications and obtaining a release for medical records or to talk with the referring physician. I also avoid using psychological jargon with them” (p 123). This, together with a later criticism of physicians (p 200: “Physicians are often very busy and may not understand or appreciate the contributions to treatment that can be made by mental health practitioners.” Or p 213: “Physicians often stop listening when the patient brings a long list of complaints, dismissing the patient in their minds as hypochondriac or complainer. ... Physicians tend to lose interest in a problem that has become chronic, believing that there is less they can do to treat it.”) sounds a little bit hypocritical to me. It also suggests, at least in my mind, an anti-physician bias. This chapter also recommends assessing

activities of daily living, resources, deficits, social network, substance abuse, suicidal and homicidal thoughts, sleep and appetite disturbances and prior treatment history. Chapter 7, "Psychological testing for differential diagnosis and capacity evaluation," points out that "psychological testing assesses current functioning in a systematic way and under standard conditions, yielding finding that can be compared with normative data" (p 153). The authors review various tests and factors influencing psychological testing of older people (fatigue, time of the day). The second part of this chapter deals with evaluations of decision-making capacity (daily living, finances, contracts, wills). I found this part very useful.

The following several chapters review treatment issues. Chapter 8, "Foundations of treatment," discusses the fundamentals of psychotherapy with older adults, such as preparation for psychotherapy, goals of therapy, establishing a healthy therapeutic alliance and others. I liked postulating the "principle of minimum intervention" (i.e., intervention that is the least disruptive to one's usual functioning). This chapter is full of useful clinical suggestions. Chapter 9, "Treatment of depression," chapter 10, "Treatment of anxiety symptoms," chapter 11, "Treatment of paranoid symptoms," and chapter 12, "Treatment of dementia," are standard reviews of the particular topics, emphasizing psychological approaches to these disorders. These chapters are marred by mistakes and misstatements about medications (e.g., p 241, stating that the SSRIs provide a relative quick relief of symptoms, from a few days to 2 weeks; mixing brand and generic names etc.). The last three chapters, chapter 13, "Family caregiving," chapter 14, "Consultations in institutional settings," and chapter 15, "Ethical issues in geriatric psychology," review several very important areas of care for the mentally ill older adults.

This volume addresses a very important area of providing mental health care to older adults with mental disorders. It has its strengths, such as reviewing a host of very important psychological issues, or using a number of very useful clinical vignettes. However, as I suggested before, it has several serious weaknesses. One is drawing heavily on the authors' psychology background and the lack of using a physician-geriatric psychiatrist as a coauthor, who could have provided a correct and broader review of the medical and medication issues. The second weakness is in its stated goal—to integrate research and clinical practice. I am not sure whether the authors really achieved a good review of both, research and clinical practice. Maybe this was a noble but not so easily achievable goal. The third possible weakness seems to be a bit of anti-physician bias mentioned before—one wonders where some of the statements about physicians are coming from.

In spite of some of the weaknesses, this is an interesting and useful book. It would be certainly appreciated by geriatric psychologists and all persons taking care of older adults with mental disorders. Geriatric physicians may find a lot of useful information which is not always covered in such a detail and so comprehensively in geriatric psychiatry texts. The book is a

well written, readable text that may be used as a teaching text for all novices in this field.

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Mood and Anxiety Disorders in Women. Edited by David J. Castle, Jayashri Kulkarni and Kathryn M. Abel; Cambridge University Press, New York, New York; 2006; ISBN 13 978-0-521-54753-6; \$50 (paperback), 275 pp.

The fact that mood and anxiety disorders occur more frequently in women has served as a vantage point to numerous articles, chapters, books and research studies. Drs. Castle, Kulkarni and Abel put together a team of 29 authors from Australia, North America and the United Kingdom in an attempt to summarize the present state of knowledge on depression and anxiety in women. The title of the book is actually either incomplete or slightly misleading, as the book also covers borderline personality disorder, and substance use and abuse in women.

The book consists of Preface, Foreword and 12 chapters. The first chapter, "Pubertal development and the emergence of the gender gap in mood disorders: a developmental and evolutionary synthesis," is probably the most interesting one for an ordinary reader. It attempts to provide an "evolutionary perspective on gender differences integrating the insights provided by socialization, life stress, and biological models of pubertal development" (p 1). The authors begin with an examination of whether gender gap is a fact or artifact, and conclude that gender gap is real. They follow with a review of various theories of gender gap during early adolescence, e.g., the gender intensification hypothesis. This hypothesis suggests that gender role orientations become more differentiated between the sexes over the adolescent years as a result of exacerbated gender socialization pressures during this time (e.g., greater exposure to experiences that promote learned helplessness) (p 3). Though the authors conclude that the connection between early socialization of depressive-like behaviors and subsequent depressive functioning is quite speculative, they make some interesting points. Another interesting theory entertained in this chapter is the role of estrogen in mediating female sensitivity to stress. The authors note that, "Oestrogen apparently acts as an anxiolytic, and thus the cyclical withdrawal of oestrogen that occurs shortly prior to menstruation may be analogous to the physiological effects of anxiolytic withdrawal, creating a greater sensitivity in menarcheal and adult females to the anxiogenic and depressogenic effects of negative life events" (p 8). The final two reviewed hypotheses of gender gap are the social-risk hypothesis of depression (i.e., depressed mood evolved to facilitate a risk-averse approach to social interaction in situation where individuals perceive their social resources to be at a critically low levels), and the role of sexual selection and vulnerability to depression (the minimal