

treatment, research and advocacy organizations serve to concretize the hope and encouragement emphasized throughout the book. References cited in each chapter are detailed at the end of the book.

The book, which Dr. Friedel notes is an expansion of handouts he has developed over the years for his patients and their families, is written in a down to earth, unassuming style. It is clearly intended for patients, families and their acquaintances. It is not written for therapists, medical students or residents. Thus, each chapter is brief and superficial. Those wishing more detail or specifics should consult standard therapy texts, the internet or recent publications e.g. the American Psychiatric Association's journal *Focus* volume III number 3 (2005) on personality disorders. However, the book does provide an initial foray into the minds of sufferers of this disorder, their discomforts, sense of loneliness, unhappiness and desperation. Anyone familiar with the disorder or psychiatry in general will gain a sense of understanding. Perhaps, they may even be stimulated to delve further into other sources listed in the references.

One may find fault and quibble with the lack of specific strategies for dealing with people with the disorder and some the topics Dr. Friedel chose to include, for example, details of brain structure, function and neuro-regulation as well as too brief mention of dialectical behavior treatment and over-emphasis of use of low-dose antipsychotic medication. However, these serve to emphasize that borderline personality disorder is a legitimate diagnosis just as schizophrenia and bipolar mood disorder, not a series of manipulative coping strategies. Since the book is written for lay people, I asked one of my patients with borderline personality disorder for permission to have her partner read the book. Not only did both of them better understand the illness but my patient actually responded clinically after reading it.

This book serves as an introduction to understanding a very complex, emotion laden, irritating illness. While I may fault its superficial nature and crave greater elaboration of specific therapies, it does fill a void. It serves as a stimulus for those suffering from borderline disorder, their families and friends to seek further understanding and treatment. Above all, it instills hope that things will improve now and in the future for its sufferers. As such, the book is a great success. Perhaps, we should place a copy in our waiting rooms to help "demystify" the behavior of some patients.

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Psychosis in the Elderly. Edited by Anne Hassett, David Ames, and Edmond Chiu; Taylor & Francis Group, London and New York; 2005; ISBN 1-841-84394-6; \$89.95 (hardcover); 259 pp.

Psychosis in the Elderly is, to some extent, a follow-up to a two-day, 1998 conference at Leeds Castle outside London at which a late-onset schizophrenia occurring between the ages of 40 and 60 years and a very-late-onset schizophrenia-like psychosis were identified and distinguished from early-onset schizophrenia. The reader is referred to Howard, et al. (1), for a more detailed discussion of these distinctions. The three editors and twenty-seven additional authors review the differences in illness presentation, epidemiology, differential diagnosis, and management of psychotic disorders in older adults in light of the progress made since the Leeds international conference. The book contains nineteen chapters, divided roughly into four sections — five if you count the concluding chapter as a section on its own. The first segment reviews the history of the conceptualization of late life psychosis and discusses classification of psychoses in old age, divided as to age at onset. Obviously, for example, there will be many older adults whose psychotic symptoms began in early adulthood or before. One would expect their psychoses to closely resemble those of any other person who developed schizophrenia as a teen or young adult. The next section deals with late-onset schizophrenia in terms of epidemiology and findings from neuroimaging and neuropsychological testing. This is followed by several chapters on management of these conditions, with comments on antipsychotic medicines, psychosocial rehabilitation, long-term and residential care, and reduction of stigma. The final section discusses psychotic symptoms in other conditions that frequently affect the elderly. These include delirium, dementia, mood disorders, stress-induced disorders, substance use and abuse, co-morbid conditions, especially within the basal ganglia, and iatrogenesis. The final chapter is a summary with recommendations for future research and practice.

What is clear from each chapter is that much work still needs to be done. This text represents a snapshot of progress, and there remains a lot that we do not know. If the reader is looking for clear-cut answers, there are few to be found here. A good example is the chapter on medications. The authors find that olanzapine and risperidone, with a slight edge for olanzapine, have the best antipsychotic evidence within the elderly population — and that they are tolerated reasonably well by most patients — but note that the evidence is weak and that there is unlikely to be better support for prescriptive practice any time soon. On the other hand, if one is looking for a better understanding of the current state of the art in this entire realm of late-onset psychosis, this book is an excellent resource.

Psychosis in the Elderly may be helpful to those practicing geropsychiatry and fellows in the field, researchers looking for definitions to assist in selection of study populations, and academic psychiatrists striving to assist learners in making useful distinctions among the various people who develop psychoses. Certain chapters could be helpful resources in any survey course of schizophrenia, especially for psychiatric residents. The book is quite well written and eminently readable, despite the large number of different authors involved. Americans may note the English-language spellings of some words, as the

majority of contributors are from countries in the former British Empire.

REFERENCE

1. Howard R, Rabins PV, Seeman MV, Jeste DV, and the Late-Onset Schizophrenia Group: Late-Onset Schizophrenia and Very-Late-Onset Schizophrenia-Like Psychosis: An International Consensus *American Journal of Psychiatry* 2000; 157:172–178

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The Frith Prescribing Guidelines for Adults with Learning Disability. Edited by Sabyasachi Bhaumik and David Branford; Taylor & Francis Group, London and New York; 2005; ISBN 1-841-84573-6; \$49.95 (paperback); 164 pp.

One thing that must be said at the outset for this review to be meaningful is that “learning disability” in the context of this book does not mean “learning disorder” as defined in DSM-IV-TR. It means what we in the U.S. would think of as “mental retardation.” Given that, this book is a series of algorithms for the treatment of psychiatric co-morbid conditions in those who have mental retardation. It is called the “Frith guidelines” because the principle editor is Consultant Psychiatrist and Lead Clinician on the Learning Disability Service at Leicester Frith Hospital in Derby, England. Dr. Branford, the co-editor, is Chief Pharmacist at nearby Kingsway Hospital. The book also lists an assistant editor and seven additional authors.

The book is divided into thirteen chapters, the first being a discussion of what “learning disability” encompasses. The other chapters cover various diseases and problems in care of those with mental retardation, such as epilepsy, self-injurious behavior, aggression, and schizophrenia. The final chapter is a brief discussion of ethnic differences that are important in treatment, such as variability of levels of Cytochrome P-450

enzyme activity in common racial heritages. There is also a list of additional reading, and a subject index.

The chapters are constructed in more or less outline format, with multiple tables, key references, and of course the aforementioned algorithms. The book is very pragmatic, and discusses the most common difficulties encountered in psychiatric co-morbidity treatment of those with mental retardation. The writing style is somewhat spare, as would be expected for a book of this type. I did not find any inaccurate statements in the book, but there is a liability disclaimer at the end of the first chapter. My only real criticism is that the authors give very little information on most issues, other than the algorithms themselves. I also believe that treatment within this area of practice still has a number of controversies, and this book tends to list answers that may seem more certain than they are, given the algorithm format. It must be kept in mind that this is a book from Great Britain, and U.S. practices are not always identical to those from across “the pond.”

This book would be most helpful to those practicing in group homes and institutions for the mentally retarded. Given the division of the chapters into disorders and symptoms, it is a relatively simple task to look up whatever problem or behavior is most troublesome for a given patient. Residents who rotate through such facilities would, I’m sure, find the book quite valuable as well. It is not as complete as a book like *Pharmacotherapy and Mental Retardation* (1) or *Mental Retardation: Developing Pharmacotherapies* (2) but is a good deal more up to date and far easier to leaf through for a quick suggestion on management.

REFERENCES

1. Gadow KD, Poling AG: *Pharmacotherapy and Mental Retardation*. Little Brown & Co., Boston, 1988
2. Ratey JJ ed. *Mental Retardation: Developing Pharmacotherapies*. American Psychiatric Press, Inc., Washington, D.C., 1991

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