Book reviews

EDITED BY SIDNEY CROWN and ALAN LEE

Late Onset Schizophrenia

Edited by Robert Howard, Peter V. Rabins & David J. Castle. Petersfield and Philadelphia, Wrightson Biomedical. 1999.
275 pp. £43.00 (hb). ISBN 1-871816-39-4

In contrast to the dementias and the affective illnesses, psychoses characterised mainly by paranoid delusions and hallucinations, but without evidence, during initial assessment and later course, of structural cerebral changes or of an affective psychosis with paranoid symptoms, are diagnosed in only 1–2% of psychogeriatric patients, and have, understandably, engaged only a small number of researchers. Twenty of them were joined by two researchers in less focused aspects of schizophrenia at a meeting of the International Late Onset Schizophrenia Group. With two members from the host country (UK), attenders came from Australia, Canada, Denmark, France, India, Japan, Spain, Switzerland and the USA. Their papers and a consensus statement are presented in this book, which appeared less than 1 year after the meeting, a cause of congratulations to both editors and contributors. The volume contains all that is known or is being discussed on the subject of late-life psychoses and their management. It is required reading for both researchers and clinicians in psychogeriatrics.

Readers will find up-to-date accounts of symptomatology and valuable hints on the management of the first meeting with patients to bring about acceptance and compliance with drug treatment. The mode of action of antipsychotic drugs is elucidated and the atypical ones recommended as less likely to produce troublesome and sometimes irreversible side-effects. Epidemiological studies have confirmed the far greater prevalence of these late paranoid psychoses in women, and this leads a Canadian worker to consider an antipsychotic action of oestrogens and the possible role of future drugs modulating oestrogen receptors. Spanish clinical scientists advocate the role of non-biological, psychological treatments together with drug therapy for patients in whom drug treatment alone had produced little or no symptom relief.

More than half of the book is mainly of theoretical interest, debating whether these late paranoid psychoses belong among the schizophrenias or are diseases *sui generis*. Roth's descriptive concept of late paraphrenia is attacked, especially by the Swiss contingent, who describe it as both unnecessary and confusing. Their early- and late-onset cases of schizophrenia only differed owing to age influences. Declaring an interest, this reviewer in his 1966 monograph *Persistent Persecutory States of the Elderly* reported that one-third of his patients had presented with a few paranoid delusions, one-third had more widely spread delusions and related hallucinations and one-third was set apart by the presence of Schneider's first-rank symptoms for the diagnosis of schizophrenia. I left the question of whether all three conditions were schizophrenias open until future workers had unravelled the biological bases of these illnesses. I therefore welcomed the straightforward declaration by the eminent American schizophrenia researcher, Nancy C. Andreasen: "I don't believe in late onset schizophrenia". She thinks that recent work makes a convincing case for schizophrenia being a neurodevelopmental disorder and that its symptoms are the result of neural misconnections. However, at an older age these misconnections could not possibly be developmental, but due only to degenerative processes. What Emil Kraepelin and Eugen Bleuler regarded as secondary symptoms (delusions and hallucinations) are produced, but not what they considered primary symptoms, such as formal thought disorder and affective flattening, ambivalence and avolia. This absence of primary symptoms had, in fact, been found by all workers, although a few had thought them doubtfully present on long-term follow-up. In their contributions, the American editor, Rabins, and his British colleague, Howard, also accept the neural misconnection theory, but other chapters report that so far no differences between early- and late-onset cases could be found by neuroimaging or neuropsychological examinations.

Thus, in its consensus statement, the group agrees that for purposes of future research, cases arising between the ages of 40 and 60 years should be called late-onset schizophrenia. Cases with onset after the age of 60 should usually be called very late-onset schizophrenia-like psychoses. A further version of this consensus statement is in press with the *American Journal of Psychiatry*.

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Movement Disorders in Neurology and Neuropsychiatry (2nd edn)

Edited by A. B. Joseph & R. R. Young. Oxford: Blackwell Science. 1999. 726 pp. £115.00 (hb). ISBN 0-86542-523-X

This American volume is ambitious in its aims, covering an extensive range of topics of relevance to neurology and psychiatry, from specific movement disorders associated with antipsychotic drugs, lithium and antidepressants to the relationship between psychiatric illness itself and motor abnormalities. Other areas reviewed include movement disorders associated with sleep and a range of neurological complaints, including those seen in childhood, such as motor dysfunction in autism. Each subject is covered in detail, with extensive use of tables, which provide useful summaries and are a help to the more casual reader. Many of the chapters adopt a methodological approach to the subject, exploring historical aspects, differential diagnosis, management and issues of basic science. The chapter on oculogyric crisis is a good example.

Such an exhaustive text, with numerous short chapters (for example, 20 chapters devoted to the subject of disorders of movement associated with drugs) must have presented the editors with a considerable challenge in terms of a clear, logical organisation for the book. While this has largely been achieved, there are still anomalies, such as chapters on primitive reflexes in psychiatry and neurology appearing in a separate section from the closely related subject of neurological soft signs in psychiatric disorders. As might be considered unavoidable in a book with 100 chapters and 120 authors, there is also a tendency for repetition of material. For example, the

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introductions to the chapters on akathisia and cognitive akathisia cover almost identical ground. There is also inevitably some overlap between chapters and occasionally some inconsistencies. The subject of catatonia is covered in three chapters, but each takes a slightly different perspective. For example, one chapter provides a detailed list of catatonic motor phenomena, while another classifies some of the same phenomena as abnormal movements in schizophrenia distinct from catatonia.

The advantage of the multi-author approach is in making accessible a range of views on often highly specific topics, and the consistently detailed and scholarly approach are major strengths of this work. None of the comments above should detract from what is an impressive, systematic and comprehensive review of the subject. As a reference book for clinicians and researchers interested in movement disorder, this volume is likely to prove invaluable and unrivalled.

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The Recognition and Management of Early Psychosis: A Preventive Approach

Edited by Patrick McGorry & Henry Jackson. Cambridge: Cambridge University Press. 1999. 495 pp. £55.00 (hb). ISBN 0-521-55383-0

Early intervention in psychosis may prevent or limit clinical, social, occupational and psychological deterioration. This has been a captivating theoretical notion for some time. Recently, it has been the subject of several influential international conferences, and services dedicated to early intervention are being set up throughout the world. This is the first book to describe the theory and clinical utility of early intervention in detail. It reports largely on the pioneering work of a group based in Melbourne, Australia, although other important contributions from researchers in the USA, UK and Holland are included.

The book is wide-ranging in its analysis. It is divided into four sections, which cover: the concept of early psychosis and its implications for treatment; the ways in which people suffering from psychosis may first present to services, their pathway to care, case detection and the consequences of delay; the assessment and clinical management of early psychosis; and the development of new services and reform of existing services to embrace the new paradigm.

Overall, the book indicates that assessment and intervention for early psychosis must be comprehensive and integrated, with equal attention paid to biological, psychological and social factors. The various authors argue that effective early intervention requires a collaborative alliance with the (usually) young sufferer and their family, awareness of the life-stage of the sufferer (with individuation and autonomy given particular prominence), awareness of comorbidity (particularly depression, hopelessness and substance misuse) and encouragement of user involvement in service delivery and development. Clear guidelines in the form of a three-step model, are described for those considering setting up an early intervention service.

The text does much to dispel the pessimism and therapeutic nihilism associated with schizophrenia. However, Patrick McGorry, one of the leading innovators in the early intervention movement, warns against overenthusiasm in applying early intervention principles. He acknowledges the need for continued rigorous empirical research to support the burgeoning clinical data which indicate that early intervention in psychosis can reduce the time individuals spend trying to access mental health services (and hence time spent in untreated psychosis) and improve, or at the very least, prevent further deterioration in, psychosocial functioning. Furthermore, long-term studies are needed to demonstrate the cost-effectiveness of early intervention.

This is an excellent, clearly written text, liberally interspersed with informative case studies and clear diagrams which help to illustrate conceptual issues. I can wholeheartedly recommend it to all mental health professionals working with those suffering from severe and enduring mental health problems. Those who work with more chronic sufferers are also likely to find the developmental issues and psychological approaches covered of considerable interest.

The book is a testament to the visionary and tireless work of the Melbourne group. I am sure it will become a classic text and do much to inspire other workers to set up early intervention programmes and hence play a part in helping to ease the plight of young people with psychosis. In my opinion, no department of psychiatry or clinical psychology, or community health team, should be without a copy.

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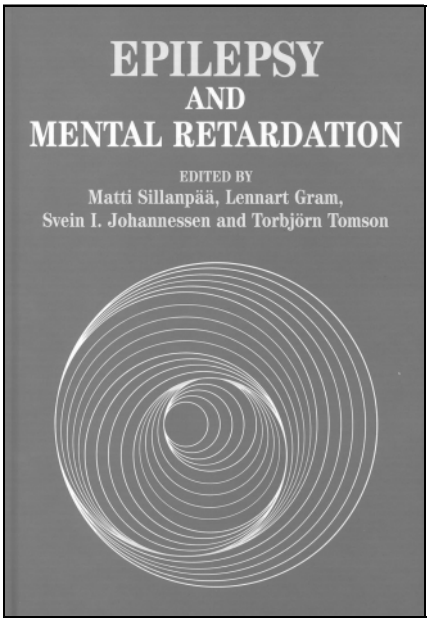
Epilepsy and Mental Retardation

Edited by Matti Sillanpää, Lennart Gram, Svein I. Johannessen & TorbjörnTomson. Stroud: Wrightson Biomedical. 1999. 212 pp. £39.00 (hb). ISBN 1-871816-416



Epilepsy is one of the most common secondary disabilities in people with mental retardation, the prevalence increasing with the severity of the intellectual disability. About 50% of those with profound learning disability and between 10 and 20% of those with mild disability have suffered from seizures at some time in life. Epilepsy is thus an important indicator of underlying cerebral dysfunction. Until recently, only the tip of this iceberg had been on view to most psychiatrists, but now that the majority of people with learning disability are living in the community, generic services are challenged to meet their needs.

This book is particularly welcome in providing the up-to-date knowledge required by both primary care and specialist

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