difficulty may arise where delirium co-exists with PIP. Cognitive impairment may be a long-term outcome in this patient. Both atypical and typical antipsychotics were of therapeutic benefit in this patient. Regular follow-up, and a collaborative approach by relevant specialties, will optimize outcome.

Declaration of interest: None.

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## **Book Reviews**

# Developmental Disabilities from Childhood to Adulthood: What Works for Psychiatrists in Community and Institutional Settings

### Eds. Dryden-Edwards R & Combrinck-Graham L. Johns Hopkins University Press, Baltimore 2010. 376 pages. ISBN: 978-0801894183

Textbooks focusing on the psychiatry of intellectual disability are uncommonly published, and tend to mainly emanate from the UK, where this area of specialization has prominently developed. This postgraduate textbook from the US is multi author, mainly written by clinical practitioners, and mainly psychiatrists.

The psychiatry of intellectual disability has not developed in the US as a sub-speciality of psychiatry, and this is somewhat reflected in the overall broad perspective that this book presents. Based on the biographical information given on each author, it would appear that, in general the authors treat people with intellectual disabilities as part of their practice, but not exclusively, and this is reflected in the style and detail of the book.

The definition of intellectual disabilities is somewhat confusing, and in this book, the term is used interchangeably with developmental disabilities and mental retardation. This is unfortunate, as a general psychiatry readership would benefit from clear definitions and term usage. In general the editorial input to each chapter appears 'light-touch', with each chapter differing significantly in detail, style and layout. Also, in general the book does not, in any of its chapters deal with the important issue of psychiatric diagnostic classification in people with intellectual disabilities.

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The book deals with its subject matter by adopting a lifespan approach, and is divided in to five parts looking at developmental disabilities in general, aetiology and assessment, community living, interventions, and ending with a section looking at advocacy, as well as ethical and legal issues. Case examples are occasionally given, but overall the style of writing is quite a dense prose, with very few illustrations and no colour. It is generally well referenced and has a full index; its glossary is surprisingly incomplete. There is no preface or forward, and as a result the reader is left without a clear understanding of the purpose and intended readership of the book.

Of course exposure to different diagnostic and therapeutic approaches is a welcome feature of this book. The chapter on acquired brain injury in children is particularly good. While this is topic is not usually covered in this type of textbook, it is nonetheless a particularly informative chapter. The neurobiology of brain injury was well described and illustrated. The topic of autism is covered comprehensively in at least two chapters, with the section on assessment and psychopharmacological approaches particularly strong. There are also good case examples.

Chapters covering community living and services, as well as the legal and practical aspects of special education were of course written with a US readership in mind, but nevertheless exposed to me the similarities and differences between the US and the Irish situation.

In summary, this is a welcome addition to the small but growing library of intellectual disability psychiatry. The book is very suitable for a specialist intellectual disability readership. However, its dense prose and unfriendly layout, unclear definitions and limited discussion of diagnostic classification makes it less recommended for a potential general psychiatrist reader.

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