I would recommend this book to any student or NCHD struggling to make sense of the myriad lists of symptoms that populate the ICD-10 and the DSM-IV. I'd recommend it for any psychiatrist at any level who enjoys a read of bracing clarity, personality, and authority. I will keep this book in my office, close to hand, and I will refer to it often. But I won't delete the DSM from my phone just yet.

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Late Life Mood Disorders. Edited by Helen Lavretsky, Martha Sajatovic and Charles F. Reynolds III (729pp.; ISBN-10: 0199796815, ISBN-13: 978-0199796816). Oxford University Press: USA, 2013.

With advances in medical treatments people are living longer, healthier and more productive lives than ever before. With this burgeoning elderly population, however, comes an increased prevalence of the illnesses to which they are prone. Disorders of mood in later life fall into this category and are the focus of this book's attention.

The publication of this compendium is indeed timely as clinicians strive to manage late-life mood disorders as primary or co-morbid problems and family caregivers struggle with the burden of their caring role. It draws on a wide expertise of 110 International Specialists in Mental Health of the Older Person to provide a comprehensive over-view of the course, treatment, prognosis and prevention of late-life mood disorders.

Of particular interest to clinicians such as myself is its detailed review of up-to-date research in the field including advances in our understanding of the pathogenesis and aetiology of geriatric mood disorders. As such this book will appeal to a wide audience varying from students and the lay public to clinicians and researchers working in the area. It achieves in its aim of accessibility by the logical manner in which the book is laid out. It is divided into five broad sections and within each section are individual chapters. In this way the more serious reader can tackle the book as a unified and coherent whole while students may chose to focus on individual chapters for study or reference.

Section 1 includes five introductory chapters covering the most up-to-date epidemiological studies of late-life mood disorders, research priorities for the future, a discussion of disease burden and an analysis of diagnostic classification systems.

New information is provided on changes to be introduced in the Diagnostic and Statistical Manual, 5th edition (DSM-5) and the International Classification of Disorders, 11th edition (ICD-11). It is disappointing to see that to date, there is no plan to include a status of 'late onset' to mood disorders in DSM-5.

Very helpfully, however, the author reviews suggestions of ways to lobby for the inclusion of the 'late-onset' status either in DSM-5 or further editions of the manual.

Section 2 is by far the most ambitious of the sections. It focuses on the diagnosis and treatment of all the major subtypes of mood disorder seen in the elderly population. I am delighted to see the inclusion of a chapter on Non-major depression that is increasingly recognised as having a significant impact on health-related quality of life and successful ageing. The challenging areas of depression in dementia, vascular depression and complicated grief are also thoroughly over-viewed.

As if all this were not enough, this section proceeds to explore the complex interaction between affective disorders in the elderly and co-morbid physical illness, including neurological conditions and chronic pain syndromes. The suffering endured by such patients is significant and I welcome the further learning this book provides in these areas.

Section 3 provides an overview of treatment modalities in late-life mood disorders including literature reviews for newer more novel approaches such as transcranial magnetic stimulation. Detractors of ECT would do well to read the relevant chapter in this section where evidence of its efficacy in late-life unipolar and bipolar depression is clearly laid out.

We are often asked by our patients about complementary or alternative medicine approaches for treating late-life depression and the inclusion of a chapter on this topic is welcome. Personally, I found the chapter on treatment resistant depression to be the most useful as this is the patient group with which I most struggle. I also like the inclusion in this section of a chapter on depression prophylaxis in the elderly – arming our elderly with preventative strategies is very empowering.

The settings in which late-life mood disorders occur are certainly not homogenous and this is recognised in Section 4. Different chapters explore depression in primary care, long-term care and hospice settings and the different factors pertaining in each. Care delivery pathways are discussed including a thought-provoking chapter on delivering care to depressed home-bound elders. As technology literacy increases we will see an increase in internet-based interventions and telepsychiatry. The final chapter in this section deals with the potential advantages of such treatment platforms but also the potential pit-falls, both for practitioners and patients.

Section 5 (Neurobiology and biomarkers) has research as the main focus, looking at the use of biomarkers

in research and in clinical practice. Biomarkers for Alzheimer's disease are already in clinical use and it is only a matter of time before affective disorders catch up. We have already progressed from structural neuroimaging to molecular neuroimaging (including the exciting development of diffusion-tensor imaging) and functional neuroimaging (functional MRI and PET).

Combining this approach with the measurement of cognitive biomarkers using neuropsychological tests holds exciting possibilities for the future. Other topics covered in this section include pharmacogenetics, psychoneuroimmunology of depression and pharmacodynamics and pharmacokinetics in later-life. The possibility of tailoring individual treatments for older adults is flagged and the section concludes by summarising future directions for research in this area and how this translates into clinical practice.

As can be surmised from this review, this volume is ambitious in the depth and breadth of its scope. It covers a huge area in a highly readable and common sense style. It will appeal to a broad readership including students, clinicians and researchers. It deserves to become a key reference text in the future.

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The ECT Handbook. Edited by Jonathan Waite and Andrew Easton (272 pp.; ISBN978-1-908020-58-1). Royal College of Psychiatrists: London, 2013.

This is the third such handbook that I have read. The current document is due for review in 2017. As the editions progress, I feel that I am sinking further into the mire of regulatory red tape. The NHS in the United Kingdom is awash with it and this has not prevented the almost weekly revelations on Sky News about cover-ups (Staffordshire and Furness at the time of writing). The reality is that electroconvulsive therapy (ECT) has been around for many years now and, as the handbook acknowledges, no other intervention is anywhere near replacing it. We all know that it sounds drastic (Hollywood made sure of that), but even medical students become positive about the intervention when they follow-up patients through a course of treatment. There is no point in saying that ECT was used excessively in the past without pointing out that other medical disciplines did the same, for example, tonsillectomy. What about antibiotic use for acute coryza today? If I were a patient, there is no way that I would agree to have ECT if I were to be faced with the documents at the back of the book! The legal profession has painted us into a corner of unsustainable unloading of indigestible 'facts' (actually possibilities) onto our patients. Good practice, in my humble opinion, trickles down from the top and is generated by training in the Hippocratic tradition. Patients do not understand odds and percentages, but they can grasp a heart-to-heart discussion. Of course, nowadays, we must tick the 'I had a heart to heart discussion' box after we have had one. The biggest danger is that we will regulate an important treatment out of existence. After 40 years of seeing it work, I do not want it to be unavailable if and when I need it! To give the authors their due, they do state that ECT should not be seen as a treatment of last resort. As for other medical interventions, it is either indicated or not. In addition, the technical aspects of the procedure are well covered in this book.

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