

doi:10.1017/S0144686X08008222

Stephen Curran and John P. Wattis (eds), *Practical Management of Affective Disorders in Older People: A Multi-Professional Approach*, Radcliffe, Abingdon, Oxfordshire, UK, 2008, 286 pp., pbk £29.95, ISBN 13: 978 184619 101 5.

These days the initial first port-of-call for definitive information on the practical management of medical conditions comprises guidelines produced by national bodies, such as in the United Kingdom the National Institute for Health and Clinical Excellence (NICE) and the Scottish Intercollegiate Guidelines Network (SIGN). They have the great advantage of being authoritative, evidence-based and free to down-load from the Internet. On the other hand, they are limited in scope and the guidance is usually for all adults and does not focus on the specific needs of older people. Affective disorders are so common in older people that all health and social care professionals who treat them ought to know the key facts. These include what is meant by the term affective disorder, what are its causes and consequences, and how it is prevented and best treated. Books covering these areas are therefore welcome.

I suppose it is a little churlish to start with criticism of the book's title, but I wonder if all practitioners will know what is meant by the term 'affective disorders' and whether it would have been better to add 'mood' or 'depression' to the title. It would be a shame if a casual reader overlooked this well-written volume because they did not fully appreciate that the book is essentially about depression and its variants and associations. I would also like to have seen much clearer linkage between the interventions discussed in the book and the NICE guidance on depressions – it is all there but can be difficult to find. For example, the NICE recommendations on non-pharmacological approaches are summarised in one of the chapters on drug treatment. I would also have liked to see more consistency in the chapters' contents; some end with key points but others do not. The useful case histories in some chapters could have been extended to those on drugs.

Each chapter has been written by an expert, and the book has a fairly conventional approach, with the introduction followed by chapters on diagnosis, aetiology and treatment modalities (pharmacotherapy, electroconvulsive therapy and psychotherapy). A wealth of information is presented; that on aetiology by Adrian Lloyd has over 300 references, and that on psychotherapy is particularly useful, although getting hold of therapists is easier said than done. I would have liked to see clearer discussion on the overlap between depression and less serious mood disorders and between depression and anxiety. There then follow important sections on the relationship between physical illness and depression, depression in primary care, and the contribution of nurses, occupational therapists and social services to the management of depression. The final chapters cover carer and service-user perspectives, cultural differences in black and minority elder communities and the relationship between depression and spirituality. The latter two discuss broad clinical areas rather than affective disorders specifically. Drew and Koenig bravely suggest how clinicians might incorporate a patient's religious views into practice, something that NICE has not yet attempted. The

last chapter, an overview of human drug development, although interesting, seems somewhat out of place and does not adequately comment on the really big issue – the low recruitment of people aged over 75 years into clinical trials. There are now a number of books on depression in later life written from a UK perspective. This volume is a welcome addition, worth including on a multi-disciplinary bookshelf and in the health library.

School of Medicine, University of Keele,  
Staffordshire, UK.

PETER CROME

doi:10.1017/S0144686X08008232

Traute Meyer, Paul Bridgen and Barbara Riedmuller (eds), *Private Pensions versus Social Inclusion? Non-State Provision for Citizens at Risk in Europe*, Edward Elgar, Cheltenham, Gloucestershire, UK, 2007, 272 pp., hbk £69.95, ISBN 13: 978 1 84720 353 3.

The book is a sophisticated and informative analysis of pension or welfare regimes that recognises the restrictive sectoral definitions of pension type, and therefore aims to determine not whether *public* regimes work better than *private* regimes, but rather which combinations of public and private engagement in pensions are most consistent with social inclusion. In present day Europe with its rapidly ageing population, this timely text explores how financially sustainable many of the pension regimes are and, more importantly, the extent to which they are socially inclusive for citizens with interrupted work patterns. It contributes to the fields of pensions, risks and ageing by providing a comprehensive, comparative analysis of six industrialised nations in Europe, namely Italy, Germany, The Netherlands, Switzerland, Poland and the United Kingdom.

The book is methodologically interesting by virtue of its construction and use of ‘risk biographies’ – hypothetical individuals who more closely reflect the complexity of real lives with wage oscillation, employment interruptions and unemployment. Examples of these include the mother and unqualified part-time worker in the retail sector, the unqualified worker in the car industry, the small business entrepreneur and the intermittent worker in the construction industry. The same nine men and women, on the same wages in relation to the national average, are used to simulate pension entitlements in all six countries studied. The main argument for the use of risk biographies is that they are more likely to reflect and identify the weaknesses of the public and private pension regimes with regard to social inclusion. For students and academics who are interested in understanding more about pension regimes and systems, this book will provide in-depth information on the key pension systems based on the ‘Bismarckian’ and ‘Beveridgean’ legacies. ‘Passive privatisation’ is also explained as a dominant trend – a term used to describe an increased need for citizens to find alternative provision in the face of reductions in the pension levels previously guaranteed by the State (p. 224). The main body of the text has six chapters or ‘case studies’ that examine six countries. These are further subdivided into two groups according to pension systems of the privatisation veterans (British, Dutch and Swiss) and privatisation newcomers (German, Italian and Polish). Each chapter concentrates on