

## Book Reviews

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*Integrated Textbook of Geriatric Mental Health*. Edited by Donna Cohen and Carl Eisdorfer (332pp.; ISBN 10: 1-4214-0098-7). The Johns Hopkins University Press, 2011.

Textbooks in Old Age Psychiatry have become more common over the past decade reflecting the increasing interest and accumulating knowledge of mental health problems in older people. They are usually multi-author works partly to share the enormous undertaking that writing such books involves. The authors Cohen and Eisdorfer are two highly experienced North American clinicians and academics in Old Age Psychiatry and their achievement in writing this textbook is considerable. It is an excellent addition to the existing repertoire of textbooks in Old Age Psychiatry and I would highly recommend it.

The book is divided into three sections: Conceptual Foundations, A Clinical Guide and Special Clinical issues. The opening chapters clearly outline the current challenges facing service providers and provide very sound principles on which clinical practice should be based. It is written in a very clear and lucid style, which easily engages the reader. It is a patient-centred book, the authors quoting Osler's aphorism 'It is more important to know the patient than the disease'. The regular use of clinical vignettes throughout the book is a very effective technique in illustrating important issues and will resonate easily with readers.

One of the main challenges in writing such a textbook is to be concise and incisive enough to capture the key points without omitting important information. The authors are to a large extent successful in their approach. One of the key strengths of the book is the regular referencing of websites, which facilitates the reader in accessing additional information and evidenced-based guidelines. The authors also very successfully integrate the neurosciences into clinical chapters rather than dealing with them in a separate chapter. This works very well. However, there are areas where the book is short on detail. The chapter on management of BPSD, while appropriately emphasizing the importance of comprehensive assessment, is overly brief on pharmacological approaches. The current challenges in this field are considerable and deserve a more in-depth discussion. The authors do not deal with the difficult issue of driving and dementia. In contrast to this there are several pages devoted to eating disorders in older people, which in the experience of this reviewer are very unusual.

To appeal to a wider international audience this book would have benefited from an explanation of

models of service provision in the United States and the extent to which services are hospital based and community orientated. This would be very interesting for clinicians who have not trained in the United States. There could be more focus on the settings in which Old Age psychiatrists practice, the extent of multi-disciplinary teamwork, the interaction between Old Age psychiatrists and primary care services and other hospital specialists such as geriatricians and neurologists. In addition, contributions from other professional grouping involved in managing older people would have added other useful perspectives to the book.

There are many excellent chapters. The authors devote a full chapter to Interviewing and developing a therapeutic alliance with patients. It is thoughtfully written and full of very useful practical advice in assessing patients both with and without cognitive impairment. There is a fascinating chapter titled 'Disasters and Terrorism' with reference to the impact on 9/11 on older adults. Chapters on Capacity assessment, Elder Abuse, End-of-Life Care, and Violent Deaths in older people are very well written with the authors' humanistic approach very evident. The chapter on Family Caregiving integrates research findings in this area with practical clinical interventions for caregivers in helping their dependents. The final chapter provides very useful insights into the health care policies that have shaped the development of services in the United States.

I would highly recommend this book not only to practicing specialists in Old Age Psychiatry and Medicine for Older People but also to general adult psychiatrists and other professional groups dealing with mental health problems in older people.

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*Shrink Rap – Three Psychiatrists Explain Their Work*.

Edited by Dinah Miller, Annette Hanson and Steven Roy Daviss (245pp., \$19.95; ISBN 978-1-4214-0012-9). The Johns Hopkins University Press: USA, 2011.

The title of this book 'Shrink Rap' may amuse and irritate in equal measure, yet in many ways the three authors (all practising clinicians) have capably delivered upon their promise to open a window into their collective brain to translate and explain the decision-making

processes that characterise day to day psychiatric practice. Originating as a blog and then a podcast, the authors ironically go on to admit that the book version of *Shrink Rap* was conceived as a means to introduce the work of psychiatrists, to present their expertise and professional dynamics in a more concise and organised way, and to attract a broader audience rather than be merely 'stumbled upon' through the internet. A definite victory for the hard copy brigade over fans of electronic technology one feels!

The book essentially articulates the unspoken musings of many mental health professionals and translates them for a non-professional audience. It is an honest and balanced account of diagnostic dilemmas, limitations of present treatment approaches, bureaucratic challenges and other day to day struggles that test to the limits the skill and forbearance of practitioners of psychiatry. There is heavy use of fictionalised patients to illustrate not only the interaction between psychiatrist and patient, but also to make clear and expand upon whole topics such as the function of consultation-liaison psychiatry or the purpose and nature of psychotherapy. While the writers appear to benignly vindicate the motives of psychiatrists in many instances, equally they don't shy away from the issue of boundary violations or therapists who exploit patients, or patients who have less than satisfactory treatment outcomes from psychiatric encounters. There is also a wealth of factual information about treatment choices that is combined with a realistic and welcome honesty about the current limits of scientific knowledge. Notwithstanding such limitations, however, the writers depict an underlying hope about the positive outcomes that may be achievable for many, through thoughtful and sensitive application of the craft and skill of mental health healing.

'*Shrink Rap*' is organised into 12 chapters, each covering a range of issues and practicalities such as accessing help, psychotherapy, the prison patient, the business of psychiatry and the future of the specialty vis-a-vis novel therapies based upon pharmacogenetics for example. While '*Shrink Rap*' has an undoubted primary appeal amongst a US-based audience, the sensitivities and challenges faced by clinicians everywhere have a surprising similarity irrespective of their location or clinical setting. The chapter describing the challenges of navigating private health insurance companies and their rules and criteria, exposes the US system as business rather than patient centred but also leaves an anxious foretaste about future anticipated changes being demanded by private insurers in this jurisdiction.

While the book does not aim to give a full technical or professional understanding of each topic described in the various chapters, the reader (perhaps a patient)

will be able to approach the professional (a psychiatrist) having read this book, with more realistic expectations of that encounter this higher level of advance understanding potentially leading to richer and more empowering interactions between patient and psychiatrist. It is thus a useful training exercise (and arguably a core clinical skill) for clinicians to be aware of and broadly familiar with the content of similarly useful publications that provide accessible explanations of mental illness and psychiatry. This book is also studded with pearls of wisdom and practical insights gleaned from those who make the art of psychiatry their life's work and would therefore hold the interest and attention of trainees and more experienced practitioners alike. '*Shrink Rap*' is, however, a worthy occupant on the shelves of any patient information centre or library and can be safely recommended as a book that is a relevant, accessible and useful resource for those encountering the work of psychiatrists. On a technical point for a multi-authored publication with three authors for all chapters, there is a remarkably consistent and uniform writing style evident throughout the book with no individual attribution to any one of the authors (drawn from different psychiatric subspecialties) in relation to any of the chapters or headings which would seem a considerable editorial feat. At times, the three writers' address the reader collectively and with great clarity and impact and always with a balanced note of hope, as at the end of chapter 3 (quoted partly below) that addresses why people seek care.

'We believe there is no shame in seeking psychiatric care, and we wish everyone believed it. Perhaps part of the human condition is that we are all vulnerable, that human beings have problems, and that life certainly has its rough patches. People get sick, physically and mentally, and they get better. It's unfortunate that the stigma of mental illness keeps people from seeking care for things that so often get better with a little intervention and attention'.

'*Shrink Rap*' is thus a well executed, balanced and practical translation of the workings, practical strengths, shortcomings, controversies and debates that impinge upon the daily application and practice of psychiatry. It deserves a broad readership and will satisfy curiosity about the workings of our specialty from professionals and non-professionals alike.

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