

potential risk factors – the risk of falling may not be significantly elevated by their poor vestibular function if the individual concerned is aware that their balance is poor in the dark, ensures that there is good lighting at home, and walks carefully when the light is poor.

The introduction to Part II notes that since risk factors are heterogeneous and complex, there can be no single, simple solution to falls prevention. Chapter 10, which is co-authored with Julie Whitney, nevertheless makes a valiant attempt to identify the characteristics that discriminate effective from ineffective exercise-based falls prevention interventions. Although the evidence does not yet permit any firm conclusions to be drawn as to the ideal characteristics of such interventions, the authors make suggestions for necessary ingredients, based on their extensive clinical experience and an interpretation of the mixed findings from clinical trials.

The final section of the book considers directions for future research, but useful indicators of areas of ignorance requiring further investigation are provided throughout by the critical literature reviews. For instance, in reviewing psychological risk factors the authors note that depression can increase the risk of falling by an odds ratio of 7.5, but the reason for this greatly increased risk is unclear. Perhaps older people who are depressed are much less active and therefore have reduced muscle strength? Maybe use of antidepressants contributes to their increased risk of falling? While readers will learn much from this book, whether they are novice or experienced in the field, the book also makes the reader acutely aware of how much more we need to understand if we are to achieve significant reductions in the rate of falling. An inevitable limitation of any attempt to review such a large literature is that conclusions can rapidly become out of date, and so while this second edition provides a valuable update of an excellent resource, it can only be hoped that advances in our knowledge will soon make it necessary to embark on a third edition.

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Michele Dillon and Paul Wink, *In the Course of a Lifetime: Tracing Religious Belief, Practice and Change*, University of California Press, Berkeley and Los Angeles, 2007, 295 pp., pbk £15.95, ISBN 13: 978 0 520 24901 1.

Almost by default, and for all the wrong reasons, the religious beliefs and behaviour of individuals and groups have in recent years become the focus of government attention and policy. The focus is directed towards security matters and social cohesion, and the emergence of more politicised and muscular forms of religion-inspired activity have produced wider discourses about national and individual identity, cohesion, social values, human progress and science. We spend fortunes on studies which seek to understand religious fanaticism. Meanwhile in the United Kingdom, research on religion and spirituality as resources for health, coping and life satisfaction is close to non-existent. This void may have arisen because religion and spirituality are not deemed appropriate things for empirical scrutiny, or because in our secularised society, de-politicised

religion itself simply doesn't matter. Where is the pay-off? Fortunately, the American grant-funding bodies and academic institutions tend to see things rather differently. The book *In The Course of a Lifetime: Tracing Religious Belief, Practice and Change* is based on a major longitudinal study of religious belief and practice in the United States. It has gathered powerful and sometimes painful narratives and reflections of people throughout the lifecourse. Starting in adolescence in the 1920s and taking us through the 1950s to the 1990s, one can only envy the dogged determination of the researchers and the richness of the presented data. For those with a more quantitative inclination, diverse data on physical and psychological health and life satisfaction are reported.

Erik Erikson suggested that the acceptance of one's life trajectory at old age grids 'positive ageing'. The findings presented in Chapter 10, 'The buffering role of religion in late adulthood', suggest that religion may be influential in this process. However, one of the intriguing findings from this work is that the data fail to support the hefty body of evidence accumulated by Harold Koenig, David Larson and others that religion and spirituality are protective against physical ill-health. That is not to say that religion is not beneficial in other ways. Rather, Dillon and Wink argue that the data support the sort of buffering effect that has long been the received wisdom of those with an interest in spirituality and health. Thus, using ill-health as a proxy for adversity, older people with strong religious beliefs and poor health were able to maintain the same level of optimism and coping as those who were free from ill-health – even accounting for the usual confounders of gender and social support. Moreover, this protective effect could be predicted from religiousness in middle age; in other words, it wasn't simply that these people gravitated, pre-emptively, towards religion as a counter-adversity measure. The chapter also covers complex gender differences and nuanced contrasts between the more settled religious individuals and the 'spiritual seekers'.

The results of the quantitative analysis are carefully described but never intrude with heavy statistical output; instead, the strength of the narrative is maintained throughout the book in an extremely erudite but accessible manner. Thus, the ways in which the informants use their religious beliefs and behaviour to provide meaning to their illness are sensitively described with narratives that display the sheer, messy complexity of life and the events that seem to arise from nowhere – challenging our assumptions and our taken-for-granted worlds. Elsewhere in the book the authors provide a finely-grained account of the waxing and waning of religious belief and behaviour, from adolescence to adulthood, engaging with the individuals as they journey through the turbulent cultural, social and political events and processes of the last century. While the seemingly monolithic and politically-active evangelical Christianity of the 'neocon' generation grabs the headlines, the book helps to reassure that the landscape of religious belief in the USA is considerably more textured.

Older age is a time when people tend to face mounting concerns, particularly those regarding loss of health and eventual death. However, religious belief has undergone considerable change in terms of greater pluralism and growing secularism. There is a need to understand the impact of such changes on older people's health, wellbeing, meaning and identity. This book, authored by two eminent

scholars of sociology and psychology and funded by The Templeton Foundation, is an outstanding contribution to our knowledge of religion and spirituality over the lifecourse. It is both insightful and skilfully written, and backed by a deep knowledge of the literature. It will be of considerable use and interest to academics from a very wide range of disciplines.

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Henry Woodford, *Essential Geriatrics*, Radcliffe Publishing Ltd, Oxford,
2007, 320 pp., pbk £24.95, ISBN 13: 978 1 84619 170 1.

This book achieves its stated main aim – to provide an evidence-based and practical text for newcomers to the specialty of geriatric medicine (or geriatrics as it is sometimes called). The specialty came into being because hospital general medicine served the needs of older people poorly. In a similar way, standard medical textbooks have too often failed to take account of the special needs of older people and the different approaches to diagnosis and treatment that are required. Rather than approach the subject from a systems basis, which usually means starting at the mouth and working through the rest of the body, Woodford has concentrated on the ‘geriatric giants’ of falls, immobility, incontinence and confusion. These are symptom areas for which there is growing evidence that therapeutic interventions can make a real difference to older people’s health and quality of life.

The practice of geriatric medicine has developed differently in different countries and the contents of this book reflect the ‘British’ model. In other countries, for example, stroke and Parkinson’s disease are the domain of the neurologist rather than the geriatrician. In this book, there is a bias towards secondary rather than primary care. Again this reflects UK practice where community geriatrics has only recently re-emerged after a period of decline. The role of general practitioners and their teams in health promotion and chronic disease management are not specifically covered. Also omitted is discussion of the new ways in which non-hospital treatment is being provided, for example, in intermediate-care settings.

The book is enhanced by several diagrams and flow charts for investigation and therapy and there are plenty of references to original research, reviews and clinical-guideline websites which will help those who wish to enquire further. All doctors who work with older people, and that is almost all doctors, will benefit from reading this book as will other members of the multidisciplinary team. They should also pay heed to James George’s comment in the Foreword, ‘Older patients are often wiser than their doctors and when given the alternative options ... will make the right decision for themselves’.

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