

the many variables that affect how people grieve, and the many types of grieving, including a note about Doka's "disenfranchised grief."

This is a useful Canadian resource for students and teachers, but as the authors note, it is meant to supplement the more comprehensive (and American) textbooks in the field. One of the book's key themes is that "there are many different ways of dying." A homily, perhaps, but necessary: social scientists and health professionals know that they must recognize individual variations in this experience, while still emphasizing the social, cultural, legal, and bureaucratic forces that give some common structures to death and dying. The brief appendix of sources in this edition now lists mostly websites, which is appropriate, but it certainly could be longer and should include an expanded recognition of the data provided by Statistics Canada, Health Canada, the Public Health Agency of Canada, and the vital statistics websites of the provinces and territories.

What is missing? Although one cannot fault a brief book about dying in Canada for being narrowly focused, I wonder about the lack of discussion of warfare and genocide. Canada continues to lose soldiers

in foreign wars, and the genocides in Rwanda had a profound impact on Lieutenant-General Roméo Dallaire, former commander of the UN peacekeeping force in Rwanda. The failure to prevent the genocides there is documented in the video *Shake Hands with the Devil* (Canadian Broadcasting Corporation, 2004). Students need to be made aware of the history of murder on such a massive scale (by Stalin, Hitler, Pol Pot, et al.). The book also sadly missed or skimmed over other topics that have Canadian content: homicide (in the news daily), serial murder (e.g., Clifford Olson), mass murder (e.g., Ecole Polytechnique), and suicide (which kills roughly 3,500 Canadians each year). Also, mention should be made of terrorism (e.g., 331 deaths in the Air India bombing) and of the many disasters that have affected Canadians (e.g., the Halifax harbor ship explosion in 1917, airplane crashes, the Ocean Ranger sinking, the Westray mine deaths, and the 2003 SARS outbreak in Toronto that killed 44 people).

I look forward to an improved third edition in a few years' time, and recommend this book highly to anybody teaching a course on death and dying.

Gogia, Prem P., and Rastogi, Nirek. *Clinical Alzheimer Rehabilitation*. New York, NY: Springer, 2009.

Reviewed by Sandra P. Hirst, Brenda Strafford Centre for Excellence in Gerontological Nursing
doi:10.1017/S0714980809091016

Alzheimer's disease is one of the greatest health challenges faced by researchers, health care practitioners, policy makers, long-term care facility staff, and certainly by older adults and those important to them. The Alzheimer Society of Canada, on their web site, identifies 1 in 11 of Canada's older adults as having Alzheimer's disease or a related dementia. Within a generation, the Society anticipates that the number of Canadians with Alzheimer's disease will more than double.

Alzheimer's disease extends beyond the older adult to the family. As the disease progresses, clients become increasingly reliant on informal and formal caregivers to meet even their most basic needs. Given its prevalence and the wide range of issues surrounding Alzheimer's disease, it is important that current information be provided to all those affected by the disease. *Clinical Alzheimer Rehabilitation*, by Prem P. Gogia and Nirek Rastogi, is a resource for a range of diverse individuals and population groups involved in caregiving. The book provides up-to-date information about the challenges and related care of dementia—resulting

particularly from Alzheimer's—in the older adult population.

The book, which is presented in the form of a textbook or guide, is written clearly and concisely, making it straightforward for most readers, certainly for professionals. In writing for the general public, however, authors must consider reading ability: books must be easy to read to accommodate Canada's diverse cultures, religions, languages, lifestyles, and educational levels. Although this text—such as the refresher course on genetics in chapter 3—is not written at the appropriate level for many members of the lay public, professionals will nonetheless find this book of use. The book is divided into 11 chapters, each describing a different aspect of the disease process and related life needs of the older adult. Chapter titles include these: Dementia Syndrome, Causes of and Risk Factors for Alzheimer Disease, Long-Term Care of People with Alzheimer, and End-of-Life Care for Persons with Alzheimer Disease. The chapters all have a strong evidence base, primarily drawn from US work although there is the occasional Canadian reference.

Clinical Alzheimer Rehabilitation does not offer what we might call a “personal touch,” such as that evidenced by the classic book *36 Hour Day* on caring for those with Alzheimer’s disease and with which some families find it easy to relate. Personal narratives, which *Clinical Alzheimer Rehabilitation* does not include, may help readers identify with others who have similar experiences. Conversely, however, this book’s lack of emotional overtones might well be a relief to those family members for whom the long journey of caring is already burdensome.

Because it lacks the personal touch, *Clinical Alzheimer Rehabilitation* may, in fact, be beneficial to older clients who have recently received a diagnosis of Alzheimer’s disease or dementia. The matter-of-fact narrative might well provide some emotional distancing from a diagnosis that is devastating to receive.

Clinical Alzheimer Rehabilitation is appropriate for adults who are caring for a client with Alzheimer’s disease or dementia. Health care professionals may want to suggest this book to those who have recently learned that a family member has been diagnosed with dementia. It gives them a practical guide to use when they have questions regarding how normal behaviour of a client with Alzheimer’s disease manifests itself. Then, too, the book may help them deal with the difficulties of caring for someone suffering from memory loss and accompanying behavioural changes, and when to begin discussing the client’s wishes for end-of-life care. (Because it is often difficult for family caregivers to get out of the house, this book might be regarded as an “in house” resource.)

Providing care to an older adult with Alzheimer’s disease presents challenges to families and to professional caregivers. One of the most devastating transitions for families occurs when they can no longer manage the care of their loved one at home and are forced to seek alternate care arrangements. The realization, acting on, and following through with the placement of their loved one in a care facility has been identified as one of the most traumatic events in the family caregiver’s life. Daily care of an Alzheimer individual is as much an art as it is a skill. Caregiving unfortunately often falls to one family member, usually the spouse, but it could be an adult child or a domestic partner. Regardless of which family member serves as caregiver, the journey is not easy, and this resource will provide some helpful strategies and skills to support this process. The authors recognize that, to be effective, caring must be a collaborative partnership between families and professional caregivers. It is a journey too difficult for a family member to walk alone.

The role that families play in providing care to their older member is crucial. Gogia and Rastogi acknowl-

edge this role and the importance of maintaining family ties in the lives of older individuals with Alzheimer’s disease. The authors also recognize the changes initiated by the disease. A key theme that emerges is that there are choices to be made, such as Do I provide care at home? Is long-term care a suitable placement for my older family member, or would respite care be more appropriate? What medications might be helpful?

Often, certain needs arise in individuals with Alzheimer’s disease at the end of life that warrant attentive care. One example of such a need is for families to maintain human contact with the afflicted individual as the dementia increases. This book addresses how to help sustain that contact. Maintaining comfortable and consistent surroundings for the person with advanced Alzheimer’s disease is also important in retaining as much cognitive capacity in and functioning by the person as possible. As the disease progresses, particularly in an Alzheimer client, it can be difficult to predict accurately the length of an older adult’s life. When a family member dies, the death is often both a relief and a crisis for surviving members. Often, issues are unresolved. The inclusion of this chapter (ch. 10) will help family members to talk openly about the death and their emotional reactions to it.

Gogia and Rastogi have set forth the necessary diagnostic tools, caregiving strategies, including pharmaceutical medications, and care site options to address the ongoing challenges of meeting the needs of Alzheimer clients. The tools the authors describe are useful, although not to all readers, nor are these tools the only ones available. Similarly, not all strategies fit every individual with an Alzheimer’s disease diagnosis, nor does the text recognize that an option that seems to be effective one day might not work on another day. However, the content does provide a range of information, most of which will be useful to the lay reader as well as to more-informed readers.

Some authors have discussed the importance of describing all behaviour as meaningful rather than problematic and suggest that labeling behaviours be avoided, for example “People with AD suffer from a variety of behavioral problems” (p. 127). Using labels such as “problems” when describing behaviours often leads to attempts to control the behaviour through the use of restraints or psychoactive medications. Strategies of this sort do not necessarily help caregivers to focus on understanding the reasons behind the behaviour from the perspective of the person with dementia. Gogia and Rastogi have instead emphasized the role of caregivers in trying to find the cause(s) of behaviours so that interventions may be individually crafted.

Care of older adults with Alzheimer’s disease cannot be adequately described independent of the principles and concepts of rehabilitation. Rehabilitation must be broadly defined in geriatric care. Often, those with

Alzheimer's disease are regarded as having "no rehabilitation potential" and are overlooked in their need to maintain function and prevent further decline. A rehabilitation perspective is a useful approach for working with Alzheimer clients. Rehabilitation is conducted in the context of a natural trajectory of dementia-induced changes over time, which varies according to the individual and the environmental circumstances. Due to the progressive nature of Alzheimer's disease, rehabilitation goals will change over time in a way that reflects this trajectory. In addition, age-related variables related to chronological years, cognitive skills, socialization status, physical ability, and the presence of co-existing conditions such as depression will influence the success of rehabilitation for Alzheimer individuals. Within this perspective, caregivers can deal with the challenges and behaviours associated with the disease in two ways: (a) building upon existing skills and (b) finding ways to compensate for impaired aspects of daily living. In the early stages of dementia, changes in cognitive functioning and the impact of these changes on daily life and social relationships are likely to form a primary focus for family and professional caregivers, so rehabilitation might be particularly beneficial. Although people with early Alzheimer's disease might have some obvious memory problems, people are to some extent still able to learn new information, retain information they have already learned, improve their practical skills, and adapt their behaviour. This means that if the right type of help is given, some improvement in the activities of daily living might be achieved, even for a short period of time. Gogia and Rastogi describe specific techniques to help with memory, whether the purpose is to build on re-

maining function or to compensate for function loss. The authors are to be commended for this inclusion.

A professional educated in the strategies of rehabilitation, with sufficient knowledge of the aging process, will be able to meet the future challenges of an aging Canadian population. New roles for health care and human service professionals may emerge, existing roles may change, and families will probably play a more crucial part in the care of their older members than ever before. Housing options will change as society shifts from formal, long-term institution-based care to assisted-living facilities. Quality care lies in the marriage between rehabilitation guidelines and knowledge of Alzheimer's disease and related dementias.

Overall, this book succeeds. It is a nicely produced book, and I found myself engaged by the text. It is easy to read and contains a great deal of useful information in a compact format. The authors have done well to cover the field of information that they have. The book is a more useful resource than popular online resources (e.g., Google) because the authors have already reviewed the evidence and ensured that the content is both relevant and useful in promoting the well-being of older adults with Alzheimer's disease and related dementias.

What the book lacks somewhat is the qualitative experience of living with Alzheimer's disease. The technology of providing care can become routine for family members and professional caregivers. Consequently, we must remember that the language of the heart gives meaning to rehabilitation-focused Alzheimer care. With a little gentleness, the face of Alzheimer relaxes for a moment in a smile.