

Book reviews

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Ageing and Older Adult Mental Health: Issues and Implications for Practice. Edited by P. Ryan and B. J. Coughlan (Pp. 296; £21.99; ISBN 978-0-415-58290-2 pb). Routledge, Taylor & Francis Group. 2011.

The best method of learning about a new field is to review it for the use of others. In this sense Ryan and Coughlan have done a sterling job: Most (nine) of the fifteen chapters of this multi-author collection appear to be written by one or more graduate students (mainly reading DClinPsych in Limerick) with some support from a senior colleague, most notably one of the editors. The trainers are to be congratulated for their initiative, which no doubt has profited their students in more than one way.

As a reader one is aware of the tendency of the chapters to start from first principles which somewhat limits the distance that can be travelled. There is frequent quoting from standard textbooks, occasional howlers, such as ‘the MMSE offers a brief assessment of mood’ and ‘Phonetic [*sic*] engineering ... involves taking cells from a person’s body, altering them genetically so as to ameliorate ageing mechanisms, and then re-planting those cells to the person of origin.’ There is lots of well-meaning p.c. stuff: ‘Taking a person-centred holistic approach to assessment is a positive proactive step and preferable to the more traditional reactive one.’ Some sentiments are encouraging: ‘The myths [*sic*] shared by many older people, professionals and policy makers are that ageing and mortality are synonymous,’ others alarming: ‘Electroconvulsive therapy should be used extremely cautiously because of the risk of cardiac complications; delirium and the fact that the individual is actually receiving so many volts [*sic*] of electricity into his/her body.’ Other insights are so long in the tooth that they must come from one of the supervisors: ‘[John Stuart] Mill failed to foresee the potential consequences of pursuing happiness of the greater number of people ... this ethical principle was to become a warrant for the inhumanity of Leninist-Marxism [*sic*], Maoism, Naziism [*sic*] and Fascism’ – Poor John Stuart! I remember cramming from similar encyclopaedic booklets produced by trainees for trainees. They are helpful as long as the reader remembers that they are not authoritative and that sometimes reading the sources is necessary to clear up any puzzlement arising from the lecture. The selection of themes, which range from ‘Treatment of mental

health issues: Reality versus best practice’ to ‘The paradox of ageing: Why do older people look so happy?’ are presumably aimed at participants on a DClinPsych course, other ‘mental health workers’ may prefer to seek their information elsewhere.

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Behavioral and Psychopharmacologic Pain Management. Edited by M. Ebert and R. Kerns. (Pp. 506; \$99; ISBN 978-0521884341.) Cambridge University Press: Cambridge, UK. 2011.

Hitherto many textbooks, mainly intended for psychiatrists, focused either on psychological or psychopharmacological treatments for chronic pain. This left a gap for a pragmatic resource providing a more global approach to the multi-disciplinary specialists involved in the care of patients in a comprehensive pain clinic, i.e. a bio-psychosocial perspective on chronic pain management. The reader immediately feels that the editors have the essential qualities for this publication: they emanate from a specialized pain and psychiatric background, and are actively involved in the reform of pain and psychiatry fellowship training programs in the USA. They convened an impressive group of specialists (spanning from psychologists and nurses to anesthetists, psychiatrists, neurologists, and physical medicine specialists) who expertly outline the best uses of behavioral, psychotherapeutic and psychopharmacological approaches for chronic pain relief. This comprehensive overview, which fully embraces the complexity of the interactions between pain and psychiatric co-morbidity, is quite novel.

The book is organized in five sections. The short first section presents the bio-psychosocial perspective on chronic pain, explaining the current knowledge on the interactions between pain perception and psychological state or socio-cultural factors, and providing convincing evidence to support the use of psychological approaches in this context. The second section details pain assessment strategies and tools. Overall, the complexities of measuring a subjective perception are clearly discussed, along the necessity to assess eventual psychiatric co-morbidity and potential emotional consequences of pain. Interesting clinical vignettes illustrate the intricacies between