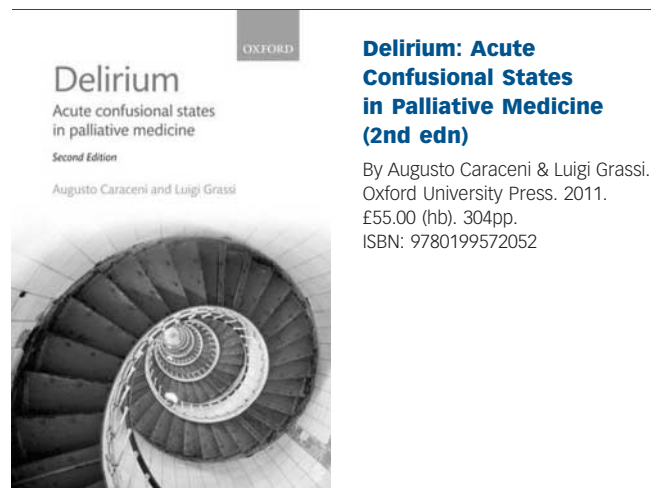


been left traumatised. It is the right time that people think about the causes of the current conflict, especially those living in the Muslim world.

I therefore read with interest this book by Unaiza Niaz and co-authors, who have attempted to objectively look at the political and psychosocial causes of terrorism, insurgencies and wars in the Muslim world. They have even gone a step further and tried to clarify some of the misinterpretations of Islam in this area by quoting examples from the Quran. The book takes a balanced approach to describing the causes and consequences of terrorism. It highlights the cost of the wars and terrorism that is paid by civilians and especially the damage to more vulnerable groups, such as women and children. The book tries to answer some of the common questions, for example, why terrorism is more prevalent in Muslim societies and why most terrorists come from a Muslim background. The authors promote the thesis that the underlying cause might not be just misinterpretation of Islam, but a deep unrest in the Muslim world caused by lack of freedom and democracy and a rule of oppressive regimes that are sometimes supported by the West. The terrorist attacks might be a projection of the miserable lives of the people in these countries. The book also suggests that implementing justice and democracy, equal distribution of wealth, addressing poverty, disease and illiteracy will be more helpful in dealing with terrorism. As such I recommend this book not only to mental health professionals, but also to the lay public.

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Delirium: Acute Confusional States in Palliative Medicine (2nd edn)

By Augusto Caraceni & Luigi Grassi. Oxford University Press. 2011. £55.00 (hb). 304pp. ISBN: 9780199572052

This is a book about delirium and far less about 'acute confusional states in palliative medicine'. Delirium has been and remains the Cinderella of psycho-syndromes but it is wearing finer dress as a result of studies into epidemiology and pathophysiology as well as phenomenology. These are explored and presented, which is news to clinicians, for delirium is so rarely given centre-stage for its own sake, being incidental to the main players of its aetiology.

Non-pharmacological management is given due attention, though sadly busy hospital wards can be difficult environments in which to follow calming and supportive behavioural strategies for those with delirium. There is concordance with much that is contained in the National Institute for Health and Clinical

Excellence guidelines on delirium and its diagnosis, prevention and management. Drug management is considered in detail and reflects international practice, with some of the key aspects of the European Association for Palliative Care (EAPC) framework for the use of sedation in palliative care being appropriately highlighted.

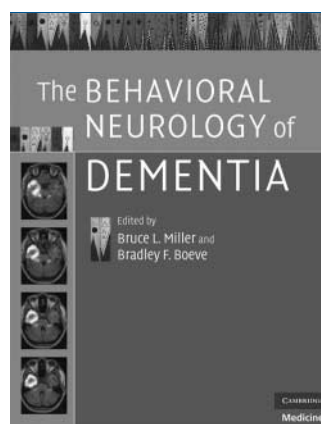
Less gripping are the sections describing assessment scales – five are presented in full as appendices which range from 1 to 6 pages in length. In most situations only the very shortest can be justifiable in what is always a fraught and often rapidly changing scenario. Time spent with a paper and pencil or a computer screen is time taken away from providing skilled and humane, well-informed interventions. Yet the messages are well taken: when individuals are known to be dying from an irreversible progressive pathology, they may nevertheless become temporarily less well because of intercurrent problems which can be reversed. These must be identified and then treated effectively. However, delirium is for many the gateway to death and not to be fought as something which can be avoided, but anticipated, acknowledged and managed with calm and acceptance. Judgement on response comes from a close and comprehensive clinical understanding rather than scores on a check-list.

The final chapter returns, most appropriately, to family experiences and the loss of contact before death which is the essence of terminal delirium. Although this brings a welcome emphasis on holistic palliative approaches to end-of-life care, other texts have covered this ground in greater detail, and there is much included that is not specifically concerned with the issues encountered in caring for the delirious dying patient.

This is an unexpected book. It offers more than the title suggests. It is probably too expensive for most personal collections but should find a place in bench libraries in hospices, general hospitals and larger health centres. It should become essential reading for the psychiatrist working with the physically ill including those in palliative care.

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The Behavioral Neurology of Dementia

Edited by Bruce L. Miller & Bradley F. Boeve. Cambridge University Press. 2009. £118.00 (hb). 418 pp. ISBN: 9780521853958

This reference tome covers the broad field of the behavioural neurology of dementia in 25 multi-authored chapters. Apart from a chapter by Hodges *et al*, it is written from a predominantly North American perspective, which will make some of the

recommendations for practice seem odd to those of us working in the UK National Health Service – for example, that all patients with suspected dementia should have an MRI scan!

The book is rather idiosyncratically divided into sections of ‘Introduction’, ‘Cognitive impairment, not demented’, ‘Slowly progressive dementias’ and ‘Rapidly progressive dementias’, and not all chapters are where they might be expected – ‘dementia treatment’ can be found in the ‘Cognitive impairment, not demented’ section. Given the variety of voices, it comes as no surprise that there is some repetition of basic information, particularly epidemiology. There is also variation in the referencing style used in different chapters, which is unhelpful when chasing references.

Many of the ‘big names’ in dementia research have contributed to this publication. This means that it is generally well informed and readable. On the other hand, it also results in some concepts which are surrounded by debate being inaccurately portrayed as uncontroversial. For example, mild cognitive impairment is hypothesised to represent the prodromal phase of dementia but has an extremely heterogeneous prognosis, probably due to its lack of conceptual clarity. The chapter by Kelley and Petersen cites evidence that 5–16% of patients with mild cognitive impairment progress to dementia each year (though estimates range from 1–29%) compared with 1–2% of the ‘normal’ population. However, they downplay the fact that a significant proportion of those labelled with mild cognitive impairment

return to normal cognitive function. They suggest that this is the case for approximately 5% per year but estimates of the proportion returning to normal have been as high as 44% (this and previous estimates from K. Ritchie, *Dialogues in Clinical Neuroscience* 2004; 6: 401–8).

More concerning, the book minimises the well-accepted effect of increased mortality associated with antipsychotic medications in older adults with dementia. In the light of guidance from numerous bodies, and recent reports that these drugs have limited efficacy and are too often used as the first response to behavioural and psychological symptoms of dementia, the book’s coverage of this topic seems inadequate. However, the authors do make appropriate recommendations about the judicious use of these medications in a small proportion of highly symptomatic patients where other approaches have failed.

This book frustrated me slightly and left me crying out for a stronger editorial hand. Although it remains an interesting and valuable collection of rather disparate, varied chapters on this fascinating subject, it definitely remains one for reference in the library rather than your personal collection.

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