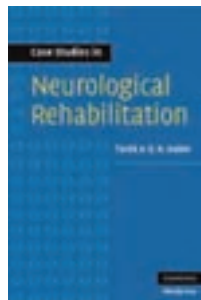


# Case Studies in Neurological Rehabilitation



**Authors:** Dr Tarek A-Z, Gaber K.  
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This innovative new book provides current, highly practical and enjoyable text to refer to when dealing with the usual mix of cases seen in a typical neurological rehabilitation service. The material is presented as case histories to set the scene for a discussion of a complex neurological rehabilitation issue. Almost all similar book titles present clinical cases as diagnostic challenges. What is unique about this book's approach is its presentation of cases as management challenges. Most cases seen in neurological rehabilitation services are already diagnosed but nonetheless difficult because of their complexities. The cortical blindness case is a good example. The patient's visual impairment is probably the least of his problems as the cognitive, behavioural, sleep etc are the prime causes of disability and handicap. The author presents the cases in an uncomplicated way, allowing non-medically trained clinicians to follow the arguments with ease.

There are three parts. The first part is on the basic principles of service delivery. This part is short and presents a relatively narrow view. Readers from overseas may find the material useful but it lacks originality.

The second part is based on case studies and is subdivided into thirteen sub-sections to cover all the major issues that neurological rehabilitation clinicians face routinely. There are forty-five case histories with different types of management problems. Each section consists of brief case histories followed by a well-written commentary highlighting all the must-know points. This extremely useful sec-

tion contains explanations, classifications, criteria for diagnosis and proposed guidelines and management options. Most of the topics use tables, which aid understanding and recall. All topics end with a brief but relevant further reading suggestion list. The second part is the real strength of this book as it provides clear practical advice about day-to-day complex neuro-rehabilitation cases in a simple and easy way.

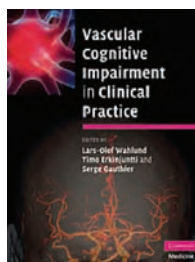
The quality of the commentaries varies with good, insightful cases such as aphasias, thromboprophylaxis and pontine myelinolysis and other cases with relatively limited scope, such as locked-in syndrome (ignoring low consciousness states as differential diagnosis!) or ataxia. I could not understand the absence of a case dealing with memory impairment despite the excellent coverage of the other main cognitive rehabilitation issues.

This weakness is probably common to all similar books with a single authorship as the author only feels comfortable dealing with the areas of his specialist interest.

The book concludes with 50 multiple-choice questions covering issues, which are probably too brief to warrant a full case discussion. This part is very helpful for trainees preparing for European/North American board examinations.

Overall this is a well-written, interesting and handy practical guide that would be useful for any clinician dealing with long-term neurological conditions whether s/he is a doctor, therapist or nurse. ♦

# Vascular cognitive impairment in clinical practice



**Editors:** Wahlund L-O, Erkinjuntti T, Gauthier S.  
**Published by:** Cambridge University Press, 2009.  
**ISBN:** 9780521875370.  
**Price:** £65.

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Vascular dementia (VaD) and vascular cognitive impairment (VCI) are mysterious conditions for those neurologists with an interest in cognitive disorders who almost never make these diagnoses, and hence believe them to be rarities, whereas old age psychiatrists seem often to use these labels (age mix of cases may explain some of the difference). Perhaps the problem lies in the textbook dichotomisation of Alzheimer's disease (AD) and VaD as distinct disorders, whereas Kivipelto and colleagues (p178-91) argue in this volume for a more "integrative etiology" with a continuum running from pure AD to pure VaD through entities such as "AD with vascular lesions" and "VaD with AD changes". The heterogeneity of VaD/VCI, with various subtypes, is of course well-recognised.

Various lines of evidence support this approach: the shared vascular risk factors for AD and VaD (p155-65), the evidence for cholinergic deficits in VaD (e.g. p196), neuropathological studies (e.g. MRC CFAS) showing that mixed pathology is the rule in demented elders, evi-

dence for the modulation in a synergistic manner of AD-related clinical expression by vascular lesions (e.g. the Nun study), and the modest efficacy of ChEI in VaD (p196-8, though not of course sanctioned by NICE).

Elsewhere this well-presented volume covers diagnosis (clinical, cognitive, structural and functional imaging) and pathophysiology (large vessel, small vessel, white matter changes, amyloidosis) of VCI. Treatment however remains problematic with a paucity of controlled studies addressing functional decline (p200-5) and behavioural symptoms (p206-19).

Primary and secondary prevention measures, perhaps facilitated by predicting risk of dementia in 20 years time (p161), may be the best hope for future national dementia strategies, with emphasis being appropriately placed on a life-long, lifestyle approach. Hence this book may be recommended not just for the VaD/VCI cognoscenti, but for all those concerned with the diagnosis and management of dementia syndromes. ♦

*If you would like to review books for ACNR, please contact Andrew Lerner, Book Review Editor, c/o rachael@acnr.co.uk*