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## Upper motor neurone syndrome and spasticity

"What – a whole book on spasticity? " my (medical) parents said. Yes, and it is one that achieves a good balance between the technical and the clinical aspects of the syndrome. The book is aimed at health professionals involved in treating adults or children with spasticity, including neurologists and other clinicians, therapists, orthotics experts and engineers. Despite this wide spread, or perhaps because of it, the book does bring out many features of spasticity that each discipline tends individually to forget, and works well in painting an overview with sufficient detail to satisfy aficionados.

The book brings out the many controversies about even the most basic statements and assumptions, including such pitfalls as the inappropriate use of parametric statistics for Ashworth scales. Individual interventions are hard to assess amidst the statistical noise and heterogeneity of problems encountered alongside spasticity.

Introductory chapters cover pathophysiology in enough detail to provide considerable food for thought. The chapter on measurement focuses on impairment and leaves discussion on disability and quality of life rather scattered about the rest of the book. Separate chapters detail the aims, methods and practical details of the available treatments, with appropriate

weighting given to physical therapies and preventive measures. Neurologists will find relevant coverage of the "side issues" that we farm out to others and perhaps in consequence find rather opaque, such as seating, positioning and orthoses, as well as the more traditionally "medical" areas such as oral and intrathecal drugs, nerve and motor point blocks, and surgical options. There is a realistic assessment of the value of botulinum toxin. The wide coverage of adult spasticity is distributed between many chapters, with paediatric spasticity more focused and perhaps in consequence it is easier to assimilate and appreciate the options and priorities for children. For instance, the physiotherapy chapter nicely clarifies the options and thought processes of therapists working with children, but says little specifically about adults, leaving the reader to draw this information from the various other chapters.

I would recommend this book to any health professional who deals with patients with spasticity – which includes most neurologists. It is well balanced and readable, and will bring you up to speed in the subject.

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Edited by: MP Barnes and GR Johnson  
Publisher: Cambridge University Press  
ISBN: 0-521-79427 7  
Price: £34.95

## Practical Neurology

José Biller has some impressive authorial and editorial credits to his name (Localisation in Clinical Neurology, Iatrogenic Neurology) and this book is also, in my view, a winner. Not to be confused with the journal of the same name, nor the book (by the late Professor Bryan Matthews) from which that journal took its name, Practical Neurology is a multi-author text, with all but one of the contributors being American.

Although physically small, the book is large on content, with over 800 pages of densely written text. Chapters in section I, devoted to diagnosis, follow a fairly consistent format, considering sequentially the pathophysiology/aetiology, clinical features, and evaluation of various clinical problems. Section II is devoted to treatment of particular conditions. Algorithms are included where appropriate; few illustrations (black and white) punctuate the text. One sometimes gets a bit bogged by the multiple subdivisions of chapter subheadings, but I suppose these may help the reader who is "dipping in" rather than reading systematically.

There are differences of emphasis in the American, as opposed to European, approach, especially in the treatment section (for example, the use of phenobarbital in epilepsy; no

mention of pizotifen for migraine prophylaxis; use of ChEIs viewed as "reasonable" in frontotemporal dementia). One may quibble with some points: LP is listed prior to brain imaging in the evaluation of delirium; there is no mention of SPECT scanning in diagnosis of dementia syndromes; catatonia is labelled a purely psychiatric phenomenon; IgA deficiency is not mentioned as a contraindication to the use of IVIg; angiography is said to confirm the diagnosis of cerebral vasculitis. There are occasional typographical errors, and the index is not all-encompassing. However, this is nit-picking, and the mass of information and its systematic organisation means one has no hesitation in recommending this book. Bryan Matthews's Practical Neurology (3rd edition, 1975) was my favourite neurological text as a medical student; this namesake is a worthy successor. Indeed, I see this as a serious competitor to some of the big texts (Neurology in Clinical Practice, Brain's), and you don't need to undertake a body-building course to be able to carry it around. And it's (much) cheaper!

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Edited by: José Biller  
Publisher: Lippincott Williams & Wilkins  
(2nd edition)  
ISBN: 0-7817-3019-8  
Price: £53.50

## Mild Cognitive Impairment: Aging to Alzheimer's Disease

Mild cognitive impairment (MCI) is a concept that has been introduced to refer to individuals who have subjective memory complaints, normal activities of daily living, and normal general cognitive function but who are memory impaired for their age yet are not demented (i.e. do not fulfil widely accepted diagnostic criteria for dementia syndromes). However the concept is heterogeneous: aficionados delineate amnesic MCI, multiple domain MCI, and single non-memory domain MCI. A subgroup of these patients, most particularly those with amnesic MCI, in fact have incipient or preclinical Alzheimer's disease (pAD), since perhaps 10-15% of MCI patients "convert" to AD each year.

The meaning of MCI varies depending on the diagnostic criteria used: some have equated MCI with specific scores on clinical rating scales (e.g. Clinical Dementia Rating = 0.5; Global Deterioration Scale = 3) but the editor of this volume is at pains to point out that MCI remains a clinical diagnosis which can only be approximated by single rating stages.

Whatever one makes of the concept, there can surely be little doubt that there is a transitional period, perhaps of many years duration, between normality and the clinical declaration of AD (most evident from pathological studies),

and that identifying pAD would be highly desirable if a therapy which halts or slows AD progression were known. This multi-author text, featuring many well-known figures in the AD field, reviews evidence for this concept from the perspectives of clinical features, neuropsychiatry, neuropsychology, neuroimaging (structural and functional), neuropathology, and plasma and CSF biomarkers.

Defining norms against which to make comparisons is a frequent theme (especially in the neuropsychology sections), which leaves this reviewer wondering whether the subtle signals of pAD can be reliably distinguished from the noise of so-called normal, healthy, or successful aging.. If so, then presumably the concept of MCI will become redundant?

Despite this reviewer's misgivings about the concept, MCI is certainly an area of significant research interest currently, with many groups undertaking studies. This book gives an accessible and informative overview of current understanding.

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Edited by: Ronald C Petersen  
Publisher: Oxford University Press 2003  
ISBN: 0-19-512342-5  
Pages: p269  
Price: £39.50