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Vision in Alzheimer's Disease - (Interdisciplinary topics in gerontology, vol. 34)

Any neurologist who has encountered patients with the visual variant of Alzheimer's disease (AD), also known as posterior cortical atrophy, will be aware of the profound disability caused by this condition, even when memory function is relatively intact. Lesser degrees of visual agnosia and/or impairment of visuospatial functions are common in typical AD presenting with memory problems, although often undiagnosed. This volume gives an overview of the visual problems of AD. These include impairments of: contrast sensitivity, especially at low spatial frequencies; motion, shape and colour perception; pupil reaction; face discrimination; and reading.

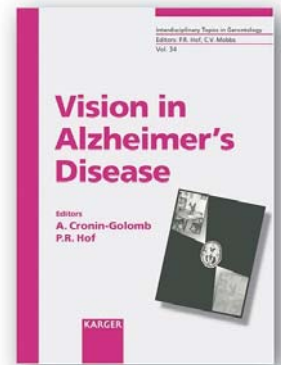
The 16 chapters are arranged into four sections. The first of these deals with "structure and function", describing changes in the retinal ganglion cells, suprachiasmatic nucleus (which may impact on circadian function, perhaps relevant to the clinical phenomenon of "sundowning"), lateral geniculate nucleus, primary visual cortex, and corticocortical association pathways. These findings are complemented by the experimental findings in the third section ("Visual perception and cognition", challenging reading for the non-research clinician), indicating that both the magnocellular and parvocellular (dorsal/ventral,

where/what) visual pathways may be affected in AD. Impairments of visual attention are the topic of the fourth section, specifically reductions in the window of visual attention, processing speed, and ability to divide attention, with obvious implications for tasks such as driving.

For the clinical reader, the second section will perhaps be of greatest interest, detailing the heterogeneity of visual presentations in AD, the visual variant of AD, and visual hallucinations. How to tackle these problems is difficult. Clinical experience suggests that, whatever their benefits for memory, behaviour and function, cholinesterase inhibitors have little to offer for the visual problems of AD (although cholinergic mechanisms may be relevant to visual attention). The final chapter offers some practical advice about visual interventions, particularly enhancing contrast, with evidence that this may impact beneficially on bathing, dressing, toileting and eating function.

Overall, this is a stimulating volume, although the potential market may be limited.

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Cognitive Neuropsychology of Alzheimer's Disease (2nd edition)

This book is the expanded and updated successor to The Cognitive Neuropsychology of Alzheimer-type dementia published in 1996. As before, the majority of the book is devoted to neuropsychological function in AD, with chapters devoted to attention, executive function, memory (episodic, remote, implicit, semantic), language, and calculation. It is odd however that, unlike the first edition, this volume has no chapter devoted to visuospatial function, visual agnosia gaining only brief mentions in the chapters addressing reading and spelling, and motor functioning (alongside extrapyramidal signs, myoclonus and seizures, and apraxia). A welcome addition is a chapter on the loss of "awareness" of, or "insight" into, cognitive function, also known as cognitive anosognosia: it is perplexing how some AD patients are acutely aware of and appropriately worried by their cognitive decline whereas others are seemingly able to "paper over the cracks" and deny any problems at all, often to the incredulity of their exasperated relatives.

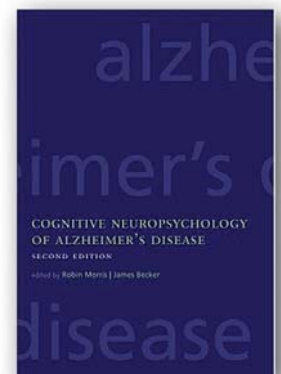
This neuropsychological core is sandwiched between sections on: background issues, with new chapters on the natural history of AD and preclinical AD; neurobiological correlates of cognitive dysfunction; and the treatment and management of AD. The 1996 chapter on genetic subtypes

of AD in the neurobiological correlates section is another omission in this updated edition, which is perhaps peculiar in light of the increase knowledge of genetic mutations, particularly in the presenilin 1 gene, causing AD, and the desirability of attempting genotype-phenotype correlations.

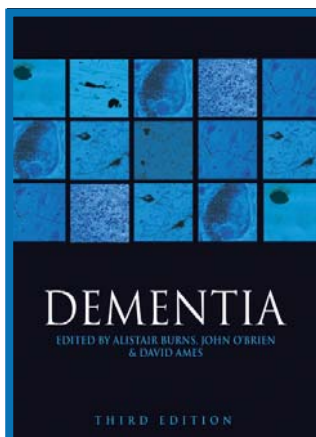
There is much more information here than will be needed by the practising clinician. I particularly enjoyed the chapter by Edgar Miller ("The assessment of dementia") as it seemed to me the only one obviously suffused with clinical lore, as opposed to knowledge of theoretical underpinnings and research findings.

I don't know if the book was prepared as "camera ready copy" but if not the proof reading in places left something to be desired (how about "DA" for "AD", p 19; and numerous text references not in the bibliography in chapter 18?). For me, this did detract from an otherwise useful book. Nonetheless, most clinicians with an interest in AD will wish to have this book available, in the departmental library if not on their own bookshelves.

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DEMENTIA

Third edition - Alistair Burns, John O'Brien, David Ames

0 340 81203 6 / August 2005 / Hardback / 1040 pages / 115 b/w & 24 col illus / £145.00

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