

extremity, and abdomen.¹ Movements arise spontaneously, following either trauma, surgery, or neuroleptic drug intake. Our patient had been taking selective serotonin reuptake inhibitors (SSRI) for depression for three months before the onset of ear dyskinesias but these persisted despite paroxetine discontinuation. The use of neuroleptics had been excluded before treatment with paroxetine.

Several case reports suggest that SSRI may play an important role in the development of movement disorders.³ A retrospective review reported 71 cases of de novo motor symptoms after SSRI use.³ Akathisia was reported in 32 cases, dystonia in 20, parkinsonism in 10, and tardive dyskinesia-like movements in eight. The interval between treatment initiation and onset of side effects was highly variable, from three days to one year for tardive dyskinesia-like movements. Usually, tardive dyskinesia-like movements consist of oro-bucco-lingual dyskinesia. So far, no ear dyskinesias have been reported after SSRI use. SSRI-induced dyskinesia may thus be related to serotonergic effects upon dopamine rather than to dopamine-2 receptor blockade.³

The ear movements described here also raise the question of their relation to palatal myoclonus. Others indeed have reported a case of "auricular myoclonus" with irregular clonic movements affecting the antitragus and anthelix at a rate of 70 to 75 per minute and discussed the possibility of a brain stem origin for the myoclonus, analogous to palatal myoclonus.⁴ In contrast, the ear movement in the present case consisted of variable jerky and quite slow elevations (frequency 2 Hz) and posterior rotation of ear muscles, particularly the auricularis superior. Our patient had neither associated palatal movements or ear clicks, as seen in essential palatal myoclonus, nor evidence of a brain stem lesion characteristic of symptomatic palatal myoclonus. Ten cases of "ear wigglers" caused by tics of the ear were described by Keshavan.⁵ However, ear tic is unlikely in this patient because the movements were slow (frequency 2 Hz), semi-rhythmic, and not suppressed by voluntarily effort.

We propose the use of botulinum toxin injections for the treatment of ear dyskinesias.

L Carlier, C Schupp, G-L Defer

Service de neurologie, CHU de la Côte de Nacre,
14033 Caen cedex, France

Correspondence to: Dr Carlier; carlier-l@chu-caen.fr

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BOOK REVIEWS

Psychiatric issues in Parkinson's disease. A practical guide

Edited by Matthew Menza, Laura Marsh.
Published by Taylor & Francis, New York,
2005, £75.00 (hardcover), pp 340. ISBN 1-84184-491-8

The non-motor, and particularly psychiatric, aspects of Parkinson's disease are increasingly recognised as difficult and important problems that may impact more on patients' well-being, and be more difficult to manage, than the motor or other physical aspects. This book brings together reviews on theoretical and practical facets of this area from a variety of specialties. It is a useful guide to neurologists and psychiatrists involved in the care of patients with Parkinson's disease, but perhaps its greatest appeal lies in the fact that it is directed towards all those interested and affected by the psychiatric manifestations and complications of Parkinson's disease, including allied healthcare professionals, patients and caregivers. It combines in one book a comprehensive review of the psychiatric aspects of Parkinson's disease as well as providing an overview of motor and other physical aspects of this disorder for healthcare professionals who primarily are involved in the management of the psychiatric problems of patients with Parkinson's disease.

A brief but comprehensive section introduces pathogenesis, diagnosis and treatment of Parkinson's disease, which puts psychiatric symptoms into context and is aimed primarily at non-neurologists. The following two sections represent the heart of the book: Cognitive Dysfunction and Psychiatric Disturbances. The chapter on cognitive impairment includes a lot of detail although one might wish for more practical recommendations on which tests to use. However, this is provided in the following chapter on dementia with a useful approach on how to assess patients in practice and decide on the presence of dementia and its contribution to social and occupational impairment. A further, authoritative chapter in this section is dedicated to the difference between dementia with Lewy bodies and Parkinson's disease with dementia and gives a comprehensive, informative review. The section on Psychiatric Disturbances covers the large areas of depression, anxiety disorders, psychosis, and sleep disturbances, each with appropriate descriptions of the clinical problems and the various pharmacological and non-pharmacological management options. It also includes a chapter on the comparatively rare but fascinating and difficult to manage behavioural disturbances, including deficit disorders (eg apathy and hyposexuality), impulse control disorders (eg dopamine dysregulation, disinhibition, mania, pathological gambling) and repetitive behaviours (eg obsessive-compulsive behaviours and punding), and briefly the effects of neurosurgical interventions on behaviour. Off-period related psychiatric phenomena are discussed in the first section but are briefly mentioned here as well. A particularly interesting and arguably the most useful section is the fourth and last part of the book on "Special Issues". This focuses on the little

studied but important aspects of disability assessment and management and the impact of psychosocial and personal factors on the management and experience of patients with Parkinson's disease. Thus, separate chapters are dedicated to coping skills, personality issues, assessment of disability, rehabilitation and long-term care with a separate chapter on caregivers. Like the entirety of the book, it is directed at all healthcare professionals and also patients and their families, and addresses the holistic approach to managing and coping with Parkinson's disease and its psychiatric symptoms. It is necessarily less evidence-based than the previous sections, but gives many practical suggestions and highlights the need for further research—for example, on the role of rehabilitation.

The list of contributors of this book reflects a wide range of expertise and backgrounds, including Parkinson's disease associations and caregivers. There is a relative North American emphasis in the group of contributors (reflected in the list of patient organisations at the end), but the book is nevertheless likely to be useful for sufferers, caregivers and healthcare professionals in other countries. Technical terms are always explained, often with examples, which makes the information accessible to a wide range of readers while preserving a comprehensive and authoritative knowledge base.

This book will provide informative and practical help to a wide range of readers from patients and caregivers to allied health professional to neurologists interested in the specific psychiatric aspects of Parkinson's disease to psychologists managing these difficult aspects of this chronic and difficult disease.

A Schrag

Oxford textbook of medicine

Edited by David A Warrell. Published by Oxford University Press, Oxford, 2005, £150 (softcover), pp 1085. ISBN 0-19-856978-5

Never before has so much information on medicine been so available to so many.

Is there any need for an all-encompassing textbook of medicine? This is a question that the *Oxford textbook of medicine* asks itself, and, within its volumes, provides a comprehensive answer.

Written by world-renowned experts, the *Oxford textbook of medicine* provides practical guidance on all medical disorders. Clinical descriptions of diseases are clearly written and include a thorough survey of all the relevant literature, often directing the reader to more detailed articles. It is not only a practical textbook for 2006 but also an overview of the basic sciences that will continue to be relevant to clinical medicine in the foreseeable future. There are major sections on the scientific basis of disease, and molecular mechanisms, cell biology, genetic predisposition, pathophysiology and pathogenesis are covered in depth in the system-based clinical sections. In addition, the *Oxford textbook of medicine* has not neglected the changing world of medicine, and its place within our modern society. Initial chapters look at being a patient, medical ethics, the global burden of disease, preventive medicine and the cost of medicine. The topic of large-scale randomised evidence is followed by a section on complementary medicine!

Reviewing a 10 kg, three-volume textbook with more than 4000 pages is not easy. One could read the whole shebang cover to cover! Alternatively, one can dip into it as a practical text for a clinical neurologist, and, in this way, find that it does exactly what it sets out to do. One frustration with the softbound version is the inaccuracy of the index. Topics are often a few pages from where they should be. This is only a small discrepancy, but it can prove to be slightly exasperating. It is the sort of error that may have occurred in transcription from hardbound to soft.

Beautifully illustrated, the *Oxford textbook of medicine* is a "must have" for all neurologists. The hardbound version will sit better (and look better) on your shelf and probably be more exact in its index. Get someone to buy it for you.

S Edwards

Stroke treatment and prevention: an evidence-based approach

Edited by Graeme J Hankey. Published by Cambridge University Press, Cambridge, 2005, £80.00 (hardcover), pp 514. ISBN 0-521-82719-1

Stroke treatment and prevention: an evidence-based approach provides an up-to-date review of all major aspects of treatment of acute stroke and secondary prevention after transient ischaemic attack or stroke, including primary intracerebral haemorrhage and subarachnoid haemorrhage. There are at least five reasons why this book will be of day-to-day practical use to neurologists and other physicians who treat patients with cerebrovascular disease. Firstly, all the evidence from randomised controlled trials of the effectiveness of each treatment option is presented in a clear and concise format. No other book on stroke brings together such a wealth of data on the risks and benefits of treatments for such a broad range of clinical indications. Secondly, and more importantly, in addition to the Forest plots, the author gives insightful commentaries on the implications of the data for treatment decisions in routine clinical practice. It is abundantly clear to the reader that the author is an experienced clinician who understands the complexities of decision making in the real world. Indeed, the value of this book is as much in the clinical insight as it is in the rigorous documentation of the evidence base itself. Thirdly, evidence is also reviewed, where available, on how the effects of treatments differ between important subgroups and on how clinicians can target treatments, such as carotid endarterectomy and thrombolysis, most effectively. Fourthly, as a consequence of the above, the book is a practical how to manual, as well as a rigorous scientific review. Finally, the author does not neglect those conditions for which there are no data from randomised trials to guide treatment decisions, such as arterial dissection, primary angiitis of the central nervous system and prevention of stroke in infective endocarditis.

All relevant observational data are reviewed and sensible treatment strategies are suggested. All in all, the fusion of data from randomised trials with an understanding of the pathophysiology and natural history of disease and an appreciation

of practical realities make this book an unusually helpful exposition of evidence-based medicine.

P M Rothwell

Neurological practice – an Indian perspective

Edited by Noshir H Wadia. Published by Elsevier, New Delhi, 2005, £17 (hardcover), pp 694. ISBN 81-8147-549-6

Neurological practice – an Indian perspective is a multiauthor textbook that gives an impressive insight into past and contemporary Indian neurology. It is indeed befitting that this book is edited by Noshir Wadia, who is the founder of contemporary Indian neurology. His contribution is felt throughout the book (coauthor in 14 of the 32 chapters) and despite the multiple authors the book has a uniform, easy narrative style. The chapter subheadings accurately reflect the current neurological problems affecting the Indian and South East Asian population. The 11 chapters in the section on infections indicate, somewhat dishearteningly, that infection remains the most common cause of neurological disease in the region. The chapter on neurotuberculosis is a must read for neurologists everywhere as tuberculosis has become more widespread, and Indian neurologists have decades of experience in treating this. There are chapters on leprosy, poliomyelitis and subacute panencephalitis, conditions long forgotten in the West and thankfully on the decline in India. Two chapters in this section are outstanding, one on an adult form of polio associated with acute haemorrhagic conjunctivitis related to enterovirus 7 and the other is on neurocysticercosis, which surprisingly occurs in a predominantly vegetarian country, and is related to poor hygienic practice in growing fruit and vegetables. The brain images of a patient with millions of live cysticerci, referred to as the "starry starry night appearance" (a la Van Gogh), are unforgettable, as are the images of leg muscles laden with cysticerci. Practical tips on taking plain x rays of muscles when looking for calcified cysticerci as screening tests and management issues, including the danger of treating patients having high cysticerci loads with praziquantel, are the highlights of this chapter. Other sections include chapters on epilepsy, vascular disease, movement disorders, environmental disorders, etc, as expected in standard neurology textbooks, but with descriptions of certain conditions fairly unique to India. Examples of these conditions include hot water epilepsy, a form of reflex epilepsy induced by hot water on the head, Madras motor neuron disease, a benign form of amyotrophic lateral sclerosis and monomelic amyotrophy. Other exotica include snake poisoning and descriptions about lathyrism, a pure spastic condition caused by a lentil (*Lathyrus sativus*) consumed in the drought season, which has a glutamate receptor neurotoxin. Endemic fluorosis, the result of excessive fluoride in ground water and causing spinal cord syndromes, is still seen in certain parts of India. Lastly, there is a wonderful account of a familial ataxia associated with slow eye movements, which was called the Wadia–Swami syndrome until the

finding of the SCA-2 gene, the most common form in India.

Who should read or acquire this book? In India it has a rightful place in every medical library, and will be read by every neurologist and trainee. As Indians constitute the second largest population and live in all parts of the world, however, this book has relevance to practising neurologists everywhere.

K P Bhatia

CORRECTIONS

doi: 10.1136/jnnp.2005.067777corr1

J Williams, C Lawthom, F D Dunstan, *et al.* Variability of antiepileptic medication taking behaviour in sudden unexplained death in epilepsy: hair analysis at autopsy (*J Neurol Neurosurg Psychiatry* 2006;**77**:481–4). In figure 1 the data point at 0.0, which currently appears in the "non-SUDEP" group, should appear instead at point 0.0 in the "SUDEP" group.

doi: 10.1136/jnnp.2005.077297corr1

S Okawa, M Sugawara, S Watanabe, *et al.* A novel saccin mutation in a Japanese woman showing clinical uniformity of autosomal recessive spastic ataxia of Charlevoix-Saguenay (*J Neurol Neurosurg Psychiatry* 2006;**77**:280–2). The last author of this letter is I Toyoshima and not T Imota, as published. We apologise for this error.

doi: 10.1136/jnnp.2006.089698corr1

C Stapf. Endovascular management of unruptured intracranial aneurysms: the dawn of a multidisciplinary treatment paradigm (*J Neurol Neurosurg Psychiatry* 2006;**77**:e1). This editorial commentary should have been published alongside its linked paper in the print journal, but owing to human error it was not. Therefore, the commentary has been published as an electronic page in this issue. We apologise for the error.

doi: 10.1136/jnnp.2005.078311corr1

P Scheltens. Subcortical ischaemic vascular dementia: a separate disease entity? (*J Neurol Neurosurg Psychiatry* 2006;**77**). This editorial commentary should have been published alongside its linked paper in the print journal, but owing to human error it was not. The commentary can be viewed online at <http://jnnp.bmjournals.com/cgi/data/77/1/28/DC1/1>. We apologise for the error.

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T Fukushima, M Shirota, T Yonemitsu, *et al.* Spinal endoscopic biopsy in the diagnosis of central nervous system neurosarcoidosis (*J Neurol Neurosurg Psychiatry* 2006;**77**:702). The authors' names, K Yamada and M Tanno, were published incorrectly. The correct author names are Y Yamada and M Tanno. In addition the correct order of the authors is: T Fukushima, M Shirota, T Yonemitsu, T Yamaguchi, Y Yamada, M Tanno, M Waragai.