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The Clinical Neuropsychiatry of Stroke, 2nd edn


The Clinical neuropsychiatry of stroke is the most comprehensive textbook ever published on the neuropsychiatric complications of stroke. The practical relevance of the information included in this text is illustrated by the finding that depression is one of the strongest predictors of disability and mortality after stroke, whereas anosognosia is a strong predictor of poor improvement after rehabilitation. This second edition was published 8 years after the first, and the amount of new information included makes it a must.

To name just a few of the new additions, there is a thorough discussion on the problems of diagnosing depression in patients with stroke, a new section on transcranial magnetic stimulation treatment, and a new chapter on the pharmacological prevention of post-stroke depression. The book also includes a number of empirical studies carried out by Professor Robinson’s research team, which have not yet been published. Among other interesting studies, there is an analysis on the specificity and sensitivity of psychological and autonomic symptoms of depression in a large series of patients with stroke, a comparison of inclusive versus substitutive approaches to diagnose depression in stroke, a new study on the association between depression, cognitive deficits and response to antidepressant treatment, a comparison of cognitive deficits in early versus late-onset post-stroke depression, and the results of a pharmacological treatment study of anosognosia after stroke.

The discussion on the phenomenology, prevalence, assessment, course, and neuropsychiatric complications of stroke. The book is not only a necessity for anyone involved in clinical care and research in stroke, but sets a standard on how to write textbooks on neuropsychiatric disorders for other neuropsychiatric disorders as well.

Sergio E Starkstein

BOOK REVIEWS

The whole picture of dementia: seeing the elephant in the room

Edited by Julian C Hughes, Stephen J Louw, Steven R Sabat. Published by Oxford University Press, Oxford, 2005, £75.00 (soft cover), pp 302. ISBN 0 19 856614 X

There’s an old story about three blind men who encounter an elephant in a field. Each man touches a different part of the creature—its side, its tusks and its trunk—and misidentifies the elephant. This truncated version of a classic parable reminds us that we often fail to create the whole elephant in the room. Biological reductionism can provide some relief from disease, but as Michael Badivge writes in chapter 2, “The shape of a human life ... is not purely biological matter” (p 42). By ignoring the totality of the human illness experience, western medicine often fails to treat the entire person. As the editors argue, “What is required is whole sight. People should be treated as wholes, with attention not only to their biology, but also to their psychology, their social and ethical concerns, and the cultural and spiritual aspects of their lives” (p 4).

Dementia is a process that raises crucial questions about our attitudes to illness, ageing and even personhood itself. This erudite volume explores these issues in great depth, laying out not only a theoretical framework for comprehending the changes wrought by ageing of the brain but also an ethical framework that reminds us to respect the lives we are reminded that western medicine, which

References


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2 Dean H, Lakkok G, Haxen D. Don’t think of an elephant: know your values and frame the debate: the essential guide for progressives. 2005

1 Klefner, E B Ringelstein, P Young, et al. Susac’s syndrome: effective combination of immunosuppression and antiplatelet treatment (J Neurol Neurosurg Psychiatry 2006;77:133). The last author of this article is P Young and not T-U Niederstadt as published. The correct author list is therefore: I Klefner, E B Ringelstein, N Stupp, T-U Niederstadt, P Young. We apologise for this error.

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CORRECTION

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