Case Studies in Geriatric Medicine
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This case-based approach to geriatric medicine is suitable for all health professionals and trainees who provide care for the elderly, including interns, residents, geriatric fellows, physicians in practice, and nurse practitioners. Illustrated with more than 40 cases based on the authors’ experience in clinical practice, the examples range from the healthy elderly to those with advanced cognitive or physical impairments. Discussions are evidence based with extensive references, emphasizing differential diagnosis, atypical presentations in late life, age-appropriate medical management, interdisciplinary methods, and care in the context of different health care settings. The authors have distilled a wealth of practical and clinical experience in this area to produce a user-friendly guide to geriatric medicine. This is the ideal study guide for certifying examinations and highly suitable as a textbook for courses in geriatric medicine and gerontology.

Features
• Takes a symptom-based approach, illuminated by real-life case studies
• Suitable for MDs, trainees, nurse practitioners and physician assistants
• Can be used as revision aid and refresher for certifying examinations

Contents:
1. Annual physical; 2. Office visit; 3. A bad driver; 4. Early dementia;
5. Moderate dementia; 6. Severe dementia; 7. Two women with advanced dementia;
12. Clearance for surgery; 13. Type 2 Diabetes; 14. Two patients with hypertension;
32. Upper gastrointestinal bleeding; 33. Urinary incontinence; 34. Urinary retention;
42. Hyperthermia; 43. A centenarian; Index.

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Dependence and Autonomy in Old Age
An Ethical Framework for Long-term Care
George Agich
Bowling Green State University, Ohio, USA

Respecting the autonomy of disabled people is an important ethical issue for providers of long-term care. In this influential book, George Agich abandons comfortable abstractions to reveal the concrete threats to personal autonomy in this setting, where ethical conflict, dilemma and tragedy are inescapable. He argues that liberal accounts of autonomy and individual rights are insufficient, and offers an account of autonomy that matches the realities of long-term care. The book therefore offers a framework for carers to develop an ethic of long-term care within the complex environment in which many dependent and aged people find themselves. Previously published as Autonomy and Long-term Care, this revised edition, in paperback for the first time, takes account of recent work and develops the author’s views of what autonomy means in the real world.

“The most important contribution to the maturation of our thinking about autonomy that has yet been offered. Those who labor in long-term care will be rewarded, but so too will a broad audience of health professionals and ethicists. The clear, sometimes lyrical writing makes the reading easy. The message is very important.”

ANNALS OF INTERNAL MEDICINE

Contents: 1. Introduction; Long-term care images; Autonomy; Autonomy and long-term care: the problem; 2. The liberal theory of autonomy; Pluralism, toleration, and neutrality; The State and positive autonomy; Some problems of positive autonomy; Liberal principles in long-term care; Nursing home admission practices; The use of restraints; The perils of liberal theory; Communitarianism and the contextualist alternative; Practical implications of the debate over the foundation of ethics; Conflict and conversation; The function of rights; Limitation of rights; Paternalism and the development of persons; From paternalism to parenteralism; Summary; 3. Long-term care: myth and reality; Myths of old age; Nursing homes; Therapeutic relationships; Concepts of illness and disease; Models of care; The concept of a practice; Home care; Summary; 4. Actual autonomy; Result-oriented theories; Action-oriented theories; The concrete view of persons; Autonomy; A developmental perspective; Narrative approaches; Dependence in human development; Sickness as dependence; Autonomy and identification; The paradox of development and problems of identification; Implications for long-term care; Summary; 5. A phenomenological view of social action; Sociality and the everyday world; General Features of the social nature of persons; Space, Time; Communication; Affectivity; Summary; 6. Autonomy and long-term care: another look; Social reality of Eastside; Appeal to autonomy as independence; A phenomenologically informed analysis; Lessons from Eastside; Conclusion; Bibliography; Index.

Falls in Older People
Risk Factors and Strategies for Prevention
Stephen R. Lord
Catherine Sherrington
and Hyton B. Menz
All from the Prince of Wales Medical Research Institute, Sydney, Australia

Over the past two decades there has been a great deal of international, specialized research activity focused on risk factors and prevention strategies for falls in older people. This book provides health care workers with a detailed analysis of the most recent developments in the area and helps bridge the gap between scientific journal articles and general texts. The book is constructed in three parts: risk factors, prevention strategies, and future research directions. Coverage includes epidemiology, critical appraisal of the roles of exercise, environment, footwear, and medication, evidence-based risk assessment, and targeted and individually tailored falls-prevention strategies.

‘I have nothing but praise for this monograph. The Australian authors - a physiologist, a physiotherapist and a lecturer in foot mechanics and gerontology - recognized that textbooks have dealt with falls superficially and that no-one had methodically analysed and interpreted the published work. They write elegantly and apply academic rigour to the data, highlighting the gaps and uncertainties in our knowledge and generously providing many research ideas for readers to pursue.’

JOURNAL OF THE ROYAL SOCIETY OF MEDICINE


Parkinson’s Disease and Parkinsonism in the Elderly

Edited by
Jolyon Meara
University of Wales College of Medicine, UK
and William C. Koller
Kansas University Medical Center, USA

Parkinson’s disease and Parkinsonism are particular problems in the elderly, causing disability and impairing quality of life. This book covers the clinical features, diagnosis and management of Parkinson’s disease in elderly people, dealing not only with the motor symptoms but also with problems such as depression and autonomic nervous system dysfunction. It particularly stresses rehabilitation and total patient care. A comprehensive, practical and enlightened account, this book will appeal to clinicians in the various disciplines involved with neurological disease and rehabilitation in elderly people.

‘The emphasis of this book is on the importance of the role of multidisciplinary rehabilitation teams. Patient symptoms and care are seen holistically, medically, emotionally and psychologically. This is an informative book, which is extensively referenced and succeeds in building the reader's understanding of Parkinson's disease and Parkinsonism.”

COMMUNITY PRACTITIONER


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Palliative Neurology

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Heather Waddy
University of New South Wales, Sydney, Australia
and Ian Williams

Techniques of palliative care have evolved as a reaction to discomforts such as pain in terminal cancer. Neurological disorders, including dementia, stroke, Parkinson’s disease or multiple sclerosis cause different discomforts, and they commonly persist for years. This handbook offers practical advice about how the multi-disciplinary approach to comprehensive care that developed in early models of palliative management can bring support and symptom relief to those who suffer from chronic neurological diseases. It should be read by clinicians and allied health professionals involved in the care of those with neurological disorders.

Features

• Authorship combines expertise in palliative care and neurology
• Provides practical clinical tips for improving patient comfort and includes comprehensive discussion of ethical issues.
• Lists names and dose ranges for essential medications

Contents:
• Part I. Palliative Management

CAMDEX-DS

The Cambridge Examination for Mental Disorders of Older People with Down’s Syndrome and Others with Intellectual Disabilities

Sarah Ball
Tony Holland
Felicia Huppert
Peter Treppner
All from the University of Cambridge, UK
and Karen Dodd
Surrey Oakslands NHS Trust, UK

CAMDEX-DS is a comprehensive assessment tool for diagnosing dementia in people with Down’s syndrome (a group known to be at particular risk of developing dementia). Based upon CAMDEX-R, the CAMDEX-DS has been modified for use with people with intellectual disabilities. The pack comprises an interview to be conducted with the patient’s relative or carer, a direct assessment of the patient, and guidance on making a diagnosis and on what to do once a diagnosis has been made.

Features

• Based on the highly successful CAMDEX-R, and modified for use with dementia in Down syndrome and other intellectual disabilities
• Focuses on establishing change from an individual’s best level of functioning
• Includes a direct cognitive assessment with the patient (CAMCOG)

Contents:
• Acknowledgements; Introduction; Description of the CAMDEX-DS; References; Appendix: CAMDEX validity paper: plus (in separate booklet) Pictorial material for cognitive examination.

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