

**Title:** Cognitive Screening Instruments, A Practical Approach, Second Edition

**Editors:** A. J. Larner

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The book is divided in four parts. The first part is an Introduction to Cognitive Screening Instruments and Assessment of the Utility of Cognitive Screening Instruments. The second part includes chapters that talk about patients' performance-related test, the third one discusses informant-related scales, and the fourth one is the conclusion.

The first part discusses rationale and desiderata for effective cognitive screening instruments. In addition there is mention of a potential risk such as age, education and culture on test performance and interpretations. Nowadays when in dementia diagnosis we use sophisticated neuroimaging techniques and biochemical tests, the role of cognitive testing is being investigated. It is interesting that some authors consider that cognitive tests can be useful in predicting the conversion and decline of patients with moderate cognitive damage at risk of progressing de-

mentia as well as in neuroimaging and CFS tests. The significance of appropriate application and interpretation of cognitive screening instruments in the early diagnostics of disorders is being stressed. Furthermore, there is an overview of how tests' accuracy study methods have been applied to cognitive assessment instruments, and authors stress the importance of this research field. The numbers of systematic reviews of cognitive screening tests increases, as well as the number of available cognitive tests, and authors encourage the research of accuracy of tests for dementia.

The second part brings a detailed overview of certain cognitive tools in the assessment of a variety of cognitive disorders. The first one is Mini Mental State Examination (MMSE) which is the most often used instrument for cognitive damage. There is mention of the latest evidence concerning the application of MMSE as a diagnostic test for dementia, Mild Cognitive Impairment (MCI) and delirium. Numerous limitations of this instrument are presented, and it is considered that it can only be used as the first step in screening dementia, MCI and delirium. Furthermore, MMSE variants are described, the longer one which covers a broader horizon of cognitive functions and the shorter one in

relation to the original as well as MMSE adaptation for those with hearing or visual impairment, for telephone use, for specific cognitive problems with Parkinson's disease etc.

Next presented instrument is Clock Drawing test (CDT), very popular both in research and in clinical field. CDT psychometric properties are explored when used for cognitive screening in a variety of neurologic conditions, including Alzheimer's disease, Parkinson's disease, Huntington's disease, vascular disease, schizophrenia, stroke, and traumatic brain injury. In addition, Addenbrooke's Cognitive Examination is demonstrated, which is assessed by systematic reviews as capable of differentiating patients with or without cognitive damage and with the existing evidence for detecting dementia and lesser cognitive damage in conditions such as AD, MCI, stroke, brain injury, etc. The following instrument is Montreal Cognitive Assessment (MoCA), cognitive screening, developed for detecting mild cognitive impairment (MCI). It is a simple paper and pencil test, lasts for 10 minutes and assesses multiple cognitive domains including memory, executive function, language, calculation, visuospatial skills, abstraction, attention, concentration, and orientation. Furthermore, there is DemTect, cognitive screening instrument, sensitive to the early cognitive symptoms of dementia, recommended only to be used as the first step in assessment, and Test Your Memory (TYM) test, new short cognitive test for the detection of Alzheimer's disease and other cognitive problems, and it is considered to have clear advantages over more established tests in some clinical fields. Next one is General Practitioner Assessment of Cognition (GPCOG), very brief cognitive test for use in primary care, Six-item Cognitive Impairment Test (6CIT), designed to assess global

cognitive status in dementia and Quick Mild Cognitive Impairment screen (Qmci), test for differentiating patients with mild cognitive impairment from those with subjective memory complaints and dementia.

Third part explores Informant-Related Scales. The first one is Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE) which uses the report of an informant to assess changes in cognition in the last 10 years. The main limitation is that it can be affected by informant's emotional state, although it is a suitable screening test in clinical settings, for retrospective cognitive assessment where direct data are not available, and for assessment in large scales epidemiological studies. This scale is followed by Brief Informant Interviews to Screen for Dementia: AD8 and Quick Dementia Rating System. The AD8 is an informant-based dementia screening test designed to capture intra-individual change in cognitive and functional abilities. It lasts 2-3 minutes, and it is in high correlation with Clinical Dementia Rating Scale, neuropsychological testing, cerebrospinal fluid and imaging biomarkers of Alzheimer's disease. The Quick Dementia Rating System is a ten-item multiple choice questionnaire that takes 3-5 minutes and provides a quantitative assessment of cognitive, functional, and behavioral domains to stage dementia severity.

The last one, fourth part, is a conclusion. It sums up the fact that cognitive screening instruments remain an integral part of the assessment of any patient with cognitive complaints.

This book is of great importance for experts dealing with mental health (psychiatrists, psychologists, neurologists, general practitioners...) and the fact that the first edition, in the period from 2013 till the end of

2015, achieved nearly 18000 chapter downloads speaks for itself. Instruments are presented in detail and are accompanied with research overviews with clear indication of both advantages and limitations. This last

edition, enriched with new chapters, will for sure be as successful as the previous one.

*Anamarija Bogović, PhD*

**Title:** Delirium in Elderly Patients

**Editors:** Ahmet Turan Isik, George T. Grossberg

**ISBN:** 978-3-319-65237-5

**eBook ISBN:** 978-3-319-65239-9

**Publisher:** Springer International Publishing

**Number of pages:** VIII, 135

Delirium is an acute, transient, usually changeable and reversible state of disturbance of attention, cognition and degree of consciousness. It can be caused by almost any disorder, intoxication or drug use. Delirium can arise at any age but is more common in older people.

In the first part of the book, the psychopathology of the disease is described briefly followed by the part in which clinical features are explained. Authors described neurotransmitters associated with delirium like acetylcholine, dopamine, serotonin, gamma aminobutyric acid, glutamate, and also connection of inflammatory response and delirium where cytokines have the main role. Other pathogenesis of delirium like cortisol, genetic, drug, changes in neural injury and permeability of blood brain barrier, and impairment in sleep pattern are mentioned. Due to various signs and symptoms of delirium it may not be recognized in elderly patients and might be misinterpreted as some other mental disorders such as dementia, de-

pression or natural course of ageing. Three clinical subtypes of delirium are described; hyperactive delirium, hypoactive delirium and mixed forms. Diagnosis of delirium is based on detailed history, behavioral observation and cognitive assessment and requires multidisciplinary vigilance and a low threshold for diagnosis. In the book, apart from clinical features, DSM V or ICD-10 diagnostic criteria are described. Since delirium can be confused with several psychiatric disorders, it is important to distinguish delirium from dementia, depression, and other disorders, therefore the authors described it in separate chapters.

The last part of book describes different approaches to elderly patients with delirium; from geriatrician's to neurologist's perspective, intensive care specialist's perspective and nursing perspective and delirium prevention. At the end of the book, a few case reports have been described, which has come as an excellent summary in relation to the foregoing.

This book provides a comprehensive, scholarly, and practical account of delirium and it is interested and useful for professionals working in geriatrics, psychiatry, neurology, internists, and intensive care units.

*Mirna Peco, MD*

**Title:** Inflammation associated Depression: Evidence, Mechanism and Implications

**Editors:** Robert Danzer and Lucile Capuron

**Publisher:** Springer International Publishing, Switzerland, 2017

**ISBN:** 978-3-319-51151-1

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**Number of Pages:** X, 356

This book covers important and growing field of knowledge associated with the role of inflammation in depression. This essential guide is edited and written by eminent international experts Robert Danzer and Lucile Capuron. Robert Danzer is the pioneer in the field of such research, establishing the concept of “sickens behaviour” that was the fundament of the research in immunology and depression following. Both editors have decades of experience in the research of associations between inflammation and depression. The authors of the chapters are also world leading experts in the field.

The book covers the development of the idea that behaviour in sickness might have implications on emotions and covers over 20 year’s long path of intrusion of inflammation in the field of depression. The book also examines possible usefulness of pharmacological and non pharmacological interventions targeting various inflammatory processes.

The book consists of three parts: evidence for inflammation associated depression, mechanism of inflammation associated depression and clinical implications of the current knowledge in role of inflammation in depression.

The first part explores current preclinical and clinical evidence that support the relationship between inflammation and depression.

The second part presents our current knowledge of the mechanism of action of inflammatory mediators on brain functions and what is known of immune to brain communication pathways and how it has been shown on animal models.

The third part consists of the review of current and promising agents in the depression treatment like anti-inflammatory drugs, polyunsaturated fatty acids and non-steroidal anti-inflammatory drugs. Also the novel possibilities for treatment are critically reviewed.

The book is well written and presented with many diagrams and illustrations.

It covers the gap in this area of psychiatry research and potential for clinical practice and will be of interest for clinicians and researchers worldwide.

*Branka Aukst Margetic, MD, PhD*

**Title:** Psycho-Oncology

**Editor:** Ute Goerling, Anja Mehnert

**ISBN:** 978-3-319-64310-6

**Publisher:** Springer International Publishing

**Number of pages:** VII, 234

This excellent book examines the psychosocial impacts of cancer and its management, explaining the relevance of psycho-oncology during all stages from diagnosis and treatment through to cancer survivorship and rehabilitation and end-of-life care. Editors

Ute Goerling and Anja Mehnert are leading experts in this field and guarantee that this book will be a valuable read.

The book is divided in 14 chapters. Chapter 1 is focused on psychosocial impact of cancer and explains how diagnosis and treatment of malignant diseases in many ways affect the lives of patients, relatives and friends. Chapter 2 is focused on fear of progression in cancer patients and survivors which is one of most frequent distress symptoms of patients with cancer. Chapter 3 describes gender opportunities in psychosocial-oncology where sex and gender are put into a historical context that is relevant to psycho-oncology. Chapter 4 discusses a patient's view in psycho-oncology, when Chapter 5 is focused on the oncological patient in the palliative situation. Chapter 6 explains the consequences of caring in the context of family caregivers,

while Chapter 7 gives us insight in rehabilitation for cancer patients. Chapters 8, 9 and 10 talk about cancer survivorship in adults, psychotherapy in the oncology setting and quality of life in oncology. In the last four chapters we can read about psychosocial impact of personalized therapies in oncology; COMSKIL Communication training in Oncology program; the barrier of informed choice in cancer screening and future research in psycho-oncology.

This book is a remarkable work that contains all the relevant knowledge in this complex field and will indeed serve as a valuable resource for all health care professionals who work with patients and their relatives in the field of psychosocial cancer care and oncology. I feel the need to congratulate the authors for an exquisite work.

*Darko Vlahović, MD*

**Title:** Medical Management of Psychotropic Side Effects

**Edited by:** Aniyizhai Annamalai

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**Publisher:** Springer International Publishing, 2017

**Number of pages:** XIII, 304

Via XIII Sections, in concise but quite informative manner, a medical approach to psychotropic prescribing is presented. Following the initial (I) Section, with the introduction on general principles of prescribing psychotropic medication in people with preexisting medical conditions, twelve sections address

various medical systems disorders / alterations, accompanied with psychotropic agents prescription. Section two (II) analyses significant components of metabolic syndrome: obesity, glycemia-related abnormalities, blood pressure (BP)-related abnormalities and hyperlipidemia. Obesity, a common side effect of various antipsychotics, antidepressants and mood stabilizers, the underlying mechanisms contributing to appetite increase, as well as suggested intervention guidelines are discussed within Section II. Glycemia-related abnormalities (such as diabetes mellitus and acute hyperglycemia), increased BP (in form of hypertension or acute hypertensive cri-

sis) and lipid levels alterations are conditions frequently found not only in patients using various psychopharmaceutics but also in patients on different non-CNS targeting agents. In a couple of chapters in Section II, a special attention is given to the antipsychotics, antidepressants and mood stabilizers which could be associated with significant glycemia-related abnormalities, BP level abnormalities and/or dys/hyperlipidemia. Preventive and intervention procedures, including medication switch and structured lifestyle interventions implementation, as well as prescribing metformin for slowing or stopping conversion of pre-diabetes to diabetes, and instructions for appropriate acute hyperglycemia management, are suggested for glycemia-related abnormalities. Usually psychotropic medications cause a small elevation of BP, but when a psychopharmaceutical agent contributes to BP rise >10 mm Hg or is considered to be the primary or significantly contributing cause of de-novo developed and diagnosed arterial hypertension with the consecutive need for antihypertensive therapy, drug switch should be considered. For dyslipidemia, as well as for the other conditions that are part of metabolic syndrome, prevention is the best treatment. When that route to maintaining healthy metabolism is not possible, prescribing strategies such as choosing psychopharmaceutics with the lowest potential for causing dyslipidemia and/or weight gain, lifestyle modification implementation and statin add-on in indicated cases should be applied. Cardiovascular system-related psychotropic side effects (such as orthostatic hypotension, tachycardia, QTc prolongation, non Q-T conduction abnormalities and peripheral edema), endocrine system-related abnormalities (such as hyperprolactinemia, hypo- and hyperthyroidism) and kidney- and

electrolyte-related psychotropic side effects are in straightforward but at the same time clinically precise manner elaborated in Sections III-V. Sexual dysfunction, urinary incontinence and retention, as the most frequent urinary system-related psychotropic side effects are elaborated in two chapters of Section VI. Practical guidelines are given regarding successful solving of these disturbances/side effects. Some of the most common drug-induced gastrointestinal system-related side effects (such as constipation, particularly associated with some antipsychotics use) and hematologic system related side effects (such as leukopenia, neutropenia or thrombocytopenia), their adequate recognition, monitoring and successful solving are discussed in Sections VII-VIII. Skin/cutaneous reactions, as common adverse effects of psychopharmaceutical agents, are in the focus of Section IX. Most of them are benign, but if they are qualified as „serious“, the prescribed pharmaceutical should be promptly stopped. Movement disorders are in straightforward manner elaborated in Section X. Neurologic conditions such as tremor, Parkinsonism, dystonia, akathisia and tardive dyskinesia are clinically significant and often seen in everyday practice. They are explored in detail, and their successful management is suggested. Separate section (Section XI) pays attention to syndromes such as serotonin syndrome and neuroleptic malignant syndrome. Practical and clinical guidelines for successful management of serious condition such as neuroleptic malignant syndrome are given in clear and simple but at the same time informative manner. Finally, the last two sections addressed some selected neurologic system-related conditions not already discussed in previous sections, such as seizures (Section XII), and some other various systems-relat-

ed conditions not already covered in previous sections (such as sedation or xerostomia, Section XIII). Generally, one could conclude that the book is written in simple and concise but at the same time informative enough ap-

proach, so that readers get good educational material and coherently structured textbook which addresses various systems-related psychotropic side effects.

*Maja Vilibić, MD, PhD*

**Title:** Dementia, 5<sup>th</sup> edition

**Edited by:** Ames David, O'Brien John T, Burns Alistair

**Publisher:** CRC Press, Taylor & Francis Group, 2017, Boca Raton, USA

**ISBN:** 978-1-4987-0310-9

**Number of pages:** LXXX, 914

Last few decades witnessed an amazing increase of neuroscience research, expanding our understanding and knowledge of neurobiological processes underlying practically every psychiatric and neurologic entity. However, no other area of research was as exhaustive as dementia research. Some could argue that this is due to a modest starting point, compared to let's say depression, addiction or schizophrenia, which have during the last couple of centuries all been at some point a main focus of psychiatric interest. Far from the fact that we learned everything we need to know in the previously mentioned areas, but the burden of dementia has increased dramatically, leading to a growing number of affected individuals, enormous strain their families and communities are experiencing, and putting national budgets under considerable pressure due to growing health and social expenses. Therefore it is not a surprise that researchers identified dementia as a priority. Thankfully, that research is not solely

academic, but slowly beginning to pay off. In the last decades we witnessed the birth of first specific anti-dementia treatments, as well as identification and conceptualization of other possible targets that are currently in development. We have also learned a great deal about human cognition and various neurocognitive domains, which are so clearly affected in dementias, and that knowledge is nowadays being used across the entire neuropsychiatric spectrum. We have also gained invaluable insight into genetic and biochemical processes underlying specific dementias, Alzheimer's, Parkinson's, Lewy body to name a few, which could provide us with the answers we seek while designing a more specific and effective therapy. Still, comprehensive textbooks focusing specifically on dementia have until now seldom been published, leaving a giant gap between the considerable amassed body of knowledge regarding dementias and the need to implement that knowledge by mental health care professionals dealing with those affected with these illnesses. That does not mean that books dealing with the topic of dementia have not been previously published, but it does mean the impact of those books, in terms of utilizing evidence based medicine and improving healthcare and social outcomes, was rather low. To be fair, relatively widespread perception of dementia as an un-

treatable illness with a scarce therapeutic armamentarium did not help either. That being the case, resources like *Dementia* by Ames, O'Brien and Burns, give hope that someday we could alter treatment outcomes and dementia prognosis. Before that time comes, we have to get intimately acquainted with all the different aspects of dementia, and in that aspect this volume just shines. Spanning over 900 pages, divided into almost 80 chapters, we can in one place find almost every important piece of information about dementias, from its general aspects to specific topics of rare types of dementia. Considerable space has also been reserved for legal and ethical issues and various social aspects of dementia, from the caregiver burden to social case management, and also specific issues which have

often been neglected in terms of dementia, such as driving and dementia or sexuality and dementia, to name but a few. Although a medical resource, authors clearly intended this book to surpass its medical formulation and attempted to sway the focus away from just the expected focal points, such as diagnostics, clinical presentation and treatment. By doing so, this resource opened to a far wider public, which reflects the essential need for an interdisciplinary and multimodal approach to dementias. I firmly believe authors succeeded at that task, as this volume can be used as a central resource for all social and health care professionals involved in management of those suffering from dementias.

*Assistant Prof. Vjekoslav Peitl, MD, PhD*