

Book Review

Memory Loss: A Practical Guide for Clinicians, by Andrew E. Budson and Paul R. Solomon, Saunders, 2011, 320 p., ISBN 978 141 6035 978

Memory Loss: A Practical Guide for Clinicians is a well written and organized “standard” approach to the diagnosis and treatment of memory difficulties particularly those associated with Alzheimer’s disease. It lives up to its name as being practical with many helpful diagrams and charts. The strength of the book lies in the two disciplines of the principal authors, medicine and psychology, including differential diagnosis organized into ten chapters, followed by chapters on the treatment of both the cognitive symptoms associated with memory loss and of the behavioral and psychological symptoms of dementia. The book includes brief consideration of psychosocial, legal, and financial issues and some concluding illustrative case studies. As representative of the so-called standard approach to the memory loss associated with dementia, the authors are somewhat uncritical about the advantages of early diagnosis, community screening, the clinical and especially pharmaco-economic benefits of current drugs, and the likelihood of success of future therapies based on amyloid and other hypotheses. They give little consideration to broader integrative approaches to treatment from either complementary and alternative medicine (except for a brief chapter with mentions of vitamins and herbs) or social and community approaches. Moreover and, perhaps more remarkably for a scientifically oriented book like this, the rapidly expanding use of technology to support so-called memory and brain fitness is barely mentioned.

For a book published in 2011, they might have also addressed some of the great challenges to the field that their standard approach has not yet addressed. These are represented by the new diagnostic guidelines for the spectrum of age-related cognitive impairments that have been issued by various expert panels in Europe and the United States. Most fundamentally important is that the new neuropathology guidelines diminish the importance of plaques and tangles in making the

diagnosis of Alzheimer’s disease clinically because of the disengagement of the neuropathological features from the clinical features. So the validity of Alzheimer’s disease as defined by a definite neuropathological gold standard is being questioned. Perhaps more importantly from the point of view of this book, which focuses on clinical diagnosis, the authors offer no critique of the concept of mild cognitive impairment or discussion of the new forms of so-called preclinical diagnosis such as asymptomatic Alzheimer’s disease that can only be “diagnosed” by using cerebrospinal fluid or neuroimaging biomarkers. Moreover, the discussion of genetic biomarkers is weak as well.

Hence, this book can be recommended to practitioners wanting to get a good state of the art description of memory loss. However, the state of the art is changing rapidly and new editions will need to reflect these revolutions in our understanding of what we now call Alzheimer’s and the complex interrelationships with other causes of memory loss including vascular processes and aging itself. So too treatment in the future will include broader community-based preventative approaches beyond the limited medical and psychological perspectives that we consider the best approaches today. We need ecopsychosocial models of cognitive impairment not just molecular biomedical ones. For such deeper and broader approaches I recommend reading *Forget Memory* by Anne Davis Bastings. This author offers rich perspectives on memory and its overemphasis in western culture and practical processes for improving quality of life in those with amnesia. Her admonition that we “forget memory” and “try imagination” speaks to those with memory challenges and those trying to help them.

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