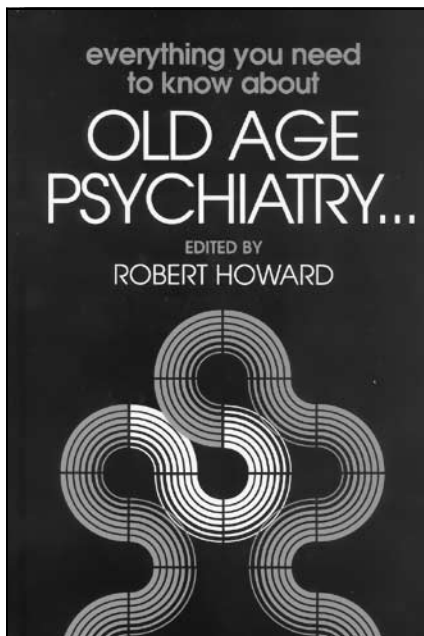


## Book reviews

EDITED BY SIDNEY CROWN and ALAN LEE

### Everything you Need to Know about Old Age Psychiatry

Edited by Robert Howard. Wrightson Biomedical. 1999. 292 pp. £45 (hb). ISBN 1 871816 38 6



Robert Howard presents the proceedings of another of the admirable Maudsley courses. We are not told its date, but evidence suggests 1998. It is an excellent update, although not cheap (except perhaps by comparison with attending the course) and given its ephemeral nature might have been more worthy of paperback format. The range is apt and wide. It includes genetics and prions; clinical, forensic and service aspects of the dementias; ethical questions; and a range of topics on functional disorders.

The contributors include many of the 'usual suspects', as well as less familiar names, and the standard of content and presentation is high. There is much nowadays that is technical and intricate, and some sections need close attention, but reading this book is real 'CPD'. None of the contributions reads like a mere verbatim text of a talk, and several must have

been extensively reworked or re-edited for the book (at least, one hopes they were, for they would have made difficult listening). Thus, the pitfalls of publishing 'conference proceedings' have been successfully avoided.

Daunting, alongside some of the science, are names of new drugs, many being no doubt electronic coinages. A course of some of the listed new antidepressants, at £30 or £40 per month, may cost twenty or thirty times as much as a similar course of amitriptyline. This raises the naughty thought of a trial of the effect on their depression of giving to some depressed old people, instead of the drug, an equivalent addition to their pension. Happily, since the book was published, some prices have come down somewhat from those quoted.

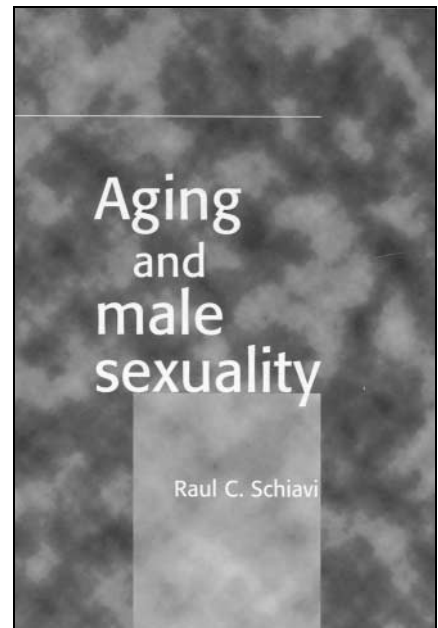
My only small gripe is the dumbed-down title: Aubrey Lewis would shudder, and rightly. The editor writes that he chose the title in a "particularly cheerful and expansive state of mind", thereby leaving much to the imagination. But no one should be adding to the dumbing down that is already ubiquitous in academia, and the book, good as it is, is a long way from being 'everything'. Perhaps Dr Howard might choose an alternative for the future volumes (and courses), which one hopes that he will continue to produce.

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### Aging and Male Sexuality

By Raul C. Schiavi. Cambridge: Cambridge University Press. 1999. 253 pp. £27.95 (hb). ISBN 0521 65391 6

This book goes a long way towards disentangling the complexities of an increasingly common clinical situation. Imagine a 70-year-old man with depression, complaining that he is having problems achieving and maintaining erections. He suffers from diabetes, and is taking anti-hypertensives and an antidepressant. How



much of his sexual dysfunction is a complication of his diabetes, a symptom of his depression, a side-effect of his medication or just to be expected in a man of his age?

In this excellent book Schiavi reviews the available research findings to elucidate the current state of our knowledge in this field. This involves a truly multi-disciplinary overview, including the science of ageing in the introductory chapters to give some estimate of how the 'healthy' ageing process affects sexual behaviour in men. Later chapters attempt a thorough and systematic review of the factors that can affect sexual function in older men, including medical and psychiatric illness and the effects of drugs (including alcohol). There is even a very welcome chapter reviewing what is known about the sexuality of older homosexual men, although this partly serves to demonstrate the paucity of research in this area.

The book's main strength is the author's insistence on the importance of the social, cultural and relationship context of sexual behaviour. In an era of sexual medicine, when male sexual dysfunction seems to have been reduced to a mechanistic problem to be solved by swallowing a tablet of sildenafil, it is refreshing to find a leading researcher taking this stance. He deplores the use of outcome measures such as coital frequency when motivational and affective dimensions of the sexual experience are ignored. He berates clinics that ignore the organic factors so common in the