

## Reviews

**Home or Away.** Edited by Elaine Murphy. National Unit for Psychiatric Research and Development. (Lewisham Hospital, London SE13). 1988. Pp. 74. £4.00.

This useful little book reports on a conference on Home Support Schemes for frail elderly people held in 1986. It focused on two particular examples: the Kent Community Care Scheme and the lesser-known but more specifically 'psychogeriatric' Guy's/Age Concern Project in Newham and Ipswich. The delegates to the conference comprised a wealth of experience in this general field and their main conclusions are drawn together by the editor, Elaine Murphy. Although there is a laudable emphasis on evaluation, the book demonstrates most clearly how difficult that is; nevertheless the reader is able to glean many very useful practical details and lessons.

Much has, of course, been written about the Kent Community Care Scheme but David Challis and colleagues give a useful shorthand account of its operation at the work face. As two of his co-authors were responsible for a project to test its applicability in the rather different setting of Gateshead, they are well placed between them to tell the wood from the trees and to identify the key ingredients for those wishing to set up similar services in their own districts. As many will know, the basis of the scheme was to give social workers the opportunity to make flexible and imaginative use of a modest budget to harness potential neighbourhood support to enable a disabled person to continue at home despite circumstances which would traditionally have triggered plans for residential care. The authors stress the importance of careful assessment and selection of clients for the scheme and discriminating use of the repertoire of domiciliary input available. Flexibility is the key to recruitment and deployment of carers and there are useful hints on strategies for timing their intervention.

Clients of both the Kent and Gateshead schemes fared better than controls on ratings of well-being and in their lesser uptake of residential care; in Kent mortality rates were also lower. The authors discuss the minefield of costing this sort of scheme and admitted that even their own substantial data were insufficient. It did, however, show some short term saving to social and health services with the community care scheme. Perhaps more importantly they sought to identify the type of client for whom this programme seemed most cost effective. Prominent here was the physically and mentally very frail person with considerable existing informal support (which the scheme could then supplement) and the isolated

person of lower physical disability accentuated often by minor degrees of functional illness.

The Guy's/Age Concern project made available a similar range of supplementary Home Care to demented patients referred to the psychogeriatric services of Newham and Ipswich, using control groups from a matched part of each catchment area (in which the project was not operating). The wide range of disabilities (with many clients already beyond community care even at the point of referral) and small overall numbers made for an inconclusive comparison between the two groups in terms of survival at home or the cost of care. On the other hand, one could learn much from the practical details and case illustrations.

Many of these issues were clearly taken up in the discussion which was summarised in the final chapter. This looked at some of the key factors in effective joint planning and collaboration. Other topics discussed include the emerging generic community care worker, the importance of securing the support of GPs and the respective roles of geriatric, psychogeriatric and voluntary services.

For all its shortcomings, the Griffiths Report has signposted the direction we need to travel. This modestly priced book provides many hints for that journey.

C. GODBER, *Consultant Psychogeriatrician,*  
*Moorgreen Hospital, Southampton*

**Neuropsychiatric Disease and AIDS** (Based on a conference held at the Royal College of Physicians, London). 1988. Pp 36. £5 (UK); £7 or \$15 overseas.

This timely and interesting collection of short review papers forms the proceedings of a conference held at the Royal College of Physicians of London in October 1987. Professor Cawley's introduction highlights the rapid progress of the AIDS epidemic from an apparently outlandish fantasy to an important and growing cause of dementia and mortality in young adults, and the contribution of social and medical ignorance, prejudice and discrimination to the overwhelming problems faced by AIDS victims. Adler's review of the epidemiology of AIDS tempers the bleak statistic that 84% of diagnosed AIDS cases in the United States are already dead with the more optimistic evidence both that homosexual men in the

UK and US are modifying their sexual behaviour and that the relatively slow rate of partner change in the heterosexual community may also limit the spread of the disease. The papers by Brew *et al* and Grant *et al* both review clinical, neuropsychological and pathological features of CNS abnormality associated with HIV infection. Grant *et al* provide impressive evidence that neuropsychological abnormalities occur quite frequently in HIV infected patients even before there are any other manifestations of AIDS, although it is not clear whether the subtle neuropsychological deficits they describe are reflected in any practical difficulties in professional or daily living skills. Both papers express a degree of cautious optimism concerning the partial but useful responses to the anti-viral agent AZT of neuropsychiatric symptoms and signs in several patients, as measured both by neuropsychometry and by NMR scanning.

Fenton's broadly based paper on psychiatric aspects of HIV infection gives a very brief account of the wide variety of psychiatric disorders other than dementia reported in HIV infected patients. He also touches on the need to develop a strategy for community and hospital care of AIDS patients which takes their psychiatric difficulties into account and the implications for staff education, training and support. In particular, he highlights the potential need for specialist long-stay care of the significant minority of AIDS patients who develop relatively chronic dementias without correspondingly severe physical illness.

The papers by Pinching and by Green & Kocsis review very different aspects of the care needs of patients with neurological complications of AIDS. Pinching emphasises the importance of thorough neurological review to identify those patients with treatable CNS infections. Green & Kocsis address the problems of counselling patients with AIDS dementia complex (ADC) and their carers and professional staff and, like Fenton, of providing a comprehensive framework of care for ADC patients. They also touch on the particular ethical difficulties involved in counselling patients with relatively mild impairment but with intellectually demanding jobs. Finally the paper by Miller *et al* presents a detailed and fascinating account of the diagnosis and treatment of patients who do not have HIV infection but have the conviction, usually in the setting of obsessive/compulsive disorder, that they are HIV positive or have AIDS. This patient group, termed by Miller *et al* the "worried well", may themselves represent a large and growing burden to the psychiatric and psychological services. The carefully described preliminary work of this paper both identifies a need for future research and provides practical advice for jobbing psychiatrists faced with "worried well" patients.

The measured optimism expressed by most of the authors is a pleasant contrast to the earlier overwhelmingly doom-laden reviews in both the medical and the popular press. I would have welcomed more detailed discussion of the possible psychiatric input into services plans and for a psychiatric input into any comprehensive service planned for AIDS patients as their number increases. I would, however, commend this booklet as an excellent introduction and reference source for psychiatrists wanting to learn, as we all must, about AIDS and the brain.

CORNELIUS L. E. KATONA, *Senior Lecturer and Honorary Consultant in Psychiatry, University College and Middlesex School of Medicine, London.*

**Occasional Papers published by the Royal College of General Practitioners** (14 Princes Gate, Hyde Park, London SW7 1PU).

In its publications, the Royal College of General Practitioners has a series of Occasional Papers among which, other than the two reviewed here in detail, there are several of general interest and relevance to psychiatry. For example, paper 17 on Patient Participation, paper 19 on Inner Cities, paper 22 on Prevention, paper 25 on Social Class and Health Status, paper 36 on the Prevention of Depression, and paper 37 on Counsellors in General Practice.

**Occasional Paper 39: Practice Assessment and Quality of Care.** By Richard Baker. 1988. Pp. 30. £5.00

Practice assessment refers to the external evaluation of the quality of care provided to patients of one or more general practices. It involves the examination of all possible faults of practice within the constraints of the local health system, and is not just the assessment of the performance of individual doctors. Such practice assessment began with Florence Nightingale during the Crimean War, when she was able to reduce dramatically the mortality in British military hospitals, between January 1855 and June 1856, by this means.

In this review of the literature on current practice assessment, Baker under the heading of *acute illness* quotes the difficulty of making psychiatric diagnoses in general practice (Goldberg & Blackwell, 1970; Skuse & Williams, 1984; Goldberg & Bridges, 1987) especially of depression (Freeling *et al*, 1985), the failure to treat vigorously enough depression in the elderly (McDonald, 1986) and the need for pastoral care of the elderly bereaved (Cartwright, 1982). The care of epilepsy and of the mentally handicapped are included under *chronic illness*, but no mention is made of chronic psychoses nor the care of the demented. Chronic alcohol abuse and the plethora of