Book reviews

Endocrinology of Aging
Edited by John E. Morley and Lucretia van den Berg
Humana Press, New Jersey, 2000. £99.50

This is one of 23 volumes in the series ‘Contemporary Endocrinology’ which have also been produced since 1996. Several others are also relevant to gerontology and geriatrics, including those on insulin resistance—the metabolic syndrome X, the endocrinology of critical disease, and hormone replacement therapy.

This is not a textbook for treating endocrinological problems in older people. It is much more than that. It does discuss a number of practical diagnostic and treatment issues relevant to clinical geriatric practice but it also “critically reviews the clinical consequences of the endocrinological changes that occur with ageing and examines the use of hormonal therapy to reduce them”.

The first chapter provides a brief summary of the biological theories of ageing. The following chapter is intriguingly entitled “Thyronusism—is it reversible?”. Clinics offering medical and quasi-medical treatments for ageing, quite separate from geriatric medicine, are increasingly springing up in the US and some European countries, particularly Germany. This chapter provides an interesting and well-balanced discussion of a range of possible lifestyle, nutritional and hormonal strategies for the preservation of youthfulness in old age. Apart from hormone replacement treatment, there is little clinical research evidence to justify the enthusiasm and hope that generates this lucrative business.

Since Daniel Rudman’s trial was published in 1990, first in the New England Journal of Medicine and subsequently in the popular press, the possibility of growth hormone treatment for osteoporosis and sarcopenia has attracted interest. The growth hormone–insulin-like growth factor axis is comprehensively reviewed in the next chapter. So far, there is no clear relationship between the age-related growth hormone decline and frailty. There may be scope for treatment in specific clinical circumstances, but this should be conceived as a pharmacological treatment rather than as physiological hormone replacement. Some of the work funded in this area in the early 1990s by the US National Institute on Aging is described, but unfortunately some remains still unpublished. Rather more information is available about the significance of testosterone decline in older men (and women). The account of this reflects the enthusiasm of John Morley, the chapter’s author, and a reasonable case is made for a therapeutic role.

There are two particularly interesting chapters on stress, hormones and ageing, which explores the stress–cortisol–neurodegeneration hypothesis, and on water balance and ageing. The latter provides some clinically relevant and useful information as well as an interesting account of the age-related changes in water homeostasis.

That there are three chapters on bone, one devoted to Paget’s disease, reflects the editors’ somewhat idiosyncratic interpretation of their remit. For me this wasn’t a concern, but contributed to the book’s general impression, which was of a collection of essays from enthusiasts. A consistent theme across many chapters was an interest in the concept of frailty as failure of homeostasis, dealt with at intervals from the cellular to physiological systems.

The menopause was covered in detail with interesting discussion of the relationship of oestrogen decline to a variety of conditions. Clinical practice in this area is still unusual for British geriatricians but may well grow. The chapter on diabetes in older people is good on pathogenesis, less good on treatments—e.g. insulin therapy is covered in 11 lines! But there are alternative sources of this, so no matter.

My previous knowledge of the subjects covered varied. Experts in specific areas are likely to find readable and well-referenced chapters. In other areas, the reader will find that the editors have succeeded in getting well-known enthusiasts to write lucidly. For example, for the non-expert (which includes me), the critical account of age-related changes in the sympathetic nervous system was interesting and understandable. There was enough detail of the methodologies to be able to make some sense of the contradictory experimental findings.

This is an American book and the reference lists reflected this authorship, there being fewer from British publications than the material could have justified. I enjoyed the book. I am not really aware of a better alternative that covers this ground. Although it would be more often dipped into for interest than for problem-solving, I would highly recommend it for a departmental library.

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Parkinson’s Disease and Parkinsonism in the Elderly
Edited by Jolyon Mears and William C. Koller

I enjoyed reading this excellent comprehensive textbook that covers an area that has not hitherto been specifically addressed. It has been well-edited by this transatlantic duo and is a pleasure to read.

As befits its subject matter, its scope is wide. In addition to idiopathic disease, the authors have wisely included chapters on essential tremor, gait apraxia and
multi-infarct states, parkinsonism and a global perspective on health and social needs, all of which made very interesting reading.

It serves as an excellent record of current practice but, as with most specialist fields that are developing rapidly, the delay intrinsic in the publication process excludes some important areas in which progress has recently been made. I have to admit to some concern around the issues relating to initial drug treatment. The arguments are well explored, and could not have been informed by the latest dopamine agonist trials, but I find it odd that it still makes an argument based on chronological age (> 65 years, agonist; > 70, levodopa; 65–70, either) rather than the less ageist approach of estimating biological age (including co-morbidities and general physical and mental status).

It is not just drug treatment that is developing rapidly—the development of models of disease management, and especially specialist nursing has moved on with surprising velocity and affects both primary and secondary care. Similarly, the rehabilitation focus has shifted considerably through work in Melbourne and elsewhere, but unfortunately this has not been reflected herein. These are relatively minor concerns in an otherwise well-balanced, informative and well-referenced comprehensive textbook.

Overall, this book is timely and represents good value for money. I would certainly recommend it as a valuable addition to any hospital library, and I am sure that I shall make good use of mine. I look forward to further editions that reflect the enormous output from research in this exciting area.

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