

contain a section detailing the authors' own studies. When such studies are the optimum available evidence for that particular topic, readers can benefit from the emphasis provided. When that is not the case, a systematic, well-presented analysis of all the evidence is preferable. Chapters also vary in their ability to focus prognostic questions, and to summarize and present the evidence about those questions. Some references are incorrectly linked in the citations in the text, and there are some syntactic and typographic errors. Finally, the omission of an index is somewhat unfortunate, even in a volume of this size.

Overall, this volume accomplishes several things. First, it highlights the importance of prognostic studies and prognostic data in clinical practice. Second, it discusses important methodological data of prognostic studies. Third, it achieves the important task of putting together an up-to-date, accessible compendium on prognostic data about various aspects of epilepsy.

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THE CLINICAL MANAGEMENT OF EARLY ALZHEIMER'S DISEASE. 2003. Edited by Reinhold Mulligan, Martial Van der Linden, Anne-Claude Juillerat. Published by Lawrence Erlbaum Associates. 348 pages. C\$90 approx.

With the advent of approved therapy for mild to moderate severity Alzheimer's disease (AD), there has been a huge developing interest in pursuing diagnostic and therapeutic approaches in the incipient to early AD stages. At present, the number of papers being presented for journal consideration on the topic of mild cognitive impairment (MCI), a precursor state to AD is substantially outnumbering the number of papers submitted on AD. The public health impact of this new focus is enormous, given the personal and economic costs of care of AD and the hope that there can be a delay in the onset of early AD from MCI. In turn, a book exploring the issues around early AD is indeed very timely, holding the promise of translating the research findings of the past decade into clinical care and guidance for neurologists, geriatricians and geriatric psychiatrists. Unfortunately, though the timing is ripe for a book exploring early AD, *The Clinical Management of Early Alzheimer's Disease* falls well short of its potential, in meeting this promise.

The editors of this multi-authored text set out ambitiously to address the social, economic, clinical, neuropharmacological and

caregiving aspects of early AD. Unfortunately, in the approach that they have taken, they have overlooked the importance of defining what they consider early AD to be. They do not take on the nosological issues of the interface between MCI and AD, nor do they indicate where along the continuum they feel early AD ends. They do not propose timelines, stages or other key parameters to shape the readers' understanding of where early AD starts and ends. The result is a rather long compendium of chapters that discuss AD broadly without effectively focusing down on the issues that are unique to the area of early AD. This lack of definition detracts from the intention of the book title. The specific challenges of early AD, such as diagnostic disclosure, is not brought into the sharp focus that one might expect for a monograph on early AD. While there is extensive discussion of cognitive and psychosocial intervention, there is no significant focus on the cutting edge research on AD that has focused on the utility of biological markers to assist in the particularly demanding problem of early AD diagnosis. There is limited discussion of MRI volumetric measures, PET studies and new ligands that might be useful for early AD, or CSF markers. In the pharmacology there is no presaging of the forthcoming completion of very large MCI acetylcholinesterase clinical trials and no specific discussion on how the borderland of MCI and early AD can be handled *vis-a-vis* pharmacological treatment. Though published in 2003, there is a lack of cutting edge information provided in this text.

There are some positives for this monograph. A number of chapters are very comprehensive and particularly well-referenced. The cognitive neuropsychological aspects of AD covered in chapter 3, and the cognitive intervention approaches covered in chapter 9, will be valued by readers seeking to review these topics. There is a strength of authorship with chapters having been contributed by a diverse multidisciplinary group offering complementary perspectives to those of neurologists.

Overall though there are some positives within this text, the reader may be disappointed or misled by the title and the lack of specific defined focus on early AD. It is unlikely that clinical neurologists will find the answer to their clinical problems surrounding early AD in this text nor will research scientists find new provocative insights to further spur their research forward.

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