followed weekly and corroborated with the parents. The parents are asked to set up a meal regimen at home involving promptly eating a healthy meal followed by supervision to prevent purging.

In the second session, the family is asked to prepare and bring into session a complete meal including a forbidden food. The parents are then empowered to require the adolescent to finish the meal in session with the goal that they will ultimately be helping their daughter learn to eat a healthy amount of food. The therapist also helps the parents appreciate the dilemma the adolescent finds of urges to restrict, then overeat, then purge.

An effort is made to relate to the adolescent individually by meeting with her separately before each session to build the therapeutic alliance. Giving control to the parents over the eating behaviour is done empathically with the understanding that she has already lost control to the bulimia. Other normative aspects of independent adolescence are respected and it is clear that parental involvement will decrease as disordered eating behaviour remits.

An important benefit to family-based treatment over residential treatment during which control overeating behaviour is also removed from the adolescent, is normalizing eating in the home environment. Return from residential to the potentially stressful home environment can often be triggering. Since parents have not been as directly involved in the food choices for their adolescent, there is an uncertainty about how to proceed. Adolescents left on their own to implement new changes can relapse into a more secretive pattern. Since control is gradually given back to the adolescent in family-based treatment, the transition is easier and hopefully more successful.

A potential drawback to relying so heavily on parents to help treat the disorder is emotionally unhealthy family patterns that may interfere with the success of the programme. The authors are clear that this treatment is not a more general couples or family therapy. The authors hold that parents can determine what nutritional requirements are appropriate for their daughter. However, it is not uncommon for a parent to have his/her own eating issue which could potentially cloud the perception of normal eating. The authors specifically state that family-based treatment is not effective because it corrects faulty family interactions but because it changes the way family members respond to and manage their daughter’s eating disorder.

There is relatively little discussion given to the emotional triggers involved in the etiology or maintenance of the eating disorder. It is possible in the final phase of treatment to review the early course with the authors’ belief that it may be more beneficial to look at these issues from a psychologically healthier perspective later in treatment. Two paragraphs are given to mentioning helping the parents find healthier alternatives for the adolescent to manage emotions to reduce purging during the first phase. Certainly this is an essential piece to correcting what has become an emotional coping mechanism and not merely a physiological response to being over-hungry.

In summary, Le Grange and Lock have written a wonderfully readable, concise, well-informed manual appropriate for any level clinician working with eating disorders. Having a tool which has been proven effective in a controlled clinical trial is an invaluable addition to the eating disorders field. This book should be part of any eating disorder clinician’s library.

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Neurocognitive disorders in ageing
By Daniel Kempler

Daniel Kempler, the author of this introductory text on neurocognitive disorders in older adults, is a speech and language pathologist, and Professor and Chair in the Department of Communication Sciences and Disorders at Emerson College in Boston. Professor Kempler’s published work relates
to language disorders associated with chronic degenerative diseases, including cerebro-vascular
disease and stroke, Alzheimer’s Disease, and Parkinson’s Disease, as well as research on normal
age-related change in language functions. The topics covered by this text extend well beyond
neurocognitive language disorders, and include general introductory chapters describing
differences between younger and older patients (Chapter 1), basic information on neuroanatomy,
neuropsychology, and neuroimaging (Chapter 2), and a brief overview of stroke and other focal
neurological disorders (Chapter 3). In the core of the text the author describes the major
neuropsychological functions and the disorders that result from relatively focal brain injury. For
example, disorders of oral language (Chapter 4), written language (Chapter 5), pragmatic
communication (Chapter 6), visuospatial skill (Chapter 7), recognition (Chapter 8), reasoning and
problem-solving ability (Chapter 9), and memory (Chapter 10) are described in some detail, and
with reference to normal age-related change, and including diagnostic and treatment
considerations. The final chapters include an overview of the dementias (Chapter 11), common
neuropsychiatric disorders (Chapter 12), and movement disorders (Chapter 13). The text
concludes with a brief description of successful ageing based on the McArthur Research by
contributing authors, Melissa Tabbarah and Teresa Seeman.

Kempler’s goal in writing *Neurocognitive Disorders in Aging* was to provide an introductory
text suitable for students in the health sciences with little background in gerontology. The book is
also intended as a reference for health professionals who work with older adults, have a general
knowledge in the area, and are motivated to learn more. By and large, Kempler has succeeded in
producing a clearly written, appropriately detailed, and practical resource that fills a notable gap
in the field. Perhaps not surprising in light of the author’s background, the strongest chapters are
those that form the core of the text and describe the neurocognitive deficits in oral, written, and
pragmatic language that are associated with focal brain injury. Although not specific to older
adults, the information in these and other chapters on the neuropsychology of higher brain
functions provides a useful and accessible summary of a large and complex literature. Similarly, the
chapter on dementia describes current research and diagnostic criteria, and will serve as an
excellent overview of an increasingly complicated group of neurocognitive disorders that are
exceedingly common in old age. Perhaps least helpful are the introductory chapters, which
appear overly simplified, especially in contrast to the neuropsychological sections that follow.
Similarly, the final chapters on neuropsychiatric and movement disorders provide a somewhat
superficial and general overview of important and complex topics that are highly relevant to
geriatric neuropsychology. The final chapter, although an interesting summary of the successful
ageing research, appears as an add-on that is only indirectly related to the clinical focus of this text.

The main body of this text is under 250 pages. It is soft-bound, attractively presented, and
clearly organized with legible print, complementary black and white drawings and illustrations,
and a brief glossary of terms and definitions. The references are appropriately comprehensive and
current. In general, this text appears to be carefully edited, with one or two exceptions. A minor
point is the use throughout the text of the term ‘elderly’ instead of the more acceptable ‘older
adult’ or ‘senior’. At the content level, many of the core chapters are highly focused (e.g. Chapter 5
provides a detailed overview of pragmatic communication deficits), in contrast to the chapter on
‘problem solving deficits’ (Chapter 9) that encompasses a broad range of loosely associated topics
related to disorders of attention, working memory, reasoning and abstraction, and executive
functions. This uneven approach appears to reflect the interests and expertise of the author rather
than the importance of the topic to understanding neurocognitive disorders in older adults. On an
organizational scale, the core chapters could be divided into two main sections including those
chapters that describe neurocognitive disorders (e.g. aphasia, visuospatial deficits, etc.) that result
from focal brain injury or illness, and those that describe syndromes and diseases (e.g. stroke,
dementia, depression) and their affects on higher brain functions. Instead, the chapters are
presented as a mixture of these two approaches to describing neurocognitive disorders. An
important strength of this text is Kempler’s inclusion at the beginning of each of the core chapters
describing neuropsychological functions, of research related to the effects of normal ageing.
Although the descriptions of normal age-related change in higher brain functions are necessarily
brief and ignore the distinctions between the young-old and the oldest-old cohorts, these provide
an important reminder to the reader that deficits must be interpreted with some understanding of
the expected baseline performance of older adults.

In summary, although somewhat uneven in terms of detail and utility, Daniel Kempler’s
*Neurocognitive Disorders in Ageing* provides a well-written and interesting resource for health
science students and health professionals who want to learn more about the common effects of
stroke and neurodegenerative conditions on the higher brain functions of older adults.

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