Forget Memory: Creating Better Lives for People with Dementia
By ANNE DAVIS BASTING

The introduction to Forget Memory sets the scene for the entire book “Dementia is hard, but it needn’t be this hard”. The book is a manual about creative projects and people; instilling hope and positivity for living and working with dementia and Alzheimer’s, inspiring new ways of thinking about how we respond to diagnosis and treatment, to enable “shared communication and meaningful human interaction”.

The book opens with an overview of existing cultural beliefs and media portrayals of dementia and Alzheimer’s, followed by a chapter exploring the meaning of memory. The remainder is about creative projects in the U.S.A; for example, in New York City, a theatre named “To whom I may Concern”, devised and performed by people with dementia, and an oral history project called “StoryCorps”, which collects life stories from a specially constructed booth visited by people who tell their life stories to each other. One participant, Mel, only had one story to tell “which he repeated over and over again for 40 minutes. It made the facilitators a little anxious. But he was so happy”. Basting also writes about her founding the Duplex Planet project in Boston, the facilitator is specifically interested in fragments rather than whole stories. The works include dance, photography, theatre and visual arts.

The essential thread of the book is story; life stories or fictional stories, and in the text we meet and relate to many people telling their stories. What is lovely about reading Forget Memory is that, as the reader, I forgot about the difficulty of dementia and enjoyed the journey of meeting the people – participants, artists and facilitators – contained on every page. Basting writes about relating as being one of the primary ways of connecting to people with dementia. In the book I felt that I had related to each person through his or her story/experience that was retold here. Basting suggests that “relationships with a person with dementia are reciprocal.”

Do not expect a scientific-based thesis of dementia and Alzheimer’s in this book. It is a celebration of life and creativity, a declaration that this still remains even when, through dementia, other elements of a person’s life become restricted. A quote from “Mnemonic”, a play by Theatre de Complicité, starts the first chapter:

“But what I am getting at is that re-membering is essentially not only an act of retrieval, but a creative thing, it happens in the moment; it’s an act, an act . . . of the imagination”.

At the end of the book Basting touches upon the approaches of the “medical model” and the “artistic process model” to Alzheimer’s and dementia. I would have liked to read about more about the differences and ways forward of the two working together; however, she identifies the lack of statistical evidence for creative work, which prevents policy-makers from funding these approaches in favor of the scientific and pharmacological. This highlighted for me the need for evidence-based research in all areas of treatment.

This book challenges the dreaded stigma attached to dementia by advocating new ways of thinking, and illustrates this with successful projects across the U.S.A. It is an idealistic book, and maybe that’s what is needed at this time. What I was left wondering about was whether the same book could be written about work in the U.K.: do we have such projects happening here?

CATHY GOODWIN, Drama therapist
South London and Maudsley NHS Trust,
Maudsley Hospital, London, U.K.
Email: cathygoodwin@hotmail.co.uk

Does Alzheimer’s Disease Really Exist?
By FRED C. C. PENG, Taipei:

There are currently more than 1 million people with moderate and severe dementia in Germany and most of them are thought to have Alzheimer’s disease. Internationally – particularly in the U.S.A. – there may be even more! Therefore the question whether Alzheimer’s disease does exist appears of some relevance. Are these patients posing, merely mistaken, or mischievously mislabeled? Has the German eponym-mafia struck again? That is what it boils down to. Fred Peng has hit a moot point exactly 100 years after Kraepelin had suggested the eponym “Alzheimersche Erkrankung” for
presenile neurodegenerative dementia with plaques and neurofibrillary tangles. But now Peng has reopened the competition and the semifinalists are Poland (Teofil Sinchowicz), Czech Republic (Oskar Fischer), Italy (Gaetano Perusini), and Liberia (Solomon Carter Fuller) – the last being my personal favorite. Important evidence has already been competently collected and concisely presented by G. E. Berrios. Dr. Peng has significantly increased the body of conflicting evidence.

HANS FÖRSTL
Director, Department of Psychiatry and Psychotherapy
Technische Universität München, Munich, Germany
Email: Hans.Foerstl@lrz.tu-muenchen.de

Facing Death: A Companion in Words and Images
By LINDA WATSON (WITH PHOTOGRAPHY BY MAGGIE SALE)
Price $21.95, paperback, 88pp.

To whom would you give this book? The author, a retired pastoral care professional who worked in the care of the dying, suggests it is for patients with life limiting illnesses and/or their carers (both formal and informal). Linda Watson originally organized the texts, a collection of her own thoughts and pieces from religious and other writings, for her sister who was dying of cancer when she, Linda, was unable to visit. The pictures, a uniformly beautiful set of calm nature close-ups or expansive views, were added when the author was encouraged to work with a nature photographer to develop the book for publication.

The stated aim of the book is to assist patients and their relatives or friends, who might be finding it difficult to talk about death and dying, to find words to express their feelings through reading the texts or reflecting on the pictures. To assist in this there is a section at the back for the patient and/or their carers to add further personal reflections and photographs.

As a Palliative Care doctor I can see that this book could be very helpful for some patients and their carers. The texts cover a range of situations, and while many might be categorized as “warm and fuzzy”, several express the distress and strong emotions often experienced by patients facing end of life situations. The photographs are perhaps too gorgeous, and maybe some scenes depicting storms or disasters might add more topics for discussion. We know that the art and poems of patients in palliative care settings can be very confronting and that the patients can be assisted in their acceptance of their situations by discussing their disturbing poems and paintings. I would see the book as a useful addition to the pastoral care section of the library of a palliative care unit, as well as being available for patients and relatives to use, with information on how to order the book for individual use. Perhaps future editions will be a bit more adventurous in content.

ELEANOR FLYNN
Senior Lecturer in Medical Education and Consultant in Palliative Care, University of Melbourne
Email: e.flynn@unimelb.edu.au

Mood Disorders in Later Life, 2nd edition
Editors: JAMES M. ELLISON, HELEN H. KYOMEN AND SUMER VERMA
Price $199.95, hardback, 372pp.

One of the most important challenges for public health over the next decades is the fact that the proportion of elderly people is the fastest growing segment in the population as a whole. Clinicians in every part of the world will need greater knowledge about diagnosing and treating elderly people with complex conditions, somatic as well as psychiatric. In recent years we have seen many books which focus on depression in late life, but with the appearance of Mood Disorders in Later Life the reader gets a very valuable book that examines the whole spectrum of, and conditions related to, the management of mood disorders in the elderly.

In this second edition, we get a solid and comprehensive overview of the existing literature in the field. The second edition differs from the first by incorporating expert contributions from several countries and the editors succeed in assembling the separate chapters into a homogeneous whole of high
Alzheimer's disease is a progressive, neurodegenerative disease that represents a growing global health crisis. Two major forms of the disease exist: early onset (familial) and late onset (sporadic). Early onset Alzheimer's is rare, accounting for less than 5% of disease burden. The financial costs of Alzheimer's currently exceed $183 billion annually in the US, and an additional $210 billion worth of unpaid care is provided by friends and family members of patients [11]. There are two types of Alzheimer's disease: familial (also known as early onset) and sporadic (also known as late onset). As many as 10 isoforms of BIN1 exist, and these are produced by variable splicing of the mRNA [114]. Articles in humanities and social sciences are published in the journal. Journal is published in English and Russian. DOIs are assigned to all articles of the journal. You can find our publishing house in the Crossref membership list with DOI prefix 10.29013 http://www.crossref.org/06members/50go-live.html. The journal has the G1F impact factor .248 for 2018. The journal has the G1F impact factor .342 for 2019. Late-onset Alzheimer's disease isn't necessarily hereditary; in other words, even if a person's parents both have the late-onset form of the disease, that person is not guaranteed to also get it, Patira said. Among her patients, "this is the most common misconception," she added. So, what does cause late-onset Alzheimer's? "Everything is hot in Alzheimer's research because people are really desperate" to find a cure. But lately, scientists have increasingly turned their attention to microbes. The study that spurred last week's headlines was published on Jan. 23 in the journal Science Advances. In this study, researchers suggested that Porphyromonas gingivalis, the bacteria that cause a common type of gum disease, may also play a role in Alzheimer's.