

## Book Reviews

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Michael H. Ebert, M.D., Editor

### **Handbook of the Psychology of Aging, 5th ed.**

*edited by James E. Birren and K. Warner Schaie.*  
Academic Press, San Diego, Calif., 2001, 677 pages,  
\$89.95 (paper).

The 5th edition of this *Handbook* is 1 volume in a 3-part series dealing with various aspects of aging. The focus is geropsychology, which is the intersection of aging and psychological processes (e.g., social influences, behavior, cognition, emotions, personality, and function) as they relate to change and continuity throughout the life span. As such, this multiauthored text covers a wide range of topics and would be a useful reference for researchers and clinicians who have an interest in or work with older adults. The tenor of the book is research based, rather than clinical, in nature. The contributors are leaders in their respective fields and thus are well qualified to discuss and critically evaluate current research findings. The volume contains 4 sections: (1) Concepts, Theory, and Methods in the Psychology of Aging; (2) Biological and Social Influences on Behavior; (3) Behavioral Processes and Psychological Functions; and (4) Behavior in Social Contexts.

The opening chapter provides a thorough history of geropsychology, beginning with the mythical origins and developing a detailed account of the history of modern geropsychology and research efforts that gave rise to it. The next 3 chapters focus on methodology, with an emphasis on longitudinal research. One chapter in particular gives an excellent description of the 3 types of change that can be modeled in multiwave studies. In addition, this section contains a general description of ongoing major longitudinal studies in gerontology, both national and international. The chapter dealing with behavior intervention research calls for a search for mechanisms of action, and this topic is particularly salient given the multitude of studies dealing with intervention programs.

The second section, Biological and Social Influences on Behavior, deals with a host of issues including the nervous system, cognitive changes, health risks, and environmental influences. It includes a description of normal age-related changes in cognition and compares these with the neuropsychological profile of patients with Alzheimer's disease. The chapter on health risk behaviors outlines where it is most advantageous to focus intervention efforts.

The third section deals with behavioral and psychological issues regarding aging. The chapter on sensory impairment offers an excellent description of age-related changes in vision and hearing. A chapter devoted to language production discusses the effects of Alzheimer's disease on language and strategies to enhance communication with patients with dementia. Two chapters are devoted to change and stability of personality and emotions over time. The chapter "Mental Health and Aging at the Onset of the 21st Century" discusses how the genetic revolution helped to destigmatize mental illness for older people and that the Decade of Behavior will lead to behavioral interventions for disease reduction.

The final section contains the chapter "Elder Abuse and Victimization," a topic new to the handbook. M. Powell Lawton, Ph.D., who wrote the last chapter of the section, "Quality of Life and the End of Life," passed away last year. Dr. Lawton's research on environmental psychology and quality of life in older age revolutionized the field of geropsychology. His contributions will be missed in future editions of this volume, although his work will surely guide them.

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### **HIV and Depression: Context and Care (UCSF AIDS Health Project Monograph Series, No. 5)**

*by Francisco J. González, M.D. UCSF AIDS Health Project,  
San Francisco, Calif., 2001, 106 pages, \$11.95 (paper).*

Although dramatic gains have been made in the diagnosis and treatment of human immunodeficiency virus (HIV) in the past 10 years, one cannot underestimate the psychosocial and economic toll the disease has placed on the individual and the worldwide community. Since the beginning of the epidemic, numerous studies have documented that depression is a prominent aspect of HIV. Despite the numerous losses and stressors that are an inevitable part of the illness, health care providers need to be alert to the emergence of a clinical, treatable depression in their patients. *HIV and Depression: Context and Care*, the fifth volume in the University of California, San Francisco, AIDS Health Project Monograph Series, is dedicated to educating patients, families, and health care providers about depressive syndromes in HIV. The monograph vividly describes the complex interplay among culture, gender, economics, and politics in HIV by using numerous clinical vignettes. These vignettes highlight the fact that in a medical treatment setting, "the client and the provider are embedded in an intersection of rich cultural matrices; the culture of the institution or clinic or discipline; an ethnic, religious, racial or immigrant culture; a culture of sexuality and gender; or a culture of drugs or the street" (p. 23).

*HIV and Depression* is divided into 4 distinct chapters. Chapter 1 presents the concept of depression in HIV patients as a spectrum of disorders ranging from normal response to loss to symptoms consistent with clinical depression. The chapter outlines factors associated with the emergence of depression and problems associated with assessing the prevalence of depression. This chapter also underscores the biopsychosocial model of interpreting psychiatric disturbances and applies that model in the context of HIV.

Chapter 2 discusses the numerous biological, psychosocial, and sociocultural variables that influence the development of depression in HIV. This chapter summarizes the existing research on the prevalence of depression and gives particular

attention to data pertaining to specific subpopulations at high risk for HIV—gay men, injection drug users, people of color, and women. This chapter also emphasizes that by increasing our awareness of the sociocultural aspects of HIV, we can improve our understanding of the negative impact of social marginalization on physical and emotional well-being and the potential benefits of social support as a protective factor against the development of depression.

Chapter 3 outlines a practical, easy-to-understand approach to the assessment of depression. The chapter reviews the DSM-IV criteria for major depressive episode and the differential diagnosis of clinical depression. Chapter 3 also encourages health care providers to consider the complex interplay between biological, psychological, and social factors when they assess clients with depressive symptoms to ensure the most appropriate, effective treatments.

Chapter 4 presents an overview of available treatment interventions, including antidepressant medications, a variety of psychotherapeutic approaches, and strategies for improving social support.

This monograph is very informative and superbly written. Despite the comprehensive nature of the topic of depression in HIV, the monograph is easy to read. Its down-to-earth language and well-organized format make it easy to understand and accessible to a diverse audience. The didactic information is supplemented by rich, true-to-life clinical case material and vignettes. I enjoyed reading this book, and I highly recommend it to patients, families, and health care providers.

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