

BOOK REVIEWS

Evidence and Clinical Medicine

(1) *Evidence-Based Medicine*. Two monthly journal. BMJ Publishing Group; £95 per year.

(2) *Clinical Evidence* 3. Six monthly. BMJ Publishing Group, June 2000; £55 per year.

(3) *Evidence Based Gastroenterology and Hepatology*. BMJ Books, 1999; £85 (ISBN 0-7279-1182-1).

The practice of medicine has moved into a new phase where attempts are being made to validate medical activity more rigorously. This contrasts with the previous system of basing practice on past experience, consensus medical opinion, and the politics of the latest paper on the subject.

It is recognised that the quality of evidence used to support ideas is variable and this is classified as:

(A) *First rate, grade A*. Based on large randomised controlled trials or meta-analyses of smaller trials to achieve significance, or "all or none" cohort studies.

(B) *Adequate evidence, grade B*. Based on high quality non-randomised trials, case-control studies or case series.

(C) *Contentious evidence, grade C*. Medical opinion supported by ancillary studies, for example from laboratory work, or physiological and pharmacological principles.

Evidence-Based Medicine is a two-monthly journal constructed in a format that will be familiar to fans of the *Reader's Digest*. It is eclectic and picks out topics in a wide variety of areas, summarising the evidence and making recommendations. Each subject receives about a page. This is an accessible style but is best used as a browsing tool in the library. Most readers will find something of interest, but the majority of the contents will not be relevant to any one individual.

Clinical Evidence is a paper covered handbook. The current issue runs to 1034 pages, so it will fit into a pocket but not leave much room for anything else. It was notionally first launched in June 1999 though the first issue only became available in the autumn. The second and third issues did come out in the right month.

The text is grouped by major systems and though it has been reorganised for the current edition, much of the material is carried forward from the first one. Where additional material is incorporated this is indicated in the index with the word "NEW" in blue. Again it is not comprehensive but it does provide a very useful summary of management of conditions like myocardial infarction, prevention of malaria, and endometriosis. Junior doctors would be well advised to consult the current issue in the library. Their seniors may well prefer to own a copy themselves. Clearly the intention is that each fresh issue should supersede the previous one in the same way that the *British National Formulary* operates.

Evidence Based Gastroenterology and Hepatology is a different animal again. A hardback book of 547 pages, it reviews the whole field of gastroenterology and hepatology fairly comprehensively. It is the kind of book that any practising gastroenterologist would like to have personally for reference. It is a sister text to *Evidence Based Cardiology*, and one might imagine in the future a general

physician with any special interest might like to acquire a set of volumes to cover all of the major specialties, if that becomes possible.

This is very obviously a multiauthor text. Some of the chapters are synoptic to the point of being terse, whereas the one on portal hypertension exhaustively lists the findings of papers in the text and runs to 262 references.

Levels of evidence are indicated both in the text and boldly in the margin with As, Bs, and Cs. However, it is not always clear what this refers to in the text, nor always indeed whether the evidence accepted was that for or against a particular point.

Two areas of specific interest that highlight the problems with evidence-based medicine are the treatment of primary biliary cirrhosis and colonoscopic surveillance in ulcerative colitis.

At the end of the chapter on primary biliary cirrhosis one is left with the feeling that one ought to be using ursodeoxycholic acid therapy though there is no grade A evidence to support this. Indeed the Cochrane Collaboration, the *Drugs & Therapeutics Bulletin*, and a meta-analysis in the *Lancet* have all poured cold water on the topic. However, the problem is that none of the trials have extended for long enough with placebo control to prove the point, and it is unlikely that such studies are going to be conducted in the future.

There is a wealth of grade B and C evidence to support the use of bile acid therapy in this condition and as it is popular with patients its use is likely to continue.

Cancer surveillance in ulcerative colitis is even more problematical. The evidence cited is all rated grade C, but despite this there is undiminished enthusiasm particularly in the United States for annual colonoscopies in extensive or total ulcerative colitis. This is based on the known higher risk of bowel cancer in ulcerative colitis, particularly in those who also have primary sclerosing cholangitis. However, logically one cannot justify the practice of screening these patients. Indeed one of the best recent pieces of grade A evidence, an 11 year controlled follow up study from Scandinavia, showed that the death rate was actually higher in the screened group because they had more heart attacks and accidents. This may be because of more risky behaviour. There is absolutely no evidence whatsoever that colonoscopic screening in ulcerative colitis saves lives. Overall life expectancy is normal in ulcerative colitis. One wonders whether the main motive for many colonoscopies may not be financial rather than medical.

The concept of evidence-based medicine is still a question of relative judgments rather than indisputable facts. In the nature of clinical science ideas will change and to remain useful all publications will need very frequent revision and updating.

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**Evidence-Based Clinical Practice—
Concepts & Approaches.** J P Geyman, RA Deyo, S D Ramsey. (Pp 177; £25.00.) Butterworth Heinemann, 1999. ISBN 0-75-6-7097-5.

The six goals of the monthly, interdisciplinary, evidence-based clinical practice rounds that underpin this book were to introduce, enable, prepare, elucidate, acquaint, and where appropriate, extend evidence-based approaches beyond care of individual patients

to populations. These goals are well met. Although targeted at primary care physicians, the book could well become a must for specialist registrars as well.

Evidence-based practice is the 21st century's buzzword. Coined in the 1980s the gold standard is the double blind trial and meta-analysis. If your ability to appraise the literature, make Medline searches, understand meta-analysis, confidence intervals, and Cochrane diagrams worries you, this book is for you. For it strikes a proper balance between cult and reality. What worries me about the cult is the notion, "before the computer there was no evidence". I've even heard it said that there is no evidence that rehabilitation works. Yet, each time I see a specially lowered street corner or walk up ramp into a building the evidence is before my eyes.

Also many clinical experiments are deeply flawed. Often a 1:20 chance, $p < 0.05$, is taken as evidence. Yet the need for informed consent implies that staff as well as patients know the result that is expected. If everyone knows what the experiment is about, what chance is there that the result did not occur by chance? Evidence-based medicine is here to stay. Know the benefits and know the limitations. This book helped me to do that.

P H MILLARD
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Diagnosing Cancer in Primary Care.

Nicholas Summerton. (Pp 171; £18.95 paperback.) Radcliffe Medical Press, 1999. ISBN 1-85775-307-0.

This book is a concise description of epidemiological data, cancer genetics, clinical presentation, investigations, management, and prognosis of relatively common cancers that can present as diagnostic problems in general practice. The author highlights diagnostic problems in primary care and provides some important clues in clinical presentations to avoid missing and delaying the diagnosis. There is ample emphasis on taking prompt and appropriate action after having suspected or diagnosed cancers to improve the outcome.

The chapter on facts and figures on common cancers is very useful. It gives a quick overview of incidence and prevalence of most cancers. The author has provided concise information on cancer genetics and emphasised the importance of family history, genetic testing, and counselling in the diagnosis and management of cancer. Oncogenes are mostly abbreviated and I wish there were some description to understand these better.

I found the chapter on colorectal cancer very comprehensive. The chapters on lung and breast cancer are brief but salient features are marked with bullets. Again there are ample clinical clues to the diagnosis of these cancers. There is a flow chart on the guidelines of referral of a breast lump. Similarly chapters on prostate, bladder, testicular and kidney, brain, skin, and haematological cancers are concise but informative. The statements made in the book on various aspects of these cancers are evidence-based and reliable. At the end of each chapter there are enough references for further reading. The book contains up to date facts and is a good read. The book is available in both hardback and paperback.

The only deficiency I could find in this book is the lack of clinical guidelines in the form of flow charts, which would have been invaluable for a busy primary care physician.

On the whole I recommend this book as a quick reference and an aid to general practitioners and other primary care professionals in the diagnosis and management of common cancers in primary care.

K S SHER
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A Colour Handbook of Gastroenterology. H J F Hodgson, Ralph Boulton, Claire Cousins, Sanjeev Gupta. (Pp 208; £29.95.) Manson Publishing, 1999. ISBN 1-874545-55-3.

This book is pleasing to the eye and should stand out on the bookseller's shelves. The front cover is well balanced and includes nine colourful images pertaining to gastroenterology. The authors tell the reader that the book is aimed at trainees on both sides of the Atlantic and being a colour handbook emphasises the visual nature of the specialty. Being a short book of 208 pages it is unable to give more than an overview in most areas.

The book is organised into 10 chapters and an appendix. The first chapter deals adequately with taking a history and physical examination. There are a number of good quality colour prints of clinical cases. However the print of a silver stool is not convincing. Chapter 10 deals with miscellaneous conditions, ascites, constipation, and peritonitis. Chapter 9 deals with gastrointestinal bleeding and within this chapter are again some fine photographic reproductions. Sandwiched in between are seven chapters that travel down the gastrointestinal tract from the mouth to the anus with visits to the pancreas and biliary system along the way.

Any book that aims to use colour images to give a message must employ clear and well produced images and this book is filled with superb photographs. These are from both endoscopic sources but also radiographic and histological ones. But this book is more than just a colour atlas—there are pages of text. The majority of subjects are dealt with in a succinct and accurate manner and would lead, where needed, to further study in a larger textbook.

This book achieves its aim admirably and can be highly recommended to trainees in both general medicine and gastroenterology. I must add that it is perhaps a good thing that irritable bowel syndrome has few visual images that go with it!

A STEEL
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ABC of Sexual Health. Edited by John Tomlinson. (Pp 61; £13.95.) BMJ Books, 1999. ISBN 0-7279-1373-5.

The ABC series is well known for being clear, concise, and comprehensive but this volume on sexual health scores most highly for candour, especially its illustrations. Doubtless they prompted the incongruous red warning triangle on the cover.

While the illustrations, though indeed explicit are generally apposite, some are quite baffling such as the photograph of two middle class white people supposedly illustrating cultural differences in ethnic minorities. While there is minor duplication in both pictures and text, sloppy copy editing is a major flaw. I detected four typos on p 42 alone.

There is much useful, up to date information on topics ranging from pregnancy to sex toys. The chapter on sexual history taking will be particularly helpful to a wide range of clinicians. Overall, however, the book fails to live up to even its own expectations. Michael Adler claims it is "bad medicine" to force one's personal sexual attitudes and beliefs on others yet the book's authors frequently attempt to do this—for example, "Defining normality is extremely difficult (and arbitrary), because the definition involves making a value judgment".

The editor hopes the book will help readers "feel comfortable about male and female emotions and relationships", yet anatomy, physiology, sexual problems, dysfunctions, and "variations" constitute most of the content. In vain did I search for any mention of love, intimacy, fidelity, and commitment, or indeed anything at all to do with the context and meaning of sex. Surely a glaring omission in any book about sexual health?

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Davies Textbook of Adverse Drug Reactions. 5th Edition. Edited by D M Davies, R E Ferner, H de Glanville. (Pp 971; £195.) Chapman and Hall Medical, 1998. ISBN 0-412-82480-9.

Adverse drug reactions remain a major cause of morbidity and even mortality, with some estimates of adverse reactions accounting for 10% of all hospital admissions. Recognising an adverse drug reaction requires a high degree of clinical suspicion, and access to a standard reference book such as this. This textbook is presented in a format of organ based adverse reactions, making the clinical presentation the entry point. This format has served it well since 1977 and is undoubtedly useful to clinicians, working from possible adverse reaction to possible causative drug. As a clinical pharmacologist, I tend to work the other way around, and so find it less satisfactory, although the high quality of the indexing helps.

The text itself has good general opening chapters, but the meat is in the organ based chapters; these are quite up to date with most having references from 1996 or 1997. The writing is easy to read. I was disappointed in some specific areas, for instance, the controversy concerning the risks of thromboembolism with various generations of oral contraceptives or factor V Leiden was not referred to, but the discussion of breast cancer and hormone replacement therapy was useful.

Is such a textbook still useful or are alternative resources superior, given the need for accurate up to date data? I think the answer is yes. I have not found a good up to date internet source of accurate information. Good text alternatives are Mayler's annual updates of adverse reaction reports, but they do not follow this clinical presentation based approach. I would certainly use this as a regular first source, before exploring others. It is rather expensive, and will remain a library resource for most.

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DIARY

6th European Forum on Quality Improvement in Health Care

29–31 March 2001: Bologna, Italy
Details: BMA/BMJ Conference Unit, BMA House, Tavistock Square, London WC1H 9JP, UK (tel: +44 (0) 20 7383 6409, fax: +44 (0) 20 7383 6869, email: Quality@bma.org.uk, web site: quality.bmjpg.com).

Imperial College School of Medicine, Division of Paediatrics, Obstetrics & Gynaecology

Courses and symposia of interest to paediatricians and to general practitioners.

13–17 November 2000: Revision course for DCH

22 November 2000: Paediatric gastroenterology

23 November 2000: Update on serious paediatric infections and abnormal immune responses

27 November–1 December 2000: Neonatal courses for senior paediatricians

Details: Symposium Office, Imperial College School of Medicine, Queen Charlotte's & Chelsea Hospital, Goldhawk Road, London W6 0XG (tel: +44 (0) 20 8383 3904, fax: +44 (0) 20 8383 8555, email: sympreg@ic.ac.uk, web site: www.med.ic.ac.uk/dp/dpsh).

Techniques and Applications of Molecular Biology: A Course for Medical Practitioners

11–14 December 2000: University of Warwick

A four day residential course for those in the medical profession wishing to improve their understanding of the principles and applications of genetic engineering techniques.

Details: Dr Charlotte West, Department of Biological Sciences, University of Warwick, Coventry CV4 7AL, UK (tel: +44 (0) 247652 3540, fax: +44 (0) 247652 3701, email: Charlotte.West@warwick.ac.uk).

Royal Society of Medicine

15 November 2000: HRT and the menopause

20 November 2000: Depression

30 November 2000: Benign prostatic disease

7–8 December 2000: New trends in HIV management and research

12 December 2000: Stroke

Details: Rosamund Snow, Royal Society of Medicine, 1 Wimpole Street, London W1G 0AE, UK (tel: +44 (0) 20 7290 2904, fax: +44 (0) 20 7290 2992).



ABC of Sexual Health.

T G STAMMERS

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