Drug interactions account for up to 20% of all adverse drug reactions. The elderly are most susceptible to adverse drug interactions, partly because of age related changes in pharmacokinetics, but largely because of polypharmacy. The 2001 UK census data show that there almost seven million individuals over the age of 70 years, representing more than 10% of the population. Given this increase, it is likely that the potential for adverse drug interactions is going to increase, and it is therefore important for all prescribers to be aware of possible adverse drug interactions, and minimise the risk.

The authors of this pocketbook have a distinguished track record of producing excellent textbooks in this area. The 2003 edition of the book packs a lot of information in its 134 pages, in fact most of the information that one is likely to need about possible interactions. The main section covers the top 100 drug interactions listed alphabetically, the interactions for each drug presented as a table, followed by a text section on management. The authors then include three appendices covering the effects of antibiotics and warfarin, drug interactions that prolong the QTc interval, genetic polymorphisms of the cytochrome P450 enzymes (new for the 2003 edition), and drug interactions with herbal products. The book ends with a table of drugs known to modulate the activity of cytochrome P450 enzymes, and the efflux transporter P-glycoprotein.

Many of the interactions are covered in a great deal of detail. However as with any book, it is easy to find omissions—for example, the lack of any mention of the interaction between the cerivastatin and gemfibrozil, which lead to its withdrawal. Of cerivastatin, or the interactions with gemfibrozil, which lead to the withdrawal interaction between the cerivastatin and example, the lack of any mention of the book, it is easy to find omissions—for all prescribers to be aware of possible adverse drug interactions, and minimise the risk.

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it was OK but not quite as good as it could be.

A D Malcolm
Cardiologist (retired), Felbridge, East Grinstead, West Sussex, UK

Fetal Medicine for the MRCOG and Beyond.

This book has been written in order to provide a brief but comprehensive outline of fetal medicine for postgraduate readers, in particular those studying for their MRCOG examination. It is a small, soft cover book that would fit in a pocket and could therefore be used as a frequent reference if necessary. The style of the book is generally quite relaxed, which makes it very readable. Although advances can occur in some aspects of fetal medicine at a frightening pace, the book is up to date and well referenced. The chapters are generally comprehensive and repetition is kept to a minimum. There are a good number of illustrations, but these at times detract from the high quality text. Many ultrasound images are difficult to interpret, even by the expert eye and some of the line drawings also fail to make their point clearly. The ultrasound colour plates in particular do not correspond directly to their legend.

The chapter on prenatal diagnostic techniques clarifies many issues which trainees get confused, particularly in relation to procedure related loss rates and timing of procedures. However, no mention is made of the need to confirm that blood obtained from the placental cord insertion is fetal rather than maternal or mixed.

Chapter 3 covers the wide area of fetal anomaly scanning and provides a fairly comprehensive review. However, although soft markers for aneuploidy are mentioned, there is no comment regarding the differing management of isolated markers and multiple markers. These are relatively minor points in a short text. Overall, the book appears to be a valuable addition for trainees in particular and is priced very reasonably.

P Loughna
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This is an excellent book, which is easy and enjoyable to read. It meets the target the editors set out with, highlighting "the extraordinary variety and broad expanse of the specialty". Furthermore it is refreshing that many chapters address the ethical and psychological aspects of obstetrics and gynaecology.

The first nine chapters are based on RCOG lectures and the following 24 chapters form an Odyssey through contraception, pregnancy, delivery, postpartum problems, and gynaecology. The book covers a wide variety of subjects and topical issues, addressing areas often neglected. It is clear and well laid out.

This book will be useful for trainees studying for their membership exam and certainly is an interesting read for consultants and will help them to keep up-to-date with recent advances.

At £48 for 420 pages, the book is reasonably priced.

C C T Wiesender
Consultant Obstetrician and Gynaecologist, Leicester General Hospital, Leicester, UK

Medical Statistics Made Clear.

This book starts by describing the common terms used in statistics, measures of central tendency, types and presentation of data, and frequency distributions. Subsequent chapters deal with correlation and regression, statistical testing, types of epidemiological studies, and meta-analyses. The final chapters describe probability theory and multivariate analyses. The concepts are well explained and consolidated with illustrations. An introductory glossary is particularly useful. The text is well referenced and a list of statistical packages is helpful. The book will be of use to those with no knowledge of statistics as a basic introduction, but also to those wanting a more detailed description of statistical methods.

A R Hart
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