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 gemfibrozil, which lead to the withdrawal. It is a didactic paperback of a 136 pages which is devoted to the worthy topic of avoiding subjective conclusions in appraising medical publications.

The first half is given over to discussing the structure for reviewing medical literature under a five step structure (1. Framing questions for review. 2. Identifying relevant literature. 3. Assessing the quality of the literature. 4. Summarising the evidence. 5. Interpreting the findings). The second half is devoted to four case studies, tackling. 1. Identifying and appraising systematic reviews (drug treatment for recent onset schizophrenia). 2. Reviewing evidence on safety for public health intervention (safety of public water fluoridation). 3. Reviewing evidence on effectiveness of therapy (antimicrobial therapy for chronic wounds). 4. Reviewing evidence on test accuracy (ultrasound scan tests for postmenopausal women with vaginal bleeding).

As the authors emphasise proper objective reviewing depends very heavily on information technology to ensure comprehensive coverage of all relevant material. The now bewildering number of sources include Medline and Cochrane collaboration information. Any really systematic trawl of literature will now necessarily depend on help from information technologists librarians and epidemiologists. The days when eminent clinical authors could assemble favourite references to support their own prejudice should be long passed.

There is detailed discussion on various types of publication bias, including the fact that US and European literature will be different, and that negative results tend to be published in local foreign language journals whereas positive ones tend to appear in English language and international journals. The pitfalls of meta-analysis and the need for rigour in assessing the quality of evidence are well emphasised.

It is useful to remember that an adequate review involves study of full length papers, particularly scrutinising references to try and identify further important publications not found on original literature searches. Perhaps because medicine and clinical research have a boiler to keep pumpping hot water around the system”. I was also surprised to find that the NYHA’s symptomatic classification was presented as “The New York Heart Association’s classification of heart failure”, so missing the chance to push home the message that it is a grading of symptoms and not of severity of the underlying pathology/damage. In the Appendix on Sources of Help and Information, a paragraph to describe what each organisation offers for heart failure patients would be good and would certainly help the patient puzzling over which of the 11 organisations listed might provide what he or she is seeking.

Was anything important missing? Three things come to mind. The first is a need to explain about the widely used terms “congestive heart failure” and “congestive cardiac failure”. The second is to suggest including a chapter on using the internet to get information on heart failure and its management, as many patients who take the trouble to read this sort of book will also seek information from websites. The third is that, as a non-medical family member pointed out, a few encouraging case histories would be appreciated by many readers.

Overall, this little book probably deserves about 8½ out of 10. It left me feeling that
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.

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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.

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