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Views & reviews

## Medicine and books

### Emergency Triage

Ed Kevin Mackway-Jones  
BMJ Publishing, £12.95, pp 156  
ISBN 0 72 79 1126 0

Everyone sorts, you have to. The Neanderthals had to decide whether to stay in and finish that fiddly bit in the corner of the new cave painting or go and hunt the real thing, just as an NHS chief executive prioritises his or her dwindling budget. Nevertheless, "Accident and Emergency sorts you out quicker" is a reasonable motto for a car bumper sticker. Inadequate resources, the difficulties of getting a hospital bed, and the vast and exciting spectrum of emergency patients hone the technique. Darwinian principles ensure that most people working in accident and emergency either come with, or rapidly develop, nous well above the average. I think this book is aimed at less experienced members of the team.

The first 35 pages outline the ethos of triage and its application. This introduction is inauspicious: the first page has two completely unintelligible tables. I suspected a copy editing gremlin and persevered. Like many in the NHS with more hair in our nostrils than on the crowns of our heads, I have problems with technospeak and acronyms. As Douglas Adams says, defocused temporal perception (DTP) still just means looking dimly into the future. Perhaps our trainees are more used to dealing with headings like "Repetitive hypothesising," particularly when informed that the method can be "inductive or deductive," but surely to mention a "SOAPE tool" without explanation is to risk obsessive behaviour at the hand basin.

Call me old fashioned but, while I enjoy reading monographs, if somebody is going to tell me to do something then I like objective data to corroborate the dogma. What happened to evidence based medicine? There is not a single reference to substantiate any statement in this book. Do we know that if someone follows these triage guidelines that they will perform better than someone who does not?

The core of the book comprises 52 flow charts and includes most common emergency presentations. The aim is to categorise a patient on the basis of perceived need as quickly as possible. Some are reasonable, but an intrinsic flaw of the algorithmic approach is its rigidity. The first question box for "Testicular pain" inquires into the patient's airway, breathing, and presence of shock. I fear that the chart for "Behaving strangely" (which also starts: "Airway compromised? Inadequate breathing?") would be rapidly required.

The final section, the "Discriminator dictionary" (there is no index) is a list of words and phrases and their definitions. It is a potential prize winner in a "Stating the

bleeding (GI-p 80, PV-p 110, wound-p 136 (sic)) obvious" competition. It really isn't necessary to document that a "Head injury" is "any traumatic event involving the head"; that "Hot," "Warmth," and "Cold" mean "if the skin feels hot/warm/cold, the patient is clinically said to be hot/warm/cold"; or that "Age less than 25 years" means "25 years old or younger."

The charisma and common sense of the highly respected contributors are not evident from this book. Regrettably, it is "out of sorts."

Colin Robertson, *consultant in accident and emergency medicine, Royal Infirmary, Edinburgh*

Rating: ★

### Osteoporosis--Prevention and Management in Primary Care

Colin Waive  
Royal College of General Practitioners,  
£9.90, pp 24  
ISBN 0 85084 233 6

Few people would disagree that osteoporosis is an important health problem that is becoming "the silent epidemic" in the aging world population. Despite the large amount of research on osteoporosis in the past 10 years, there is still uncertainty on the roles of hormone replacement therapy and other treatments in preventing and managing the condition. The large volume of information and the divided opinions among experts

can be confusing for doctors in primary care. A concise book that summarises the current knowledge and gives guidelines on the prevention and management of osteoporosis in primary care is much needed.

This book is an ambitious piece of work that attempts to cover all aspects of osteoporosis—from its pathophysiology to the most up to date treatment—in 24 pages. I found the sections on skeletal development and pathophysiology particularly refreshing as my memory of basic medical sciences is fading. The tables on the chronology of preventive opportunities and age related measures provide practical guidelines on how osteoporosis can be prevented in primary care. The chapter on managing osteoporosis gives an easy to read summary of the currently available treatments, including the most up to date information on bisphosphonates.

The biggest concern about hormone replacement therapy among most doctors and patients is the possibly increased risk of breast cancer, but the author's discussion on this issue is rather vague. Dr Waive seems to suggest that the risk from hormone replacement therapy is negligible and that it should be promoted to all perimenopausal women irrespective of their risk. It is debatable whether the benefits of hormone replacement therapy outweigh the possible increased risk of breast cancer in women with low risk of fractures and coronary heart disease. The book may give readers a biased



Isokinetic testing of muscle groups is an established technique for improving muscle strength in sportsmen. *Principles and Practice of Isokinetics in Sports Medicine and Rehabilitation* (Williams and Wilkins, £24.95, ISBN 962 356 016 8) demonstrates that it can also guard against injury in risky sports, for example windsurfing, as well as promoting recovery from injury.

message that hormone replacement therapy has only benefits but no risks, which is probably not true.

The title of the book suggests that it is intended for use by doctors in primary care, but it has not addressed some of the most important questions that such workers often have—for example, should hormone replacement therapy be started before or after the menopause, and, if before, when? Is endocrinological confirmation of menopause necessary before hormone replacement therapy? Is mammography essential before and during hormone replacement therapy? How should breakthrough bleeding and other side effects of hormone replacement therapy be managed? Is continuous treatment with the combined oestrogen and progestogen preparations without withdrawal bleeding effective and safe?

This book gives an overview of the basic information about osteoporosis, but it has not addressed some of the most important questions related to hormone replacement therapy in the management of osteoporosis. Cindy L K Lam, *associate professor, General Practice Unit, Department of Medicine, University of Hong Kong*  
Rating: ★★

## Gene Therapy

Ed N R Lemoine, D N Cooper  
BIOS Scientific Publishers, £60, pp 368  
ISBN 1 85996 205 X

There must be few fields of medical research that have gained so much publicity (and notoriety) during their early gestation than what is still rather hopefully called "gene therapy." Its research papers regularly make headline news in the national press, two journals with almost identical names are devoted entirely to it, and several accounts of its history have already been written. Yet it is still to produce a genuine clinical success story.

Recently, however, gene therapy has come under sharper scrutiny and a more balanced view of its potential is emerging. Last year a working party, established by the National Institutes of Health and chaired by Stuart Orkin, examined progress in the subject and attempted to establish some guidelines for its future together with the kind of expenditure that might be appropriate for it to flourish. It was concluded that a great deal of the current activity is poorly directed, that much more basic science aimed at the biology of gene transfer is required, and that protocols for human gene transfer should be looked at much more critically. In short, it suggested that gene therapy is trying to run before it walks and a great deal more fundamental research is required before its promising new technology is ready for clinical application.

In retrospect it is not surprising that moving genes from one individual to another should prove difficult. Although it is relatively easy to isolate human genes, very little is known about their regulation. There

are formidable technical problems in transferring them into cells and making sure that they function in their new environment, and that, along the way, the process does not result in any deleterious effects on the transfected cell population. Also, with the possible exception of blood cells, it is often difficult to isolate sufficient target cells for therapeutic purposes.

While there has been spectacular progress in each of these problem areas in recent years, serious difficulties remain. Many of these are set out in this new book, which offers an excellent bird's eye view of the subject. Lemoine and Cooper have assembled an impressive cast of scientists, who have been able to produce an up to date account of almost every important aspect of research in human gene therapy. All the feasible gene delivery systems are described, together with the various approaches at targeting particular cell populations that are being explored. The remarkable scope of the clinical potential of this new form of treatment, ranging from single gene disorders through cardiovascular disease and cancer to chronic neurological diseases, is presented in a well balanced fashion.

There are a few minor changes that could be considered in future editions, which seem certain to appear. It might be helpful for non-specialist readers if some introductory material was provided on the basics of gene regulation and the principles of the biology of some of the vector systems that are used in gene transfer, though this information is available elsewhere. Although the ethical issues of this complex topic are mentioned briefly in several chapters, it would be useful to pull all this together into a more broad based account of the wide debate that has underpinned the control of experimental work in gene therapy in different countries, together with some of the ethical principles on which its current regulation is based. But these are small grouses. Overall, this book covers this rapidly moving field extremely well and is remarkably up to date.

Few scientists who are working in molecular and cell biology have any doubts that gene transfer therapy will become an important part of clinical practice in the next millennium. The early hype has faded, and the subject has settled down, with a much more realistic approach to the difficulties that lie ahead. Anybody who still has lingering doubts about its potential should read this excellent account of the subject; it hits just the right balance between enthusiasm and caution, and for this reason provides a valuable introduction for young scientists who might be thinking about entering what will undoubtedly be an important and exciting area of medical research over the next few years.

Sir David Weatherall, *honorary director, Institute of Molecular Medicine, University of Oxford, John Radcliffe Hospital, Oxford*  
Rating: ★★★

## Selection

Doctors are often bewildered by and antagonistic to the current changes in the health service. Their doubts could be dispelled by reading *Navigating the NHS. Core Issues for Clinicians* (Radcliffe, £15, ISBN 1 85775 106 X), which has a positive attitude to contentious issues like purchasing, management by doctors, quality and audit, priority setting, continuing education, and evidence based practice.

Lengthy quotations from philosophers, scientists, and novelists, as well as some poetry, largely from the 20th century, make up *The Anatomy of Memory* by James McConkey (Oxford University Press, £20, ISBN 0 19 507841 1). It is a fascinating anthology, illuminated by the author's 30 year exploration of the subject, and complements his autobiographical trilogy *The Court of Memory*.

Doctors faced with having to do research will find inspiration from *Research Methods. Guidance for Postgraduates* (Arnold, £14.99, ISBN 0 340 64629 2). Though not directed specifically at doctors, it is strong on general principles that apply to all disciplines, such as planning and funding, gathering data, using computers and statistics, writing theses, and presenting results.

The extraordinary story of Queen Victoria's doctor, *Ask Sir James*, by his granddaughter, Michaela Reid, based on family papers she discovered, was published in 1987. For those who missed it at the time, it has now been reissued (Eland, £8.99, ISBN 0 907871 52 6) by John Hatt, who personally chooses the books he publishes; the result is a lovingly produced series of paperbacks that are a pleasure to possess.

An American historian, Susan C Lawrence, has written a fascinating account of London's seven voluntary (now teaching) hospitals in the 18th century called *Charitable Knowledge* (Cambridge University Press, £45, ISBN 0 521 36355 1). Through archival material she traces the emergence of hospital practitioners as the dominant authority and the basis for present day medical practice.

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