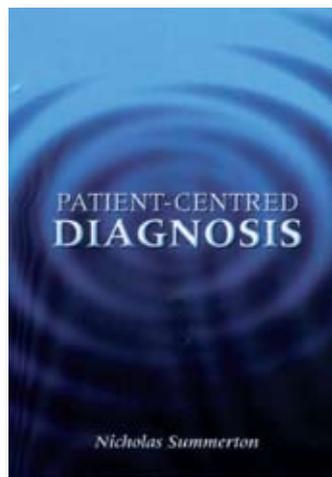


Patient-Centred Diagnosis

Nicholas Summerton

Great Britain: Radcliffe Publishing, 2006

ISBN 9 781 846 190 551, \$69.00



■ **Nicholas Summerton's book, *Patient-Centred Diagnosis*, addresses the diagnostic issues faced by general practitioners. He looks at one of the greatest challenges in practice – how to strike a balance between underdiagnosis and overdiagnosis. As he points out, there is a genuine need for clinical resources looking at interpretation of symptoms and signs in primary care, as opposed to specialist and hospital practice.**

This book considers the need to balance risks and benefits in various areas of practice including adverse effects of technology, adverse effects of diagnostic delay, psychological harms and the impact on patient/health service finances. It provides a useful guide on how to frame clinical questions and search the literature.

Summerton points out that in primary care, precise diagnostic labels are often less important than deciding on the appropriate course of action; for example, whether or not to refer a patient. He uses examples of common clinical presentations including abdominal pain, headaches and cough to illustrate a rational approach to decision making in practice.

It was reassuring to read quantitative research confirming assumptions made by GPs every day. For example, in a young woman with a suspected UTI, the patient's self diagnosis is almost as likely as a positive urinalysis to indicate the correct diagnosis.

One aspect I particularly liked is Summerton's user friendly approach to statistics. For those of us who have trouble keeping statistical definitions in our heads, there is a helpful glossary. This covers essentials, including positive predictive value, odds and likelihood ratios. There is also generous use of text boxes to highlight important points throughout the book.

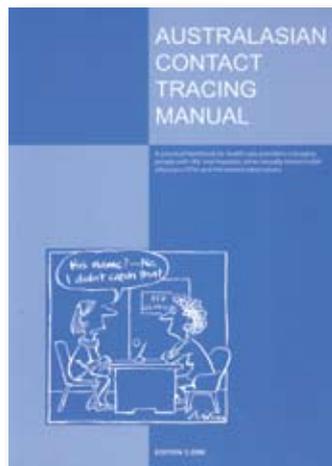
Patient-Centred Diagnosis is logical and informative, and a useful text for both GPs and registrars.

Bianca Cannon
Westmead, NSW

Australasian Contact Tracing Manual, 3rd ednB Donovan, D Bradford, S Cameron, C Conway,
E Coughlan, L Doyle, F Franklin

Australasian Society for HIV Medicine, 2006

ISBN 174 186 064 4

Available from www.ashm.org.au

■ **The Australasian Contact Tracing Manual would be very useful for general practitioners with differing skills and ranges of experience.**

For those who have had little experience with sexually transmitted infection (STI) screening and counselling of patients presenting for screening, it gives concise case studies on which to base interviews, the correct manner to manage results, and the possible legal pitfalls which could result from incorrect procedures and failure to give information and failure to follow up correctly.

For the GP who has been trained in the areas of sexual counselling and STI screening, it is still useful as it contains all the local contacts for advice and assistance with contact tracing.

It is very easy to read and to find appropriate information. The page long summaries for each STI give simple symptoms and signs as well as treatment. These also detail contact tracing information, which will differ for many diseases.

I consider this to be a useful book for every GP to have on hand (or online) so that they can refresh their knowledge or refer to when faced with an unfamiliar clinical situation with a patient presenting for STI screening.

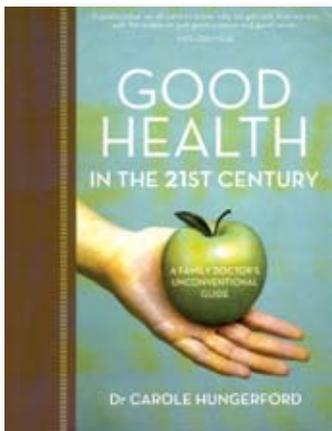
Sue Cherry
Bellerive, Tas

Good Health in the 21st Century – a Family Doctors Unconventional Guide

Carole Hungerford

Melbourne: Scribe Publications, 2006

ISBN 192 076 9811, \$49.95



■ **This ambitious book aspires to all things preventive. It targets both GPs and the informed lay community. In doing so, it covers too much territory; however, it poses some important challenges to contemporary medicine.**

The book has a strong nutritional focus. It describes the development of potentially toxic, genetically modified and nutrient reduced food. However, the author omits any mention of current industry marketing of convenient fast foods, which probably contributes more to ill health than whether our carrots have all the nutrients they should.

The lengthy chapter 5 promotes natural medicines, describing the lesser known health benefits of boron, selenium and molybdenum, and the health benefits of snake oil(s). This is presented in detail.

More controversial sections of the book challenge the pre-eminence of evidence based medicine and describe dubious perspectives on vaccination safety. However, there are some interesting ideas around hormone therapy over prescription, and possible overdiagnosis and medicalisation of some conditions. For example, in the clinical labelling of 'obesity' or nonspecific arthritis or ADD, does assigning a label orient the practitioner to search for a pharmacological solution?

Good Health in the 21st Century is mostly for those 'already converted' to nutritional medicine but could be useful in answering patient queries about antioxidants and nutritional supplements. It omits other 'lifestyle' changes and other important aspects of clinical prevention; advice not to smoke, to consume alcohol in moderation, and to take a daily walk. These will have more of an impact on good health than fanatical diet alone.

Adrian Bauman

School of Public Health

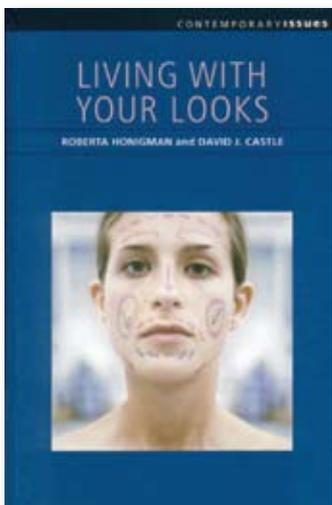
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Living with Your Looks

Roberta Honigman, David J Castle

University of Western Australia, 2007

ISBN 978 1920 694 951, \$23.50



■ **Never has there been more emphasis on body, weight, shape and size than the present, with every form of the media taking every opportunity to highlight the growing world obesity crisis coupled with the need to conform to modern society's view of what is 'beautiful'.**

Living with your Looks is an excellent resource directed at patients which GPs can use to help them better understand their patients' preoccupation, obsession and dysfunctional thoughts and behaviours about their looks and image. The key emphasis of the book is on outlining the evolutionary and social aspects of body image concerns and how they change with time and culture. Not just focusing on the common and key aspects of psychiatric disorders such as eating disorders, the authors have introduced a number of poorly explained conditions such as 'muscle dysmorphia' (a disorder characterised by extreme concern with bulk and muscles), body dysphoric disorder (pre-occupation with a particular body part), habit disorders (skin picking, trichotillomania) and men's body image.

Highlights of the book include a heritage and cultural description of how looks have changed throughout time, as well as perceptions and beliefs about altering looks and attitudes toward aging and cosmetic surgery in our modern society. The clinical basis was also well described with simple language appropriate for most patients coupled with realistic, carefully explained case studies of each disorder and their various treatment methods.

Although well referenced, with an excellent list of websites to access for further information, each chapter on each condition was almost too brief as the book tried to cover an enormous amount of conditions and subtopics. Main points may have been emphasised more to highlight the key aspects which would have made the digestion of information easier.

Having said that, the authors have done an excellent job providing GPs, registrars and patients an informative, original book on the complex and topical issue of body image, body dissatisfaction and the many variations of it.

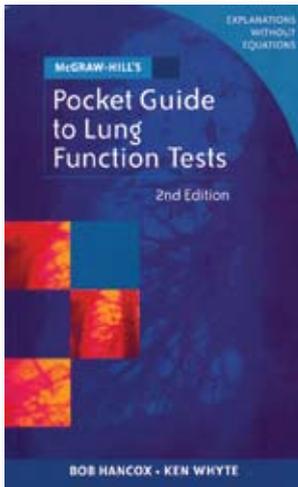
Marlene Tham

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The Pocket Guide to Lung Function Tests

Bob Hancox, Ken Whyte
North Ryde: McGraw-Hill, 2006
ISBN 007 471 5968, \$34.95



■ **The Pocket Guide to Lung Function Tests covers the common (eg. spirometry) and less common (eg. nitrogen washout) tests thoroughly, with clinical examples at the end of each chapter to highlight the common diseases. Practical chapters are included such as fitness to fly and suitability for lung resection.**

The inclusion of acceptable peer body guidelines of acceptable standards of testing is a very useful adjunct. Small clinical gems are sprinkled throughout the book such as: 'FEV1 falls by 30–35 mls per year' and the changes in pH, PaCO₂ and bicarbonate in acute and chronic settings will assist those less familiar with arterial blood gases.

The chapter on respiratory muscle strength is limited as it focuses on maximum inspiratory and expiratory strength and mentions only briefly forced vital capacity measured upright and supine for patients with suspected diaphragmatic weakness or neuromuscular disease.

The bronchial challenge chapter discusses nicely the direct and indirect challenges. However, comparison is difficult as the section on direct challenges uses the dose required to drop FEV1 by 20% (ie. to make a positive test, PD20) and the section on indirect challenges uses the dose required to drop FEV1 by 15%.

The exercise test chapter was good. Estimation of maximum ventilation is useful information; however an additional equation for maximal heart rate would assist the reader. Estimates of normal and abnormal distances achieved in a 6 minute walk would also help.

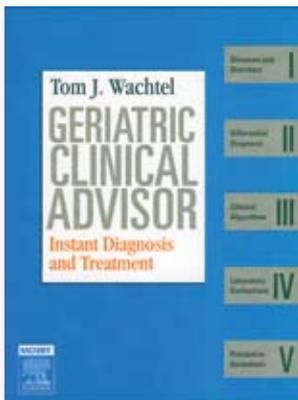
The addition of a chapter on oximetry (sensors, sampling time, data storage, false positive and negatives) would assist the book enormously.

Overall the book lends itself to the bookshelf of most respiratory laboratories, most respiratory registrars, enthusiastic general practitioners, occupational health physicians and some forgetful respiratory physicians in need of handy teaching examples.

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Geriatric Clinical Advisor: Instant Diagnosis and Treatment

Tom J Wachtel
Philadelphia: Elsevier, 2007
ISBN 0 323 04195 7, \$99.00



■ **This large book contains comprehensive and up-to-date information about diseases in the elderly, with many good recent references. However, the layout does not lend itself to use as a 'clinical advisor' for 'instant diagnosis and treatment' of patients.**

The layout in five sections is not always easy to use when seeking information about a particular disease. For example, dementia is a disease in section I, is not included in differential diagnosis in section II, and is included in clinical algorithms in section III; but there is inadequate cross referencing and it would be easier to have all the information together. The differential diagnosis section is limited by omissions such as behaviour problems, cognition problems, memory loss, that can be important in the elderly. The American terminology is sometimes not clear, for example 'disposition' for prognosis.

The section on prevention is of very limited scope, dealing mainly with immunisations and chemoprophylaxis, although the tools of geriatric assessment included in Appendix 2 are most useful. There is nothing about health promotion, surely an important issue in the elderly. There is little about nutrition, except in relation to obesity, and, for example, malnutrition is not mentioned in the differential diagnosis of weight loss, only 'food faddism'.

Despite these reservations, the book is a useful information reference for those who prefer to search a book rather than the internet.

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