reviews

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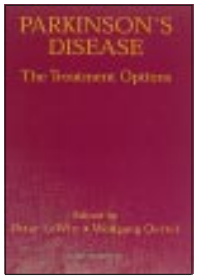
Parkinson's Disease: The Treatment Options

Wolfgang Oertel, Peter LeWitt



Martin Dunitz, £65, pp 272
ISBN 1 85317 379 7

Rating: ★★★

It was a pleasure to read this authoritative text on the treatment of Parkinson's disease. Oertel and LeWitt are well known for their contribution to the struggle against this particularly common neurodegenerative disease, and, with the help of distinguished colleagues from north America and Europe, they have perfectly summarised both the established regimens and new developments in only 260 pages and in a clear and bright style. Essential data on epidemiology, diagnosis, and genetics are condensed to fewer than 80 pages and are illustrated by algorithms and tables and supported by a consistent bibliography.

This book is original in presenting recent advances in neurosciences and pathophysiology as rationales for new treatment strategies or to orientate clinical research. Another unusual feature of the book is its listing of all those signs and symptoms commonly associated with Parkinson's disease (sleep disorders, depression, sexual dysfunction, cognitive disorders, etc), each followed by a description of the appropriate therapeutic approach.

The core of the book remains the presentation of the armamentarium of drugs we have at our disposal today to counteract symptoms and, though less well established, to halt the progression of the disease. For each compound, the benefit:risk ratio is presented according to the principles of evidence based medicine, to which is added a firm expert opinion. The editors have achieved an excellent balance between the "ancient drugs" (levodopa) and the most recent ones (pramipexole, ropinirole, entacapone) and have provided explanations of recent safety problems (such as tolcapone withdrawal in Europe).

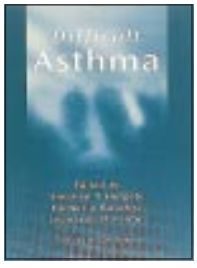
On the downside, the chapter on neurosurgical approaches concentrates too much on pathophysiology and does not clearly explain the indications for surgery or the long term effects and drug adjustments that are commonly necessary. The book also lacks any comment on the occurrence, admittedly rare, of Parkinson's disease in young adults, and fails to mention the genomic impact of the dopaminergic agonists and levodopa, which could be a breakthrough in the understanding of long term side effects of pharmacotherapy.

However, these are minor faults, and, despite a relatively severe presentation, this book must command a place on any neurologist's bookshelf.

Hervé Allain *professor, Laboratory of Experimental and Clinical Pharmacology, Rennes Medical School, France*

Difficult Asthma

Eds Stephen T Holgate, Homer Boushey, Romain Pauwels



Martin Dunitz, £65, pp 304
ISBN 1 85317 556 0

Rating: ★★★★

"Difficult asthma" means very different things to different people. As Abisheganaden and Boushey point out in the first chapter, asthma is by definition "difficult" if you happen to suffer from it. The remainder of this multiauthor text focuses on another perspective—that of the clinician-scientist—and on asthma that is difficult for that person to manage. This is a good time for such a book. Research over the past two decades has placed inflammation at the centre of our understanding of the pathophysiology of the disease, and a new class of antiasthma drug, the antileukotrienes, is now available and is expected to find a major role in treatment.

An aside. Not so long ago, treatment by inhalation was triumphed as a major boon in asthma management as the drug is delivered direct to the target organ, with minimal delivery to other tissues. Now, the antileukotrienes are promoted as a major advance precisely because they are taken orally, and hence are more convenient for the user. Are we really becoming more patient centred, or have we changed our tune to suit the latest development?

Back to the book, and it makes fascinating reading. Here is an update on the role of the bronchial epithelium, the potential contribution of endogenous nitric oxide, and the influence of socioeconomic factors in severe asthma. The relations with gastro-oesophageal reflux and vocal cord dysfunction are explored. Syndromes of brittle, nocturnal, glucocorticoid resistant, and drug induced asthma are discussed. The implications for prevention and treatment are rightly emphasised. And the epidemiology of "difficult asthma" is not forgotten.

Most people with asthma do not, however, have severe, massively disabling, or life threatening disease. Usually their symptoms are readily controlled with fairly simple regimens of inhaled drugs. To the generalist clinician, a book such as this offers insight into current understanding of disease processes, glimpses of the future, and a reminder that not all small brown birds are sparrows. However, it should not distract us too much from remembering that applying what we already know, systematically and carefully, will prevent many more patients' asthma from being "difficult."

Tim Usherwood *professor of general practice, University of Sydney at Westmead, Australia*

Reviews are rated on a 4 star scale (4=excellent)

Learning to be you

Remaining programmes
(for 9-11 year olds),
BBC 2, Tuesdays at 12 pm,
2 to 16 November

I have never understood why the idea of starting to educate young people about sex from the earliest years of their life provoked such a hysterical reaction from so many social commentators. Motherhood has only reinforced my view that it makes sense to answer children's questions about their bodies and their origins simply, factually, and truthfully. But then perhaps I have been let off the hook by an excellent nursery and a delightfully down-to-earth pregnant friend. The nursery, faced with the first second-time around pregnant mum, was totally up front about the fact that Sophie's mum had a baby in her tummy. And my friend was sufficiently self confident to field a 3 year old's quiz about her bump. "How does it get out?" "It will be born." "How is it born?" "It will come out between my legs." "Where?" "Through a special hole." "Wow, have I got one?" "No, only women have them—you have a willy instead."

Sex is a part of life, and it makes sense to treat it as such. We run into problems when we try to ring fence it and make it a forbidden area. Is the nursery engaged in the sex education of toddlers? Is my friend sex educating my son? One of the problems with many approaches to sex education is that they want to set apart a discussion of sex, making it special and distinct from other areas of learning. Traditionalists have wanted to cut sex out of education or severely restrict it. Trendies have wanted to find more appropriate ways of communicating with young people specifically about sex. Both approaches have been inclined to fetishise sex and separate it from other aspects of life.

Learning to be You, a series of programmes commissioned by BBC Education, is a refreshing and welcome break from the more familiar approaches. The producers have, rather bravely for the BBC, put together a package of programmes directed at key stage 1 (5-7 years), key stage 2b (9-11 years), key stage 3 (11-14 years), and key stage 4 (14-16 years). The programmes include vox pops and drama as well as studio discussion and more conventional documentary format.

The key stage 1 programmes—"Watch: Birth, care, and growth"—are a delight. What will probably be caricatured, with much bluster, as sex education for infants are three lovely short programmes that start by introducing different animals preparing for the birth of their babies. The gross anthropomorphism is taxing but just about excusable given that children this age are only one step away from Peter Rabbit. The follow on programmes show families preparing for the birth of a new baby and, finally, caring for it. The fact that it is young children talking about how they feel about their soon-to-change family situation draws the intended age group into the programme. They will be great talking points for children, many of whom will have known what it is to expect a new baby.

The programmes aimed at the older age groups tread more familiar territory, but do so in an engaging and skilful way. For those of us who are rather older than the intended age group, the programmes evoke a sense of eavesdropping on a gang of teenagers gossiping on the bus on the way home from town.

There is a strong underlying morality, which will reassure many parents and teachers (and BBC bureaucrats), that sex is for serious relationships and potentially physically and psychologically damaging. Frank Flynn, head of commissioning education for children, has said that he hopes that the series will raise the age at which children first have sex. He clearly believes that being better informed enables children to resist the pressure to have sex. This approach will be welcomed by those involved in the development of the sexual health strategy and the initiatives designed to lower the rate of teenage pregnancy.

However, it is refreshing to find that in these programmes sex is not shown as entirely problematic. Many of the young people interviewed are sufficiently confident to admit that they are having sex, enjoying it, and have no regrets over lost virginity. The message is more "True love waits until you're sure you'll feel good about it" than simply "True love waits." The programmes are stronger and will command more authority with young people because they acknowledge that teenagers embarking on a sex life are competent near-adults rather than victims of ignorance or circumstance.

"Saying it for the girls" is strong on empowering girls to say "No," but it struck me that it was also strong on empowering them to say "Yes" if the circumstances were right. This is pretty unusual in today's climate, where teenage sex is often equated with, if not abuse, then dysfunctional lifestyle and low self esteem. The programmes acknowledge that teenagers wrestle with adult decisions but are capable of meeting the challenge. The discussion about the difficulty of knowing whether to end a relationship or stick it out struck me as being as appropriate to a 26 or 36 year old as to a 16 year old.

The most positive thing about this series is that, rather than setting sex apart, it places sex in a social and personal context. Finding out about babies is seen as a normal part of being an infant. Sexual exploration is seen as a normal part of being a teenager. Flynn says that the series is all about "being in charge of yourself." As such, it works.

Ann Furedi *director of communications, British Pregnancy Advisory Service*

WEBSITE OF THE WEEK

Carbon monoxide This week, two editorials discuss the detection and management of carbon monoxide poisoning, which causes up to 50 deaths and a much larger number of sublethal poisonings each year in this country (pp 1082-4). The chief medical officer's letter (a trim 27 kb PDF) is a good place to start (www.doh.gov.uk/cmo/cmo98_5.htm).

There are other excellent resources on the web. Perhaps the most exhaustive (if you'll forgive me) comes from medical faculty at Wayne State University (www.phymac.med.wayne.edu/FacultyProfile/penney/COHQ/co1.htm). Its "Carbon monoxide headquarters" is a feast of links to every medical aspect of the problem, as well as a campaigning public health perspective ("Join the NEW CO Club—For Kids"). The US Consumer Product Safety Commission produces a range of materials on the problem at www.cpsc.gov/cpscpub/pubs/oth_alr.html, and, as you might expect, the manufacturers of carbon monoxide detection equipment are ready with helpful fact sheets—see, for example, www.nadi.com/SAFAQco.html. Some manufacturers even allow you to order on line (www.ExitSafely.com/carbon%20monoxide%20detectors.htm).

The British Standards Institution has not been idle, setting new standards for flue gas analysers to enable the technicians who service gas equipment to do a better job (www.bsi.org.uk/bsi/corporate/news/press/standards/highp/co3.xhtml). There is also a new British standard for home carbon monoxide detectors, and at least one manufacturer makes a device that complies with it (www.ttpgroup.co.uk/ttp/COdetector.htm).

Savvy students aware of their rights for an annual CORGI (Council of Registered Gas Installers) inspection (www.sussex.ac.uk/Units/USSU/welfare/repairs.html) might push for private rented accommodation to improve also.

Douglas Carnall
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PERSONAL VIEW

In praise of hunch backing

The backing of hunches in medicine seems to have fallen out of favour. So unfashionable are anecdote and opinion in these days of evidence based medicine and molecular genetics that the poor hunch backer may soon have to eke out a lonely, mad existence in the cathedral towers of medicine. Shunned by the Esmeraldas of funding, we will be forced to live on kindly gifts of bread and cheese, while we leap about groaning, "Why were we born so ugly?"

Time was when hunches were the stuff of medicine. Ambroise Paré had a hunch that wounds might heal without boiling oil; John Hunter that soot might be bad for chimney sweepers' scrota; Will Pickles that common infectious diseases did not have the same incubation periods in Wensleydale as they had in textbooks. But through the centuries there also ride troops of medical knights whose hunches were wrong, but whose armour was proof against all contradiction. For every Harvey Cushing there were a thousand Lancelot Spratts. And in our own time there strode the mighty figure of Denis Burkitt, completely right in his hunch that a virus could cause lymphoma, and completely wrong that lack of fibre could cause bowel cancer. We have learnt to ignore the anecdotes and preachings of the great, until proven by someone else's boring hard work.

Now general practice can be boring hard work, but at least it is your own, and done for the direct benefit of individuals you know. That is its main attraction. You can become a general practitioner without any of the research obligations foisted on aspiring consultants. But after five or 10 or 20 years, your constant contact with people experiencing illness may start giving you hunches. Perhaps, like most hunches, they are wrong, but being your hunches, they might be right, and at least they interest you. So you go to the evidence. Either it has all been done before, and you realise how ignorant you are, which is always salutary, or there are some papers which look interesting, but may turn out to be about mice in Barcelona, or perhaps there is nothing at all. Not from primary care, at any rate, and not quite matching what you have spotted.

Then what do you do? An awful crisis looms in your life. You can forget your hunch, but the daily grind will become thereby more grinding; you will dream wistfully; you will wear an air of dissatisfaction; and you will drive to the wrong addresses on your calls. You may go into medical politics; sit on endless committees; go on away days; brainstorm. But stop, this is becoming too painful to contemplate. No. There is no choice. You must follow your hunch. It will lead you to libraries, cyberspace, academic departments full of odd, helpful people, scrambles for funding, which, when you have got it, means time out. To follow your hunch.

BLOCKERS COLLECTIONS

Ambroise Paré

How do you get the money to make the time to get the money to get you started? This is perhaps the most difficult obstacle for the hunch backer. Fortunately, there are various schemes, mostly run at regional office level, which can help potential general practice researchers get started. Many of us hoped that in the wake of the Culyer report there might be a national drive to help individuals in primary care who wanted to get on to the research ladder, but by and large this has not happened, and most academic departments survive from grant to grant and have few resources to help the hunch ridden. So ask around, and have a go at whatever is on offer—hoping that one day the central funding agencies will realise that general practice contains a vast resource of motivated individuals with long term commitment and ready made patient cohorts.

What follows then matters little, really. You may have a hunch about coeliac disease and change practice with a key paper, like my partner. Or you may have a hunch about heart failure and get going, only to lose yourself in the complexities of your subject, like me. You are bound to do some good, even if it is only keeping your brain active and producing guidelines about something or other. And yes, you will be doing what you became a doctor for. One way or another, you will be helping to make poorly people better.

Richard Lehman *general practitioner, Banbury*

If you would like to submit a personal view please send no more than 850 words to the Editor, BMJ, BMA House, Tavistock Square, London WC1H 9JR or email **editor@bmj.com**

SOUNDINGS

Words failed me

When you English first came to Ireland you despoiled our relics, cut down all our ancient trees, pillaged our women, and made rude noises at our menfolk. But we got the better of you; we loved, relentlessly, every second of it, and as a bonus we got the English language, the heritage of Shakespeare and Milton, with all its capacity for bombast and subtlety, pageantry, and nuance, a star crossed marriage of a people gifted with a wild imagination with a vehicle sufficiently complex and idiosyncratic to allow them expression.

Even so, the vagaries of general practice can yet leave us lost for words; the skill of extemporaneous dissembling is not taught in the textbooks.

"I'm bucked, Doctor," said Jimmy from his sick bed.

"Don't worry, man," I said, faking a heavy Jamaican accent in a despairing attempt at humour, caught as I was between the Scylla and Charybdis of trying to reassure him without actually telling him lies. "The fluid tablets will help your breathing and the antibiotics will take care of the chest infection; you'll feel much better in the morning, and I'll see you then."

I went outside to find the whole family assembled.

"How is he, Doctor?" asked his wife anxiously.

I paused, aware that they were hanging on my every word. I was also aware that words are inadequate here. Even the English language in all its meandering glory and richness of texture cannot quite seem to convey that there is a sick old man in there. I'm sure he's dying, body falling apart, all systems are failing, heart, lung, kidneys, brain, you name it.

Although I'm doing my best to keep him comfortable I don't really know what's going on, perhaps only that doing nothing heroic is the right thing; don't really know what's wrong with him; pay no attention to what I write on the death certificate, only guessing; and most of all I don't know how to explain my sense of uncertainty and inadequacy to you because I know it's not what you want to hear right now. You want someone strong and certain and positive, someone who knows what is happening, someone in control.

So: "Mary," I said gravely, placing a firm, supportive hand on her shoulder, in the hope that my body language might help disguise the poverty of my words, "I'm afraid he's bucked."

Liam Farrell *general practitioner, Crossmaglen, County Armagh*