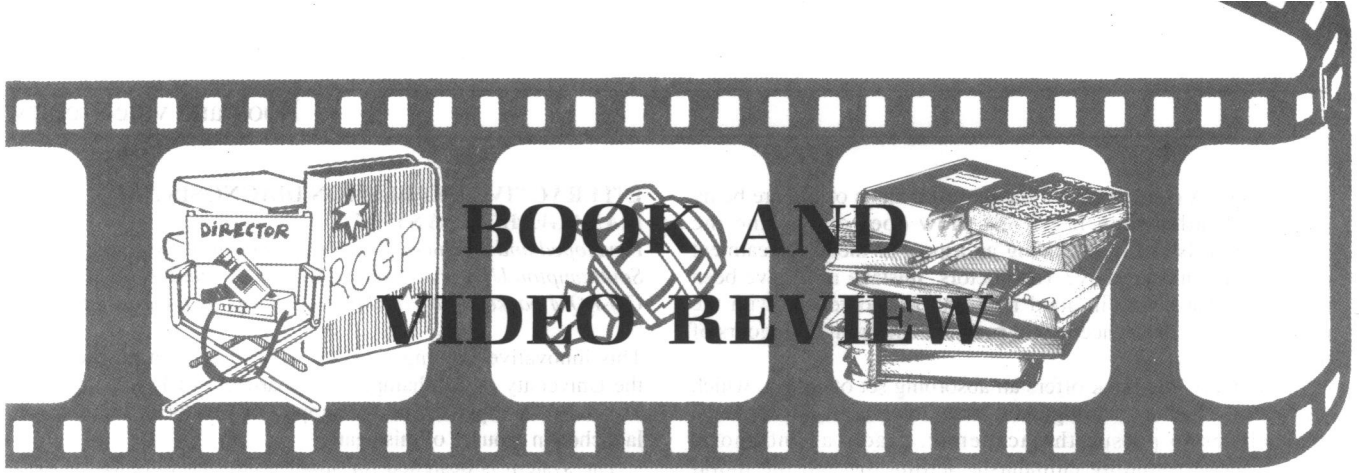

BOOK AND VIDEO REVIEW

LOW BACK PAIN IN PRIMARY CARE. EFFECTIVENESS OF DIAGNOSTIC AND THERAPEUTIC INTERVENTIONS

MW van Tulder, BW Koes, LM Bouter
Institute for Research in Extramural Medicine (EMGO-Instituut), Amsterdam, 1996
285 pages. Price 75 guilders.
ISBN 9056690116

This book reports the findings of a painstaking study of the diagnosis and treatment of low back pain in primary care, including several rigorously conducted systematic reviews of the international literature, together with some new research carried out in a network of general practices in Maastricht, the Netherlands.

The reports is in five parts: the costs of back pain in the Netherlands; the management and course of chronic low back pain in general practice; the assessment of functional status in patients with low back pain; the value of diagnostic tests for low back pain; the efficacy of various therapeutic interventions for low back pain. It concludes with recommendations for the management of low back pain in primary care and for further research.

Estimating the costs of low back pain is difficult owing to a lack of data on the indirect costs including absenteeism, disability, travel and time expenses. However, the direct costs, including diagnosis and treatment, are sufficient to confirm that low back pain is a major socioeconomic problem. The authors recommend that prevention of chronicity should be a major aim in primary care management: a retrospective study in 26 practices found that once low back pain had persisted for more than three months recovery was unlikely.

Systematic review of the research literature led the authors to conclude that history-taking, physical examination, and the ESR are only moderately accurate diagnostic tests, and that most low back pain is non-specific in nature. Persistent pain is most useful in the diagnosis of more serious problems including vertebral cancer and ankylosing spondylitis. They support the growing consensus that X-rays should not be carried out routinely since the yield of positive findings is low and the results often misleading.

The large majority of the treatment studies reviewed did not meet the authors' rigorous methodological criteria. They conclude that most interventions in acute low back pain are unproven, including non-steroidal anti-inflammatory drugs (NSAIDs), bed rest, manipulation, traction, and epidural injections. They recommend that exercises aimed at mobilizing the patient should be used for back pain persisting for more than six weeks in order to try to prevent chronicity.

It is interesting that published guidelines for the management of low back pain cited in this report differ, despite being based on much the same body of evidence reviewed in a supposedly systematic way. The authors admit that their recommendations are partly based on their personal opinions. The main conclusion seems to be that more research is needed.

This book is a must for anyone interested in carrying out research into low back pain. However, it contains too much detail on scientific methods to be considered as a standard text for the practice library.

TONY KENDRICK
Senior lecturer in General Practice and Primary Care, St George's Hospital Medical School, London

EUTHANASIA: DEATH, DYING AND THE MEDICAL DUTY

G R Dunstan and P J Lachman (scientific eds)
British Medical Bulletin 52, 2, 1996
Royal Society of Medicine Press
172 pages, cased. Price £45 (cased)
ISBN 1853152781

This group of essays on aspects of euthanasia, assisted suicide and letting die were published by the British Council with the intention that readers will form their own judgements and contribute to present discussion. The early papers consider clinical situations, the middle ones describe the law in several countries, and the last few provide ethical, religious and sociological perspectives.

Inevitably, there is much repetition. The first few chapters are written from the perspectives of several specialists, but their views reveal more about the doctors who wrote them than about the disciplines from which they come. The later papers provide less opinion, and more consideration of the issues on which judgements can be made.

There are several themes. Among the clinicians, letting die is acceptable, while assisting suicide or taking life is not. If resources for the appropriate care of the elderly, the dementing and those with degenerative neurological disorders were provided, if high-class palliative care were generally available, and if treatable conditions like depression were properly management, the situations in which euthanasia is requested or 'necessary' would be far fewer. However, guidance on how to handle the cases where euthanasia might apparently be 'appropriate' has not been forthcoming from any of the doctors.

As a clinician I learnt more from the theologians', ethicists' and sociologists' papers than from those of my fellow doctors. For example, the clear practical distinction between killing and letting die is a morally unclear distinction between acts and ommissions; the decriminalization of suicide does not make it right; and there is a danger that resources may distort