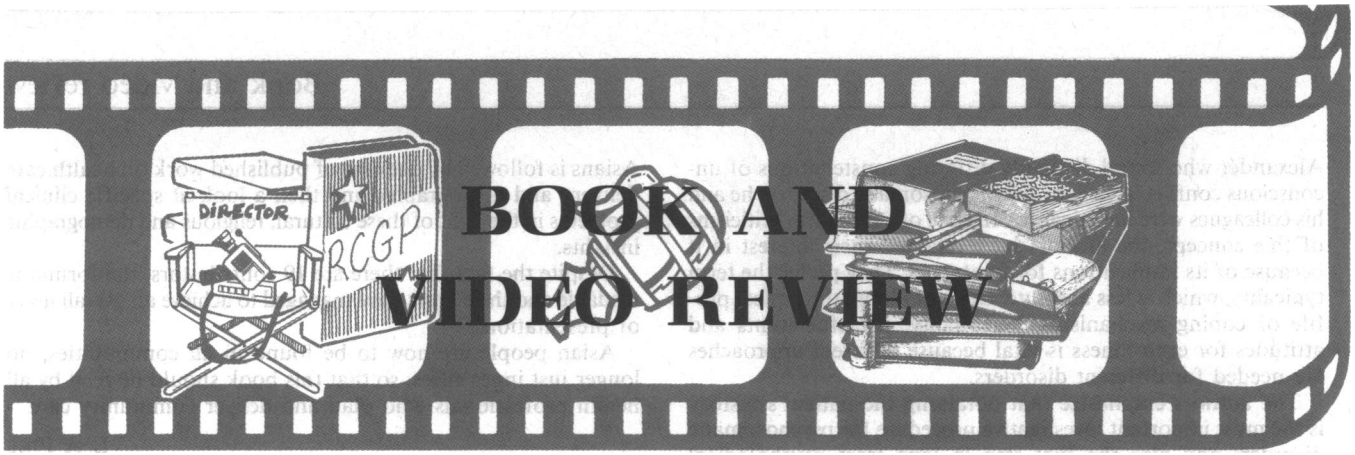

HEALTH AND LIFESTYLES

Mildred Blaxter
Tavistock/Routledge, London (1990)
268 pages. Price £12.95

This is an important book, both for the empirical data it contains and for the sophistication of its analysis and interpretation. The data derive from the national health and lifestyle survey, conducted in 1984–85 among a national random sample of 9003 men an dwomen over the age of 17 years. The preliminary report of the survey was published by the Health Promotion Research Trust in 1987. This volume reports the results of a much more exhaustive and penetrative analysis of the architectural structure of the data.

Blaxter has used the survey data to construct four major categories of variables: health, social circumstances, behaviour, and attitudes and beliefs. The business of constructing these variables is theoretically sophisticated, drawing extensively upon the existing literature, and it involves quite complex ways of combining and presenting the results of interviews and of physiological measurements. The bulk of the book is taken up with a meticulous examination of these variables and their interrelationships. It is therefore probably a book to refer to rather than to read.

It would do grave injustice to the quality and sophistication of the analysis to attempt to summarize the major findings, for in a sense there are none. The single most important message is that of the complexity of the relationship between people's attitudes, social circumstances, behaviour and health, and consequently the futility of believing that there are easy or simple ways of changing or improving people's health experiences. Blaxter does not even begin to discuss the implications of her analysis for health policy and practice. What she does do, however, is to present an analysis of this complex territory that explores many of the easy and naive assumptions that underlie much of the current debate about health promotion. Her book will be ignored by policy makers, practitioners and academics at their peril.

JOHN BUTLER
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CHANGING IDEAS IN HEALTH CARE

David Seedhouse and Alan Cribb (eds)
John Wiley, Chichester (1990)
234 pages. Price £9.95

This is a collection of articles by a group of authors representing a wide range of people involved in health care. The title of the book embraces a pun and its preface begins with a phrase I find anathema: 'It is well known that ...'. Despite these two adverse comments, I would recommend this book to all health care workers as a bedside book to dip into. Its structure is that of a literary anthology with the editors providing a preface and an introduction and also further introductions to each of the three sub-sections explaining what the authors of the articles say. The 13 articles survive this excessively pedagogic treatment. Each of them represents someone's hobbyhorse and a fine collection they are to ride.

Michael Kearney opens with a restrained, person-based description of hospice medicine. P G F Nixon expands on his notions concerning human functions and the heart, Jane Eardley describes the effects of a cancer self-help group, and Jane Cleary the working in hospital of a care by parent scheme for child patients. The other nine articles have a similarly wide spread of cover but their context is the community not the hospital. The editors say that the underlying principle of the articles concerns valuing people. They are correct and their book should be read and will be valued by all health care workers.

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PSYCHOLOGICAL MANAGEMENTS FOR PSYCHOSOMATIC DISORDERS

J W Paulley and H E Pelser (eds)
Springer-Verlag, Heidelberg (1989)
335 pages. Price £35.00

This excellent book is a unique guide not only to the psychopathology behind psychosomatic disorders, but also to the practical management of these disorders within the time constraints of a busy general hospital setting. The editors, both senior physicians with long clinical experience, cover the whole field of internal medicine, system by system, while the chapters on dermatology, obstetrics and gynaecology and sexual function have been written by experts in these fields. An unusual feature of the book is the inclusion of several transcripts which demonstrate typical doctor–patient interactions for different psychosomatic disorders.

As a general practitioner I found that this book enriched my clinical practice. In our surgeries we see patients suffering from most of the disorders described by the authors. Unlike them, however, we have had a much longer relationship with our patients, and we see them long before the diagnosis is established. Knowledge of the mechanisms underlying common psychosomatic disorders such as hyperventilation syndrome, irritable bowel syndrome, vascular headaches, severe hypertension and urethral syndrome can be a great help in improving our management of these conditions and avoiding unnecessary referrals and investigations.

The authors believe that psychological management should be tailored to fit the medical diagnosis. The concept of psychosomatic specificity was formulated initially by Franz

Alexander who found distinctly differing constellations of unconscious conflict in each of the psychosomatic disorders he and his colleagues were investigating. In spite of subsequent criticisms of this concept, the authors have retained their interest in it because of its implications for treatment. They prefer the term typicality, which is less absolute. Understanding the typical profile of coping mechanisms, personality, stressful events and attitudes for each illness is vital because different approaches are needed for different disorders.

The authors emphasize that obtaining the patient's history is the most important investigative procedure for psychosomatic disorders and also the first step in long term psychological management. In order to help psychosomatic patients to recognize and express emotions, they recommend discreet and tactful use of facilitating comments and open ended questions. It is the authors' experience that with this type of directive therapy, effective management for psychosomatic disorders can be achieved in a modest amount of time.

The management of the termination of therapy is also of paramount importance. In the hospital setting, the most vulnerable patients will always need easy access to the doctor/therapist on request. In general practice of course the door is always open and the general practitioner can change from a supportive role to a psychotherapeutic role and then back into a supportive role until there is a new demand for psychotherapy.

The special role of general practitioners with our long contact with our patients makes it possible to recognize typical psychodynamic constellations which are associated with certain psychosomatic disorders. It is also possible that early intervention could prevent the development of some psychosomatic disorders.

All these exciting prospects remain experimental despite the pioneering work of people such as the Balints. The authors suggest that new medical departments are established where patients with psychosomatic disorders could be referred and treated. These departments would also be placed where any clinical skill shown to have a value beyond placebo could be learned and practised. Although there is no substitute for one's own experience in learning the skills of psychological management, the authors give sufficiently detailed guidance of what to do for readers to be able to test the recommendations for themselves.

This book is lively and well informed and is the first textbook in English to address the full problem of psychosomatic medicine. It should be on every doctor's bookshelf and consulted regularly.

S ZALIDIS
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HEALTH CARE FOR ASIANS
Oxford general practice series 18
B R McAvoy, L J Donaldson (eds)
Oxford University Press, 1990
331 pages. Price £17.50

Of the various ethnic communities in Britain, those from the Asian sub-continent are less well served by the health service than others, and doctors from that group have long suffered poor career prospects and discrimination. There is the tendency to lump all Asian people as one group, when their background ranges from rural people from Bangladesh to highly skilled professionals from Kenya and Uganda.

This book sets out to educate and inform health professionals, particularly general practitioners, about caring for Asian people. In so doing, it will hopefully enable the reader to reconsider the prejudices that most communities inevitably have towards newcomers. An analysis of the culture and religion of Asians is followed by a review of published work on health care delivery and demography, and then a look at specific clinical problems in the light of these cultural, religious and demographic insights.

Despite the fact that there are 19 contributors, the format is readable and the editors have managed to achieve an overall unity of presentation.

Asian people are now to be found in all communities, no longer just inner cities, so that this book should be read by all health professionals who plan and deliver community care.

L A PIKE
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EFFECTIVE CARE IN PREGNANCY AND CHILDBIRTH (volumes 1 and 2)
I Chalmers, M W Enkin and M J N C Keirse (eds)
Oxford University Press, 1990
1300 pages. Price £225.00

A GUIDE TO EFFECTIVE CARE IN PREGNANCY AND CHILDBIRTH
I Chalmers, M W Enkin and M J N C Keirse (eds)
Oxford University Press, 1990
376 pages. Price £9.95 (paperback); £22.50 (hardback)

Effective care in pregnancy and childbirth is a mammoth two volume book with the potential to make a major contribution towards improving the quality of pregnancy care. The opening statement 'Care during pregnancy and childbirth should be effective' is one with which few would disagree; but how much of clinical practice fails to satisfy this apparently simple requirement?

The book does not set out to establish what the objectives of care should be, recognizing that this is dependent on individual choices, but rather addresses the central question of the effectiveness of the different elements of care undertaken during pregnancy and childbirth. It is a multi-author work based on an analysis of over 3000 clinical research studies, and the editors have provided invaluable appendices in which they have classified the evidence under the following four headings: (1) forms of care that reduce negative outcomes of pregnancy and childbirth; (2) forms of care that appear promising, but require further evaluation; (3) forms of care with unknown effects, which require further evaluation. (4) forms of care that should be abandoned in the light of the available evidence.

The last of these suggests that a number of accepted practices and beliefs should be abandoned; these include advising the restriction of weight gain during pregnancy, leaving women unattended during labour, and insisting on confinement in hospital for all women. A long list of routinely practised procedures are clearly still in need of evaluation, both from the point of view of their efficacy and also because of the possible harm that they might inflict.

The two-volume book is clearly too expensive to be widely purchased, but should be an essential part of all obstetric libraries, so that it is available to those concerned with maternity care. The smaller paperback version — *A guide to effective care in pregnancy and childbirth* — provides a useful series of chapter summaries, together with the appendices in full.

Having studied both publications, I would encourage readers to consider the abridged version as a stimulus to consult the major work rather than as a substitute for it.

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