



ALCOHOL HOME DETOXIFICATION AND ASSESSMENT

David B Cooper
Radcliffe Medical Press, Oxford (1993)
 130 pages. Price £10.50

Alcohol misuse is a common problem: how frequently it is seen by a general practitioner depends to a great extent on the doctor's knowledge and attitude in respect of the problem. Empathetic general practitioners will identify more people with an alcohol problem than those less willing to listen to their patients. Patients, too, are more likely to disclose their problem to a doctor who is not going to criticize them.

Too many people, including a number of professionals, assume that hospital inpatient care is essential for the management of alcohol withdrawal — the term I prefer to 'detoxification' which carries with it an unjustified air of mysticism. Home management is feasible and often preferable to hospital care. There are, however, certain essential prerequisites: first, the patient has to want to be helped; secondly, competent carers have to be available and willing to cope; and thirdly, the general practitioner has to be prepared to devote the time and accept the responsibility. A nurse trained in the home care of alcohol withdrawal can substitute for part of the general practitioner's role but, ideally, and for the best chance of success, both a general practitioner and a nurse should be available and working together as a team.

For the professionals, willingness is not the only requisite. Knowledge is essential and that is where *Alcohol home detoxification and assessment* can help. It has been written by a nurse and the intended readers are his fellow nurses. This book is so well written I have no hesitation in recommending it for the practice library.

Do I have any criticisms? Yes, but they are minor. I think the author has underplayed the role many general practitioners are already playing; I suspect because where the general practitioner is managing the patient, there has been little or no role for the nurse specialist. I was particularly pleased to see played down the roles of chlormethiazole and Parentrovite® (Bencard) in management. There are better, and certainly less addictive, alternatives to chlormethiazole, particularly for a patient not under extremely close supervision (too many alcoholics are getting repeat prescriptions from their general practitioner for chlormethiazole while they are still drinking). Parentrovite administered intramuscularly can be painful and also carries the risk of anaphylaxis. All of the vitamins, including thiamine — which is the only essential supplement needed — can be given orally with no loss of efficacy.

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COUNTING ON QUALITY: A MEDICAL AUDIT WORKBOOK

Oliver Samuel, Paul Sackin and Bonnie Sibbald
Royal College of General Practitioners, London (1993)
 115 pages. Price £13.50

The authors of this book stress in the preface that general practitioners should enjoy audit. Perhaps this is an overstatement but certainly this book would help the wayward find the path to meaningful audit and an understanding of the process of audit. The book, with its renowned authors, comes from the already well established stable of audit at the Royal College of General Practitioners.

Textually, the layout of this book cannot be criticized and the insertion of tasks to be attempted leads to an enthusiasm to include these tasks in one's own environment. The four main sections deal with the process of audit and help one through the morass of data to emerge, hopefully confident, at the end. Four excellently constructed appendices give firm support to anyone wavering during the processes described in the book.

Certainly no training practice, or indeed in reality any practice in this day should be without this small volume; and it is priced very reasonably.

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DOCTORS AS MANAGERS: EXPERIENCES IN THE FRONT-LINE OF THE NHS

Roger Hadley and Don Forster (eds)
Longman Group, Harlow (1993)
 183 pages. Price £17.50

The authors of this slim black book seek to teach about managerial styles and problems common within clinical work in The National Health Service. Ten case studies are drawn from essays by doctors taking an MSc in public health medicine.

I hope the review of management theory at the beginning of the book will not dissuade readers from tackling easier sections. The book's ample and useful references and glossary would have sufficed. I recommend that the conclusions be read first, which describe a cluster of factors in recruitment, training, career paths and work environments that account for doctors' blindness to the behaviour of organizations. The authors plead for systematic training of all doctors in the management of people. This section will be valuable for those such as practice and family health services authority managers who need to understand why doctors have such problems running organizations.

The case studies were fascinatingly familiar: hierarchical and abusive consultants, compliant registrars and overworked senior house officers. As a general practitioner, I found the book unnerving. The case studies seemed to have been written by the system's victims, like survivors of a tragic accident trying to analyse why it occurred. I wanted to know more about the characters who created the tragedies. Were the survivors helped by recounting their trauma, and did they receive support from the authors?

Pleasingly, the most optimistic studies came from general practice, perhaps evidence of our specialization in people and behaviour. As the authors note, it seems interpersonal skills are the most important predictors of success in managing an organization.

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THE APPLICATION OF A GENERAL PRACTICE DATABASE TO PHARMACO EPIDEMIOLOGY Occasional paper 62

D M Fleming and J Fullarton

*Royal College of General Practitioners, London (1993)
21 pages. Price £10.00*

There is a growing need for patient related and morbidity related data from general practice. The Royal College of General Practitioners Birmingham Research Unit has used the advances in computer technology and the structure of the British National Health Service to set up a morbidity related prescribing system in five general practices. Here, they report the evaluation of the feasibility and cost of the system, give an analysis of the morbidity and prescription data and show the possibilities of the system for post-marketing surveillance (that is, monitoring the morbidity experience of patients following the prescription of a drug).

Following an introduction and description of the project, five validation studies are discussed: an audit of computer entries; an internal validation exercise; a comparison with prescribing analyses and cost (PACT) data; a comparison with data from the third national survey (MSGP-3) and a comparison of workload data. The authors conclude that the data are valid but that future programmes will need constant validation.

There are short descriptions of a number of applications, for example, hypertension as an example of morbidity statistics, and diabetes as an example of combined morbidity and prescribing statistics. One application, the protective effects of influenza immunization, is discussed more extensively.

The structure of the health service and the position of general practice in the United Kingdom and in the Netherlands give a unique opportunity to undertake research using morbidity related prescription data. Post-marketing surveillance will become more important in the future. The pharmaceutical industry is to be encouraged to collect these data but research questions should initially come from general practice.

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