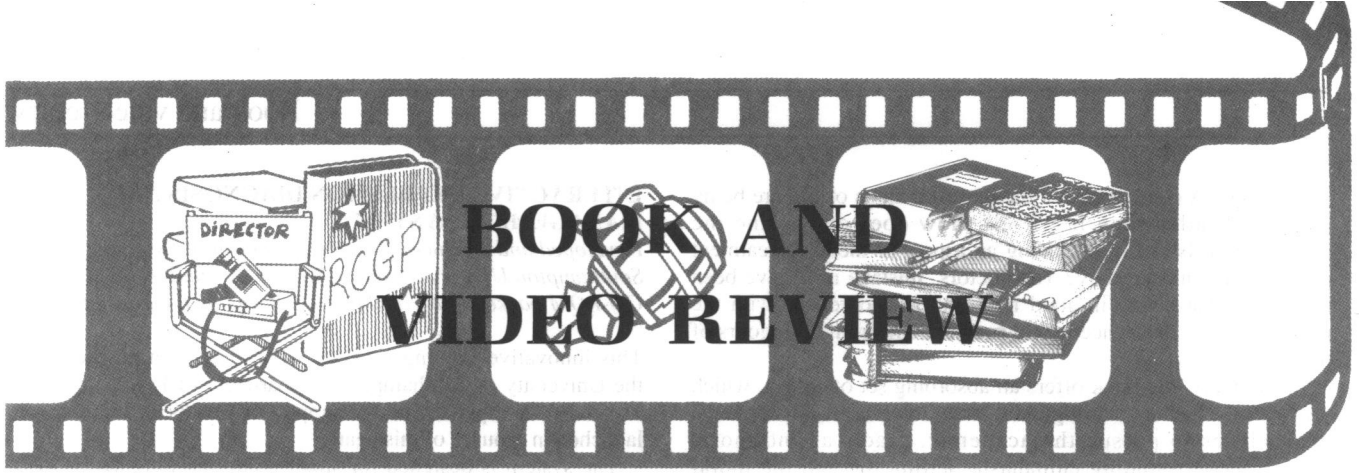

BOOK AND VIDEO REVIEW

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.

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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

judgements. A court held that the manifestations of life are being preserved rather than life itself (how does one define the distinction?). Is artificial feeding an aspect of medical treatment rather than a distinct duty? The doctors' mistake may have been to assume that acting in good faith and in accordance with the promptings of conscience would protect them from the rigours of the criminal law.

In summary, the book offers an absorbing set of essays, which provide an excellent starting point, fully referenced, for someone who wishes to pursue the academic, practical and moral arguments surrounding euthanasia, letting die and the moral duty. But what about buying it? It is a must for the hospice library and could usefully be in the hospital library, but it is probably not for the average practice.

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ARTHRITIS AND RHEUMATISM

A Calin and J Cormack
Churchill Livingstone, London (1996)
196 pages, price £10.95 (pbk)
ISBN 0443049882

Musculoskeletal pain ranks second only to respiratory symptoms as a reason for consultation in primary care, yet doctors enter practice with little schooling in its practical management. Will this book help to transform practices into active pain management centres, buzzing with optimism, diagnostic clarity and therapeutic activity? It seems unlikely.

The authors' hearts are in the right place. They try to shift the balance towards common pain syndromes (back, hip, shoulder) and away from disease labels. Discussion of drug therapies is balanced by practical sections on simple exercise regimes. Investigations are reviewed with suitably critical eyes. Yet there is a constant and confusing lack of clarity about the diagnostic priorities and therapeutic options which could or should be followed in primary care itself, as compared with what is on offer at the local rheumatology department.

The clue to the problem lies in the style. Despite co-authorship by a rheumatologist and a general practitioner, most chapters appear to have been written by the former in relentless first-person singular. This is a book about the rheumatologist's approach to musculoskeletal pain — corticosteroid injections constantly to hand, early referrals always an option. This means that it is predictably strong on inflammatory disease and rheumatological emergencies, but should rheumatologists really be the first port of call for the patient with back pain?

Psychosocial issues — a dominant feature in chronic musculoskeletal pain — are barely mentioned. The epidemiology in the book is hospital-based and misleading for a general practice readership (for example, most people over 45 years in practice populations do not have OA of the hip).

The front page hints at the troubles to come. The title refers to the craft of the rheumatologist and not to the primary care problem of musculoskeletal pain and its management, while the level of proof reading in the book is helpfully signposted by the publishers' inability to spell their own name correctly.

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INTERACTIVE DEPRESSION DIAGNOSIS AND MANAGEMENT SYSTEM

Developed and produced by the Department of Psychiatry, Southampton University, and supported by Lundbeck Ltd, 1996
CD-ROM package provided free of charge by Lundbeck Ltd

This innovative training scheme, which has been developed by the University of Southampton's Department of Psychiatry under Professor Thompson, with the support of Lundbeck Limited, was launched in January of this year.

The system is designed for small group teaching and is made available to GPs and other interested groups by trained facilitators drawn from general practice and psychiatry. It is not available for sale but a free structured training session can be obtained by registering with Lundbeck on 01908 649 966.

The teaching vehicle is a simulated consultation between a general practitioner and a mother who seems angry that the cream given to treat her son's eczema was 'useless'. Her manner is the clue to her own depressive illness, which is the hidden agenda of the consultation.

The user puts questions to the patient and directs the consultation, deciding whether to invest time in obtaining further information regarding medical history and physical health, or to move on to diagnosis and treatment.

Many hours of video recording and text can be accessed, providing a wealth of teaching material regarding the recognition and management of depression. Those involved should be congratulated on the quality of this teaching aid and on its imaginative nature. It seems likely that we will see many more similar systems used for medical teaching in the next decade.

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AUDIT IN PRACTICE

Authors
RCGP, Exeter 1996
77 pages, price 14.95 (spiral bound)
ISBN 0850842239

This book offers 24 previously tested packages that cover a wide range of subjects of interest to general practitioners, and would also be of value to doctors in other specialties. Topics include patients' notes, drug management, equipment, logistics, immunization and communication.

The chapters all have a common structure that includes an introduction, a description of the system under scrutiny, the aim of the audit, criteria, standards, methods, results, action and a review. Simple forms are outlined for the collection of information and results.

The basic principle is to review the criteria and standards before repeating the procedure. The great appeal of this system is that the details and criteria are set by the medical team and not by any authoritarian external body. Such personal involvement is essential to successful audit. It is hoped that the accumulated results of these audits could be published for the wider readership.

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