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Evidence-based dementia practice

A central tenet of medical practice today is that it should be evidence-based. A noble aim no doubt, but one that may be easier to aspire to than follow, for what is to be permitted as 'evidence', how is it to be judged or – dare one say it – spun? The evidence-based movement has fostered a systematic approach to evidence gathering and grading, with the apex of the hierarchy being randomised double-blind placebo-controlled trials and meta-analyses of such trials. What does this approach, used in this massive tome and its accompanying website (www.ebdementia.info), tell those of us (apparently) benighted enough not to have pursued such a policy in our clinical practice? All the editors of this volume are clinicians and thus much preoccupied with the practical management of individual patients.

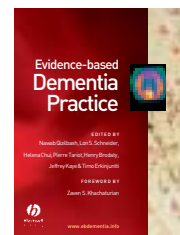
As with any multi-author text, the outcomes are of variable quality. The opening section on evidence-based methods, authored single-handedly by Qizilbash, is very good, and that on diagnosis, edited by Helena Chui, is, to my way of thinking, outstanding. Herein the various approaches to diagnosis, particularly diagnostic criteria and investigations, are subjected to measures of sensitivity, specificity and likelihood ratios, which show that many of the investigations we so keenly arrange in fact contribute rather little to differential diagnosis.

Other sections are less compelling. In part, this may be because of the time disparities between various authors contributions: many of the literature searches which form the basis of most chapters seem to have been performed in

1999, so that more recent data are not discussed, and evidence keenly awaited by one author is reviewed by another. In other parts there is not much evidence to talk about: some of the pharmacotherapies discussed are of little more than historical interest. The section on background information seems somewhat redundant. Moreover, despite all this evidence, it is both surprising, yet reassuring, to read that the recommended way to assess the efficacy of therapeutic approaches is by asking caregivers their opinion on whether or not it has been helpful, rather than by means of some sophisticated rating scale.

It seems to me that this book aims to be the 'bible' for evidence-based dementia practice (to my knowledge, there are no competitors vying for the same niche). If so, then, like the Bible, much must be taken on faith, and there is much repetition (some wholesale, e.g. pp 675-8 and 703-5, but this may not be a problem if, as the principal editor presumes, readers are dipping into the book rather than reading all of it). If one is persuaded, as this reviewer largely is, by the systematic approach of evidence-based methods (for what is philosophy but systematic thinking?), then this is a book which has something to offer, although nothing to change one's practice at this stage. Hopefully there will be increased value in succeeding updates as more evidence accrues. It can therefore be recommended, with just a pinch of scepticism.

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Edited by: N Qizilbash, LS Schneider, H Chui, P Tariot, H Brodaty, J Kaye, T Erkinjuntti
Publisher: Blackwell Science, 2002
Pages: 893
ISBN: 0-632-05296-1
Price: £79.50

Investigating neurological disease. Epidemiology for clinical neurology

Q.1 Write brief notes on the following:

- A) Cox proportional hazards model
- B) The logrank test
- C) Epistasis and pleiotropy
- D) Any four types of health economic evaluation.

Exactly. Me neither.

This is an unusual book. The first of its 306 pages provides a very readable and mercifully concise account of 'Quantitative methods in clinical neurology'. Nine chapters describe 'genetic epidemiology', 'gene-environment intervention', dovetailing into methodological chapters instructing us again on how to understand and assess, both at the conceptual and arithmetic level, medical publications that fill our journals and inform our practice. Common 'real' examples are used to illustrate various points with many guest appearances from the field of cerebrovascular disease, leading helpfully from the abstract to the reality of coal-face neurology - should Mr Jones have surgery for his contralateral, asymptomatic, but horribly tight carotid stenosis or not? This is good stuff.

The second and rather longer section comprises 12

chapters by different authors with 10-15 pages on a hot-potch of neurological diseases ranging from cerebrovascular disease, dementia (Alzheimer's and vascular), Parkinson's disease, Multiple Sclerosis, to Myasthenia Gravis, neoplastic disease, HIV infection and cerebral palsy. What no epilepsy? they cried, no headache, no chronic fatigue, no, dare I ask, (yes, I jolly well do since it constitutes about one third of my general outpatient clinics) medically unexplained symptoms?

These latter chapters follow a standardised format with an epidemiological slant as would be found in most if not all texts covering these subjects followed by a very brief offering about management. Justice cannot be done to these diseases in such a brief overview and this detracted from the quality of the first half. As a result the second part of this book was for me a disappointment.

This is a shame since a book half the length and presumably half the price would be a highly recommendable 'quickie' that would empower clinicians not already in the know (and evidence exists to the effect that we are not alone) in the planning of their own research and the critical appraisal of others.

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