



**Overload:
Attention Deficit Disorder
and the Addictive Brain**

David K. Miller and Kenneth Blum. 202 pp. Andrews and McMeel, Kansas City, Mo. 1996. \$15.50. ISBN 0-8362-0460-3

Overall rating:	Fair
Strengths:	Good description of symptoms of attention deficit with hyperactivity disorder
Weaknesses:	Proposes treatments whose value has not been scientifically proven
Audience:	Adults with the disorder

This book is intended to show the role played by genetic factors in the causes of attention deficit with hyperactivity disorder (ADHD) and “a variety of impulsive, compulsive and additive behaviours, including polysubstance dependence, crack cocaine [use], smoking, carbohydrate bingeing, pathological gambling . . . Tourette syndrome, [and] post-traumatic stress disorder.” The intended audience is adults with ADHD and the other conditions or disorders listed.

The authors believe that there is a common, underlying genetic cause for all of these behaviours. They have therefore combined the behaviours in a complex condition that they call “reward deficiency syndrome.”

On the positive side, there is a good description not only of the symptoms of ADHD but of how they affect the patient’s self-esteem and family functioning. There are also lengthy “exposés” on reward deficiency syndrome, which add little to the value of the book.

The last part of the book concerns options for treating ADHD. This part starts with a good explanation of the role that drug therapy may play. However, it goes on to propose treat-

ment methods whose value has not been scientifically validated, including neuronutrient formulations, biofeedback, cranial electrical stimulation and acupuncture.

This section risks creating false hope for patients affected by ADHD and, for that reason, I would be reluctant to recommend this book.

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Management of Migraine

Egilius L.H. Spierings. 150 pp. Illust. Butterworth-Heinemann Ltd., Oxford, England; Butterworth-Heinemann, Boston. 1996. US\$45. ISBN 0-7506-9623-0

Overall rating:	Good
Strengths:	Good review of drug trials, with an evidence-based approach
Weaknesses:	Superficial coverage; emphasis on drug management with little discussion of other measures
Audience:	Family physicians and headache specialists

This small monograph on management of migraine is by an experienced headache specialist, Dr. Egilius L.H. Spierings, who succeeded the late John Graham in Boston at the Faulkner Headache Clinic and is now director of headache research at Harvard’s Brigham and Women’s Hospital. Unfortunately, this book shows little evidence of the humane characteristics and holistic approach for which Dr. Graham was noted. In fact, the whole management part of the book is oriented toward drug treatment and veers from the drug theme only in a chapter on trigger factors.

The author presents a tremendous amount of information on drug stud-

ies, which is in keeping with the current trend toward evidence-based medicine. Unfortunately, there are many drug trials for headache but few that provide conclusive evidence upon which one can make wise clinical decisions. Results from one trial are often in conflict with the next. The placebo response in one trial may exceed the best results of the study drug in the next. The published studies of each drug are reviewed and summarized according to the benefits and side effects compared with placebo or another drug. A useful commentary at the end of each section helps to put the very confusing data into perspective.

There are several points that I take issue with. The book states that the neurologic symptoms in migraine aura are always sensory. What about speech disturbances and confusion? The book makes the good point that function in migraine is not lost, as in stroke, but disturbed. The discussion of chronic daily headache, with the introduction of the term “tension-type vascular headache” adds to the confusion on this topic. I was also annoyed that only UK and US drug names were used and that there was only one reference to a Canadian study. Dimenhydrinate and the combination of acetylsalicylic acid, butalbital and caffeine, which are two of the most commonly used drugs for migraine, are not mentioned. Reporting the relative cost of different drugs would have enhanced the usefulness of the book.

Some of the data are debatable. Although the plasma half-life of sumatriptan is only 2 hours, one might question the advisability of giving a patient ergotamine only an hour after sumatriptan administration. Also, why start a prophylactic regime involving daily drug use when the pa-