



**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-



tient's headache frequency rarely exceeds two attacks a month?

Despite these defects, this is a useful little book for busy physicians who are trying to decide which drug to use. They may be dismayed to find that there are few choices or that it may not make much difference which drug they prescribe. Their choice may, in the end, depend on the drugs' side effects and affordability.

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Epidemiology in Old Age

Edited by Shah Ebrahim and Alex Kalache. 436 pp. Illust. BMJ Publishing Group, London. 1996. Distributed in Canada by the Canadian Medical Association, Ottawa. \$174.95 (\$145.95 CMA members). ISBN 0-7279-0948-7

Overall rating: Excellent
Strengths: International perspective and societal viewpoint on diseases
Weaknesses: Some chapters lack up-to-date references for interventions
Audience: Health policy planners, students in health care professions and anyone interested in societal effect of aging

This is a "must read" for everyone interested in the societal impact of aging, particularly from an international perspective. Health policy planners and undergraduates in all health care professions should also delve into this eminently readable book. Considering the large number of distinguished international authors, the style is remarkably consistent and reflects the capable skills of the editors, Shah Ebrahim, a professor of primary care and population

science, and Alex Kalache, director of aging and health programs at the World Health Organization.

The book is organized into three sections. The first, on aging and health care, considers basic mechanisms of aging, principles and pitfalls of studying aging populations and evaluation of health services, including prevention. The international perspective is brought into sharp focus. According to the book, "by the year 2020 three-quarters of the planet's 650 million elderly will be in developing regions." The resource implications are profound, and Brazil provides a useful case study.

The second section deals with risk factors and health status. Chapters on nutrition, exercise, gender, migration and social supports bring together information scattered throughout the literature. The importance of involving elderly people in their own health planning is emphasized. I found the chapter on gender differences in mortality particularly fascinating. However, I was disappointed that the discussion of cardiovascular risk factors omitted the recent information on homocysteine. I believe that a stronger case for the treatment of hypertension could have been made, although this was remedied in a subsequent chapter.

Unlike many medical textbooks, this book emphasizes the societal viewpoint. Each chapter takes in the definition and magnitude of the problem, variations and determinants, interventions and health policy implications. The specific diseases are generally well presented, although I was disappointed that valuable data from the Canadian Study of Health and Aging on the epidemiologic and risk factors of Alzheimer disease were missing. Mention of the possible protective role of estrogens would also have been welcome. The section on treatment of osteoporosis could have included more recent information on bisphosphonates.

The central tenet of the book is to disturb the current complacency about aging. By helping those who allocate or control resources to understand risks and their magnitude, causal pathways and interventions, this book can help them set new and realistic objectives. The foreword states that "the view of aging as a crisis must be rejected: aging has a lead time of decades and provides society with the opportunity to prepare appropriate policies and programs." At nearly \$150 for CMA members, this book is not for everyone; but for those who are interested in the way that an aging population influences health care, it represents excellent value for money.

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Major Incident Medical Management and Support: the Practical Approach

Tim Hodgetts and Kevin Mackway-Jones. 205 pp. Illust. BMJ Publishing Group, London. 1995. Distributed in Canada by the Canadian Medical Association, Ottawa. \$67.95 (\$55.95 CMA members). ISBN 0-7279-0928-2

Overall rating: Very good
Strengths: Focus on prehospital setting, good organization
Weaknesses: Terms and references to health care system specific to the United Kingdom
Audience: Paramedical personnel, nurses, support staff, physicians and hospital administrators involved in management of major incidents

This book provides a basic overview of the approach to medical management and support in major incidents. It is very effective as an educational tool for paramedical per-