

Book reviews

Diabetes Mellitus in the Elderly: a Practical Guide. Gambert, S. R. (ed) New York: Raven Press 1990. 276 pp., (ISBN 0-88167-624-1), \$ 83

To me, the attraction of treating elderly patients with diabetes is the challenge of tailoring the aims of treatment to each individual. Spry and well-motivated people may work hard to achieve good control and stay healthy while the target for socially isolated people with multi-system disease may be to maintain independence and well-being with as simple a regimen as possible. It is this pragmatism which makes the care of elderly people a discipline apart; despite its title, this book misses one opportunity after another to take that line and extrapolates evidence from younger people with diabetes uncritically to the management of the elderly. For example, there is a discussion of the stereotypes of Type 1 and Type 2 diabetes whereas, in reality, the distinction is so blurred in the elderly that a practical discussion of "Which Treatment When?" would be more useful. The title of the following chapter seems to offer this but is largely given over to explaining the National Diabetes Data Group and World Health Organisation criteria for diagnosing diabetes and impaired glucose tolerance without acknowledging that they are of uncertain validity in the elderly. A blanket statement that "treatment can help reduce the burden of numerous diabetes-related complications adding years of quality life to those affected" would be contentious at any age but what of the significant proportion of elderly diabetic patients with established complications when they first present? The literature review which supports the role of strict glycaemic control draws on studies of muscle capillary basement membrane thickening, at best a poor marker of clinically important microangiopathy, and does not even reference the Steno microalbuminuria and Oslo studies, an inexcusable omission in 1990. There follow chapters on diet, exercise and 'Pharmacological Therapy', amounting to a treatment manual for Type 2 diabetes with a slant towards the aged. Some recommendations on exercise will cause raised eyebrows; for example, how many of us can offer telemetric monitoring to those with cardiac dysrhythmias and is it really true that systolic blood pressures over 170 mmHg during exercise will worsen retinopathy or that non-weight-bearing and non-jarring exercise is preferable for people with proteinuria? The chapters on diabetic complications, particularly Stephen Podolsky's discussion of 'The Diabetic Foot' are the best, although marred by a complete absence of photographs, surely a must when discussing retinopathy or skin disorders. Over and again, the book's emphasis seems dictated by the author's interests rather than the needs of their patients. Lipid-lowering is covered generously but the medical management of angina, congestive cardiac failure and stroke are skimmed on. Fourteen pages are devoted to **non-diabetic** hypoglycaemia and ten lines to insulin-induced hypoglycaemia. As a practical guide, it repeatedly fails to reach practicable conclusions. The reader is not given clear guidance when to use blood rather than urine glucose monitoring and when to use neither although helpful targets are offered for glycated haemoglobin. The management of hyperglycaemic emergencies is covered in just two pages. I doubt that the doctor who follows the guidance offered here and leaves his comatose patient with a serum potassium of 4.6 mmol/l on insulin and without potassium replacement will find him alive when he returns after the recommended 4 hours to re-

check serum potassium. On a more general note, the model of care may be customary in North America but strikes me as remarkably doctor-centred. The dietitian is dismissed as only partially reimbursable by health insurance and preventing the physician from exercising full therapeutic control. Of the diabetes specialist nurse: "Ideally, one should have a diabetic teaching nurse instruct the patient." The chapter on 'The Foot' comes closest to giving teamwork due emphasis. It is easier to find fault than commend and there is much in this book which is good but I have too many concerns about its philosophy, applicability outside North America and true practical orientation to recommend it. T. Dornan (Manchester)

New antidiabetic drugs. C. J. Bailey, P. R. Flatt (eds) London: Smith-Gordon, Nishimura 1990. 295 pp., (ISBN 1-85463-017-2), hardcover, £ 30

As stated in the preview, this book represents "a comprehensive review of recent developments in the search for new and improved treatments for diabetes mellitus". I certainly agree with this statement. The book is a unique and extremely up-to-date collection of 27 chapters written by 49 predominantly British authors dealing with new approaches to the treatment of diabetes. Starting with a brief overview of the relationship between diabetes control and complications, the book turns to the established treatment of Type 1 (insulin-dependent) diabetes with insulin and of Type 2 (non-insulin-dependent) diabetes with sulfonylurea and metformin. Perhaps the editors should have used a few pages to address the unsolved problems of insulin therapy in Type 2 diabetes? I found the chapter on "Models for testing new hypoglycaemic drugs" particularly useful, since further on the reader has to get acquainted with a large number of genetic strains of experimental animals. Each chapter is a self contained account of the background, chemistry, pharmacokinetics, and animal and human studies of each new class of compound. Although several of the drugs are impractical because of toxic side effects, reading about their mode of action opens new perspectives on diabetes therapy. It is certainly not easy to be objective about a developmental drug, especially if the author and the "developer" are one and the same, but I would like to give credit to most of the authors for their objectivity. In most cases they had to base their conclusions on unpublished data and abstracts. The only confusing thing about this book is the sequence of chapters. I would have preferred an approach first dealing with dietary adjuncts including absorption inhibitors and anti-obesity agents, then insulin secretagogues, insulin sensitizers including vanadium and finally inhibitors of non-esterified fatty acid oxidation. As it stands chapters 7, 13 and 23 deal with insulin secretagogues, while most of the others focus on agents which inhibit gluconeogenesis or enhance peripheral glucose uptake. These are minor issues, and once the reader finds the road, it is all enjoyable reading. I was especially pleased to find chapters on the hypoglycaemic effect of growth hormone fragments, dehydroepiandrosterone metabolites and plants. Altogether, this book certainly represents the most authoritative and updated review of new approaches to treatment of diabetes. It can be recommended for everyone who wants to take a look into the future of diabetes treatment. L. C. Groop (Helsinki)

Errata

Diabetologia, Volume 34, Number 7, July 1991

pp 469-476, V. A. Alder et al.: Changes in vitreal oxygen tension distribution in the streptozotocin diabetic rat

On page 472, 16 lines from the bottom of the right-hand column, the line should have read: "the control group ($p = 0.006$). The other ratios V/MV and"

pp 536, G. Dahlqvist: Epidemiological and ethical considerations in trials with immunotherapy in pre-Type 1 (insulin-dependent) diabetes mellitus

On the front cover and in the title of the letter there was a typographical error. The title is correct as printed above.