such as over-diagnosis, radiation exposure and false positive results. The women may then make an informed decision on whether to participate in the program.

If screening women before 50 years of age does reduce breast cancer mortality, the women who stand most to benefit from beginning screening then are those at higher risk of the disease, particularly the 15–20% of women who have a family history of breast cancer. Thus a policy of offering early screening to these high-risk women seems reasonable. A number of promising early detection options are being evaluated. They include digital mammography, magnetic resonance imaging and ductal lavage and may prove to be more sensitive tests in this group of women.

Conclusion

Studies suggest that many women overestimate their breast cancer risk, however the great majority of Australian women can be reassured that they are at, or at most only slightly above, population risk.[9] This means that most will not develop breast cancer in their lifetime. Breast cancer is a serious disease and an important cause of premature mortality and morbidity. It is important to encourage women to participate in mammographic screening programs. At present risk reduction strategies for women at high risk are limited and require further investigation in the context of clinical trials.

E-mail: mclachs@svhm.org.au

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Conflict of interest: none declared

Self-test questions

The following statements are either true or false (answers on page 151)

5. Most women with breast cancer have a strong family history of the disease.
6. Tamoxifen can reduce the risk of breast cancer but can increase the risk of endometrial cancer.

Book review

Therapeutic Guidelines: Neurology. Version 2. Melbourne: Therapeutic Guidelines Limited; 2002. 191 pages.
Price: $33, students $25.30, plus postage.*

Ursula Russell, General Practitioner, Shepparton, Vic.

The 2002 edition of Neurology, the red book in the series, is another fine example of the art of therapeutic review. The guide is a highly readable, highly practical document. For a busy general practitioner the topics are pertinent and thoroughly explored, the topic headings guide you to relevant information with ease and the Therapeutic Guidelines' format of italicising the drug gives you the quickest opportunity for reviewing a favourite section.

A very good section is the headache section; there is nothing like a good review of evidence for helping to make some clarity of a problem that in my practice seems less than clear. Likewise the sections on facial pain and neuropathic pain are highly relevant for my practice. The sections on epilepsy and stroke, involuntary movements and central nervous system infections are not so commonly needed in my 'part time' world, but I feel confident that I could call on the relevant and up to date information quickly and easily. Another highlight of the 2002 version is the pictorial exposition of some of the manoeuvres for vertigo and motion sickness.

In summary: a very good and workable guideline for the busy general practitioner.

* For more information contact Therapeutic Guidelines Limited – 1800 061 260 or sales@tg.com.au