

18. Connolly SJ, Ezekowitz MD, Yusuf S, Eikelboom J, Oldgren J, Parek A, et al. Dabigatran versus warfarin in patients with atrial fibrillation. *N Engl J Med* 2009;361:1139-51.

*Professor Gallus has received honoraria from Astellas, Bayer, Bristol-Myers Squibb, Pfizer and Sanofi-Aventis for an advisory role on phase II and phase III clinical studies (rivaroxaban, apixaban, idrabiotaparinux and YM150), and Boehringer Ingelheim for an Australian advisory committee role.*

### Self-test questions

*The following statements are either true or false (answers on page 59)*

3. When used in the prevention of venous thromboembolism, dabigatran etexilate and rivaroxaban cause fewer bleeding complications than enoxaparin.
4. Patients given dabigatran etexilate or rivaroxaban to prevent venous thromboembolism should have their platelet count checked after one week of therapy.

## Book review

**Therapeutic Guidelines: Respiratory. Version 4.**  
Melbourne: Therapeutic Guidelines Limited; 2006.  
295 pages. Price \$39, students \$30, plus postage

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Version 4 of Therapeutic Guidelines: Respiratory continues the tradition of easy to access content and eminent readability that has become the hallmark of this series. The Respiratory Expert Group has again condensed a large volume of information into a pocket-sized quick reference manual.

Chapter 1 uses the familiar 'Getting to know your drugs' format and outlines the pharmacology, indications and importantly many of the adverse effects of common respiratory drugs. The broad content of the rest of the book covers all areas of respiratory practice from obstructive lung diseases through interstitial and pleural diseases to oxygen therapy. It also includes state-based information on access requirements to services such as domiciliary oxygen. There are clear, brief explanations of some difficult management areas, such as sleep disorders and in particular non-invasive ventilation, especially in the acute setting.

Perhaps the next version could include an expanded discussion on pulmonary artery hypertension (formerly called idiopathic pulmonary hypertension). With the advent of various treatments for pulmonary artery hypertension, these patients are increasingly managed by respiratory physicians as part of multidisciplinary teams. The brief mention of cor pulmonale secondary to chronic obstructive pulmonary disease and the use of diuretics also oversimplifies an often difficult management problem. These criticisms are slightly

unfair as this is clearly not intended to be an exhaustive text and information on specialised management of these conditions is available elsewhere.

This book will find application with students, junior doctors and their more senior colleagues. I believe it has managed to find a balance between presenting enough detail to inform decision-making while maintaining the formula of best practice standards and brevity.

*Editor's note: Information about pulmonary hypertension can be found in Therapeutic Guidelines: Cardiovascular. Version 5 (published in June 2008).*

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