Helen Hopkins' article omits mention of the positive contributions made by pharmacists in aiding compliance, mentioning only '... hesitating to communicate effectively with consumers about risks'. We may hesitate in some cases but we distribute the majority of Consumer Medicine Information and other printed and verbal information available from health professionals. Many pharmacists also print the indication on the label at the request of the patient, but this is often difficult when prescribers do not indicate that the tricyclic, for example, is for pain relief.

It would be interesting to know how many patients refuse to

take medication after reading the Consumer Medicine Information – we suspect many – because the early information sheets often contained misleading information. Finally, the term 'polypharmacy' is inappropriate because it is poly-prescribing that leads to the problems of multiple medication use, something today's pharmacists try to discourage.

Peter Bayly Pharmacist Wattle Park, SA

Book review

Australian Medicines Handbook Drug Choice Companion: Emergency and Primary Care

Adelaide: Australian Medicines Handbook; 2001. 176 pages.

Prices:

Drug Choice Companion \$60

Drug Choice Companion + AMH Book \$190

Drug Choice Companion + AMH Book + CD

\$212

(Reduced prices for students and members of the Royal Australian College of General Practitioners, the Pharmaceutical Society of Australia and the Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists)

Ann-Marie Crozier, Director, General Practice Casualty, Balmain Hospital, Sydney

This is an excellent book for the practical general practitioner who wants to quickly check prescribing of drugs for the emergency situation.

The handbook assumes a basic knowledge of diagnosis of emergencies and acute medicine. Each presentation, e.g. pneumonia, migraine, unstable angina, is covered by a single page which helps the reader rapidly access the information. Emergencies are listed in an index in the back of the book. The book uses a pragmatic style with the drug(s) to be prescribed written in bold at the top of the page (including adult and child doses). Dot points expand on the management of the presentation. A short list of references, with preference for Australian references, is to be found at the back. The handbook is 17 x 11 cm (smaller than a prescription pad) in size and therefore would fit easily in most general practitioners' emergency kits. Whilst the stated purpose of the book is for doctors working in regional and remote Australia, there is a wealth of concise and relevant information for urban practitioners.

A number of sources have contributed to the handbook including the Royal Australian College of General Practitioners,

the Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists, and the Pharmaceutical Society of Australia. I note with interest that virtually all the general practitioners who have had input are from rural Australia including places like Tumut, Minlaton, King Island, Katherine, Wiluna and Thursday Island. Specialists throughout Australia and across a range of specialities have also been consulted.

The content of the protocols is based on evidence from resources such as *Australian Prescriber*, *Therapeutic Guidelines*, NHMRC guidelines, the *Medical Journal of Australia*, the Cochrane databases and emergency medicine texts, with a preference for Australian data where possible. The protocols are grouped according to organ systems. Drug choices in each protocol are ranked according to evidence about their efficacy, cost, tolerability and dosing schedule convenience. The dot points at the bottom of each page include advice on non-drug treatments and in some instances when not to use particular drugs.

The book is perhaps limited by its medication focus and its size. Conditions such as bradycardia, acute iritis and pericarditis do not appear. Emergencies where a drug focus is not paramount, such as burns, pneumothorax, barotrauma and heat stroke are not covered. This limits the book's potential as a complete emergency text and whilst this is not its stated aim, perhaps a greater coverage of emergencies and acute medicine would ensure that it could become the definitive emergency text for general practitioners. The index could be slightly expanded. For example, neither 'fit' nor 'convulsion' is listed whilst 'febrile convulsion' and 'status epilepticus' are. Tetanus prophylaxis is neither indexed nor addressed and again this may be beyond the scope of the book. Having said this, these minor negatives should not detract from the overall assessment which is that of a useful, concise and relevant emergency drug handbook.

I believe this is definitely a valuable addition to the working general practitioner's essential texts for the management of emergencies and acute medicine.