

antagonist with a thiazide may be of value when there is the need to add a thiazide to improve blood pressure control after titration of the other drug to the maximum tolerated dose.

Conclusion

While current evidence may be difficult to interpret in some areas of the treatment of hypertension in diabetes, there is no conflict in recommending tight blood pressure control and the use of combination therapy if necessary to achieve this result. The final choice of drugs and optimal blood pressure control for each patient must be influenced by knowledge of the potential harms and benefits to each individual. It is no different in this respect from the control of blood glucose. Blood pressure and glucose both need to be individually tailored as part of a comprehensive cardiovascular risk management strategy. This includes a discussion of the aims and potential problems of treatment with the patient.

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FURTHER READING

See resources on the following web site:

'Diabetes on the Internet 2001' www.diabetes.org.au/ct_2001.htm

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Self-test questions

The following statements are either true or false (answers on page 23)

3. Tight control of blood pressure may not significantly reduce fatal myocardial infarctions in patients with diabetes.
4. To achieve a target blood pressure of 130/85 mmHg most patients with hypertension and diabetes will require only one antihypertensive drug.

Patient support organisations

Diabetes Australia

Diabetes Australia consists of twelve organisations:

- the eight State and Territory Associations of Diabetes Australia
- Australian Diabetes Society
- Australian Diabetes Educators Association
- Kellion Diabetes Foundation
- Diabetes Research Foundation – Western Australia.

All funds raised by or on behalf of Diabetes Australia are re-invested into research, health services, provision of self-management products and services, and public awareness.

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Book review

Drugs and Pregnancy. Melbourne: Pharmacy Department, The Royal Women's Hospital, Women's and Children's Health; 2001. 144 pages. Price \$27.50.

Jane Talbot, General Practitioner, Kalamunda, Western Australia

The aim of this guide is to collate the available information on the effects of a comprehensive list of drugs registered in Australia as well as a list of commonly encountered herbal medicines during pregnancy and the recommendations on their safety.

The guide has been concisely written, thoughtfully organised and is indeed a very handy little tome. For those of us who deal regularly with pregnant women, the Australian Drug Evaluation Committee's 'Prescribing medicines in pregnancy' 4th edition has been an obligatory addition to our medical bookshelf. This guide retains all that information but provides more comprehensive information as well.

The Alphabetical Drug Listing is perhaps the handiest section of the guide as a quick reference. As well as listing all

the drugs alphabetically, there are then five columns for each drug which indicate the Australian risk category for drugs used in pregnancy, specific trimester recommendations (may be used, caution, not recommended, contraindicated) and the page later in the guide where the particular drug is discussed.

The section of the guide titled 'Further information on drugs' is excellent. Brief and to the point it is also highly referenced (200 references in all). The authors obviously have researched what is the evidence for classes and groups of drugs and provide this support in the text. This part of the guide is very user-friendly and easy to navigate around to find the information needed.

A section on drug addiction during pregnancy is timely, helpful and factual as is the section on the herbals contraindicated during pregnancy and why they should be avoided. The guide concludes with the comprehensive set of references.

Drugs and Pregnancy is a valuable tool on any doctor's bookshelves and would be highly recommended for any professional involved in the care of pregnant patients.