

effective for preventing cognitive decline in those on anticholinergic drugs (at two years, but not at one year).

Reference 4 is an interesting review article about the role of anticholinergic drugs in delirium but also discusses studies that included small numbers of patients (n = 15–34).

Reference 5 is a detailed review of the pharmacokinetics of a range of bladder-active anticholinergics. It is very informative but does not appear to support the suggestion that they should be avoided.

Nevertheless, our article could have made greater mention of the risks of anticholinergic therapy in exacerbating or precipitating cognitive impairment, especially in the elderly. These drugs should only be given in conjunction with bladder training at the lowest dose possible to achieve reduced frequency, urgency or urge incontinence, and for the shortest duration possible.

Confessions of a biased reader

Editor, – I wonder how many other people share my obsession about checking declarations of conflicts of interest before they read any letter or article?

I note many well-credentialed academics seem very committed to evidence-based medicine when presenting their arguments. For me, all this effort becomes completely neutralised when I realise that they have received sponsorship associated with the very products they are arguing for. Unfortunately, my bias is so compelling that I cannot take their well presented discussion seriously. How many other people suffer from this problem?

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Book review

Pocket guide to ECGs. 2nd edition. Duncan Guy.
Sydney: McGraw-Hill; 2006.
162 pp. Price \$37.95

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This book is aimed at general practitioners, medical students, hospital residents and nursing staff. It is now in its second edition so it has clearly found a market. Having read numerous similar books, though not the first edition of this guide, I found it to be useful and practical.

The book is divided into four sections. The first section is devoted to the normal ECG. This describes the usual 'normal' parameters, but also includes a section on the so often ignored but commonly encountered sources of artefact (and misdiagnosis) such as calibration, tremor and lead reversal. The second section describes common abnormalities seen in clinical practice, and provides pathophysiological causes for them. The format is consistent throughout, easy to follow and interspersed with practical and relevant 'clinical tips'. Section

three, the so-called quick reference guide to common cardiac disorders, is logically ordered and sufficiently detailed. In the era of increasing use of devices, it was refreshing to see section four on pacemakers and pacemaker ECGs, stating that significant abnormalities can be detected with a standard ECG, rather than interrogating the device first. The use of real rather than digitally enhanced ECGs throughout the text is of much practical benefit.

A few minor shortcomings of the text include the absence of an index (despite a detailed list of contents), only a brief description of early repolarisation (often a source of confusion), and although not entirely specific, the criteria for differentiating ventricular tachycardia from less serious broad complex tachycardias are not listed. It would have also been useful to include a few examples of commonly encountered and potentially serious electrolyte disturbances as well as digitalis effect and toxicity.

The ECG rulers on the back cover, and the accompanying CD-ROM with self-test ECGs, are additional useful extras, although the CD did not work on my computer.

I found this book easy to follow and packed with useful information. I would recommend it to readers of *Australian Prescriber* as a useful guide and a quick reference.