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BOOK REVIEW

Cardiovascular Genetics for Clinicians

Edited by: PA Doevendans and AAM Wilde

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This rather slimline volume has as its aim 'to help decision making in cardiovascular patients with a potentially inherited disease'. It has a basic introduction into genetics and molecular microbiology which includes some useful appendices of genetic codes and amino acid symbols. There are five chapters on the genetics of atherosclerosis and CHD risk factors, two chapters on connective tissue disorders, three on cardiomyopathies, four on arrhythmias, and one on congenital heart defects. The book finishes with a chapter on genome research and future healthcare.

One novel aspect of the book is that the editors have asked each chapter author to use a system of classification ranging from A and B, where molecular diagnostics are available and diagnosis is relevant for treatment or counselling, through C, where diagnostics are available but molecular diagnosis does not alter treatment but may be relevant for risk, D, where polymorphisms have implications for predisposition but only minor phenotypic consequences for risk, and finally E where chromosome loci have been identified but no genes are known, and F where no locus or gene is known, which are both clearly research categories. Although this is an interesting idea, in my opinion it falls short of its aim because there is not enough discussion in each of the chapters about exactly how, for example, a molecular diagnostic test is relevant for treatment or counselling. More discussion about exactly when a molecular diagnosis does alter treatment and when it does not would have been helpful.

Although the editors claim that the book has been written by 'clinicians from around the globe', in fact over 60% of the contributing authors are Dutch and I think that the book would have had much more authority if a wider range of experts from other countries in Europe or from the USA could have been persuaded to contribute. I felt that some of the chapters in the area of atherosclerosis and CAD, which is my own area of expertise, gave a rather superficial and somewhat biased review of the author's own work rather than covering the field completely. Overall, I wonder if the editors have really achieved their aim of writing a practical guide for clinicians based on up-to-date state-of-the-art evidence-based medicine. On the good side, as the editors claim, this certainly is a book that could be read and used without extensive knowledge of molecular cardiology and hopefully would put some of the readers on the track of thinking in more molecular terms about the causes of disease in the patients they are trying to manage and treat. In my view, this book will be of limited use in daily practice, but is certainly a step in the right direction in helping clinical cardiologists to think with a more molecular viewpont.

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