

important point that the ED and hospital studies are not directly applicable to self management by patients with written action plans, a model that is currently being emphasised in primary care.

The role of OCS and SABAs in the management of exacerbations was reaffirmed and the lack of value of just doubling the dose of ICS was emphasised. When the role of high doses of inhaled steroids was examined, there was clear evidence that increases to daily dose of 2000 micrograms of fluticasone or 3,200 micrograms of budesonide or equivalent for a period of 7–14 days was acceptable and efficacious in treating exacerbations.

The most useful information for general practitioners was the summary of the evidence regarding the management of patients who are using combination therapy. Six studies have examined the role of a two- to four-fold increase in budesonide/formoterol in managing exacerbations: two showed a reduction and four studies were inconclusive. The authors argued that no definite recommendations can be made at this time. The continuing role of SABAs for relief of exacerbations in patients with combination therapy was re-emphasised and it was suggested that a higher dose may be required, due to the fact that LABAs are associated with some bronchodilator subsensitivity.

Future research includes the need for more community-based studies to refine our understanding of the correct therapeutic interventions for different levels of exacerbations – mild to moderate vs severe and among adults and children. We still need more specific information within written action plans in self management education.

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Review of "Asthma—At your fingertips." Mark Levy, Trisha Weller, and Sean Hilton Fourth Edition, 2006 Class Publishing, Barb House, Barb Mews, London W6 7PA, Full price £20.99, Internet prices around £11.60

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This book, written for patients, is now in its fourth edition. First published in 1993, and with significant changes in practice and care since, it is important to ask whether or not the book has adapted to match these changes. Perhaps the fact that it is now in its fourth edition indicates that it has indeed.

Will the book be suitable for all the 5.2 million people estimated to have asthma in the UK? This review is based on patients' and clinical colleagues' comments on previous editions, as well as a selective view of whether or not it is current, authoritative, evidence-based and addresses patient concerns.

At 300 pages long this book will not suit every patient or carer as a 'must read' as soon as a diagnosis of asthma is made, but it will address the common concerns that patients and carers ask us – and it does this in detail. It would be a great resource in every health care library (hospital and primary care) as well as in local public libraries. Certainly, in many practices, copies have been lent out. I know many primary healthcare professionals who use this book to find information to answer patients' queries rather than using some of the harder-to-access and less understandable professional books.

Using this book is easy. There is a good index and content pages, there are details of all the inhaler devices currently available, and there are references to internet sites of interest. There is sufficient detail to answer most questions comprehensively and it is good that the book has adapted to recent changes such as the new British Guidelines on asthma management, and that it has encapsulated currently accepted views well. The main controversial areas of complementary health care are carefully dealt with in a sensible and open fashion.

My colleagues and patients often borrow practice library copies and are highly complimentary. This is fully justified. Just a word of warning; expect professionals to use the book as a reference, and expect patients to forget to return the book as it is a useful resource at home. Be prepared to buy more than one copy if you want to keep a copy for yourself. The other option is to keep it under lock and key...

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