

Dizziness. A practical approach to diagnosis and management

Adolfo Bronstein, Thomas Lempert. Published by Cambridge University Press, New York, 2006, pp 212. ISBN 0 521 83791 X

Vertigo is a common problem: the 1 year prevalence is more than 6%.^{1,2} Many of these people seek care from general medicine physicians rather than specialists and subspecialists. For many patients, rehabilitation, rather than medication or surgery, is the treatment of choice, and rehabilitation is better provided by occupational and physical therapists than physicians. Audiologists and nurses are also often involved in the diagnosis and care of these patients. A textbook on diagnosis and management of dizziness and balance disorders is needed for this diverse group of clinicians who are not specialty care physicians. This excellent textbook fills that need.

Chapter 1 is a good overview of the anatomy and physiology of the vestibular system. The science is explained clearly, with enough detail for concepts to be understandable, without overwhelming the reader. Chapter 2 discusses the clinical examination and objective diagnostic tests that are widely available. Vestibular evoked myogenic potentials and other recent laboratory tests are omitted, but those tests are still found primarily in academic medical centres and large specialty practices and may not be available in smaller specialty practices. The following chapters explain the common and uncommon causes of dizziness, how the definitive diagnosis is made and when to refer to specialty care. Tests for comorbid factors that can confuse the clinical picture are also explained. Chapters 3–6 discuss conditions that cause vertigo, including differentiation of some central neurological conditions. Chapter 7 addresses disequilibrium of aging, an important problem for all clinicians to understand. The authors support the use of a variety of treatment options, discussed in chapter 8, including medication, surgery, rehabilitation and counselling. The chapter provides an excellent overview of the range of care available and when to consider each option. Most chapters end with pragmatic advice about how to proceed when the diagnosis is not clear. The book is visually pleasing, with nice fonts and margins wide enough for note taking.

Diagrams and tables are useful and easy to read.

The accompanying CD shows a physician performing a clinical examination and also shows the typical patient's responses. These videos should be quite useful for people learning to evaluate these patients. Using the demonstrated technique for the Dix–Hallpike manoeuvre may give the clinician back strain, so each clinician should adapt the test technique to his/her individual morphology. The few photographic images look grey and would be improved with increased contrast or arrows to direct the reader's eye. Exercises with the head stationary are probably ineffective, but the authors obviously appreciate the value of rehabilitation and the basic ideas are valid. Using the concepts illustrated, the reader should develop individualised exercises.

Minor problems aside, this text would be an excellent addition to any clinician's library. It would be useful for medical students and medical residents in neurology and otolaryngology, and non-specialist physicians as well as therapists, nurses and audiologists.

Helen S Cohen

References

- 1 Neuhauser H. Epidemiology of vertigo. *Cur Opin Neurol* 2007;**20**:40–6.
- 2 von Brevér M, Radtke A, Lezius F, et al. Epidemiology of benign paroxysmal positional vertigo: a population based study. *J Neurol Neurosurg Psychiatry* 2007;**78**:710–15.

The DANA guide to brain health. A practical family reference from medical experts

Edited by Floyd E Bloom, M Flint Beal, David J Kupfer. Published by DANA Press, Washington, 2006, £16.00, pp 653. ISBN 1932594102

Published by a division of the DANA Foundation, this book was written for the general reader. It translates research findings into lay language and provides a full glossary of scientific terms, explaining what is known about brain function, and psychiatric and neurological disorders. It is beautifully illustrated with colour photographs, and interactive diagrams on the accompanying CD-ROM.

I wondered whether I would find advice on keeping my brain healthy, or whether practical advice for a carer of someone with brain disease would be offered. The US based editors list organisations supporting people with brain related disorders affecting both children and adults, and much is relevant to an international readership. For example, in a section on Alzheimer's disease, information reprinted from the American patient organisation covers legal and financial matters, care provision and carer coping strategies. These are concerns for all populations, despite differences in social and health service provision. Factual content is current; information on deep brain stimulation for Parkinson's disease is included, for example. At times I disliked the phrasing, but this book would certainly provide a starting point for further discussion of one's own condition with a treating physician, and be more truthful than some newspaper articles or television programmes.

The *DANA guide to brain health* should supplement written information from one's own doctor on diagnosis, treatment and prognosis, or advice from a disease specific patient organisation. The use of lay language and wealth of fascinating information on brain development and healthy functioning makes it very useful, and yes it does discuss how we can all look after our brains (wear protective headgear when cycling, get enough sleep). This publication would be a welcome addition to a patient waiting area.

Katy Judd

CORRECTION

doi: 10.1136/jnnp.2005.083378corr1

J H Veldink, S Kalmijn, G-J Groeneveld, et al. Intake of polyunsaturated fatty acids and vitamin E reduces the risk of developing amyotrophic lateral sclerosis. *J Neurol Neurosurg Psychiatry* 2007;**78**:367–71. Above the "Cholesterol" part of figure 1 of this paper there should be three points instead of two (the first should be on the line as with the rest) and the last point above "PUFA" should have two vertical lines instead of one.