

Talking about Anorexia. By MAROUSHKA MONRO. London: Sheldon Press. 1996. £5.99 (pb). ISBN 0-8596-9751-7.

This is the second edition of this book, which is part of the series 'Overcoming Common Problems' by Sheldon Press. The author is well qualified for writing such a book, as not only has she suffered from anorexia nervosa herself, but she is a journalist and spent three years as an advice columnist for *Just Seventeen*. As would be expected from the author's background, the style of the book leads to easy reading. It provides detailed information about the illness. In addition it references other sources of help and information which may be relevant for particular facets of development that become derailed by the illness in individual cases. This format is very successful since it is difficult to make generalisations about the illness and its repercussions as it coincides with a period of major transition in terms of developmental milestones. If the problems and skills required to solve them are too finely drawn, a large proportion of the client group feel alienated. This compendium of additional resources enables the individual to customise her own resource portfolio.

This book has been endorsed by the Eating Disorders Association. It is certainly excellent value for money and could usefully be recommended to your patients with eating disorders.

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Needs Assessment in General Practice (Occasional Paper 73). Edited by S. J. GILLAM and S. A. MURRAY. London: Royal College of General Practitioners. 1996. 56 pp. £13.20. ISBN 0-85084-228X.

Like it or not, the NHS reforms have made GPs into purchasers, either through fundholding or indirectly through advising health authority commissioners. Needs assessment should underpin planning and this paper exhorts primary care teams to understand data sources and their limitations, and develop competence in needs analysis and service evaluation. Written jointly by a consultant in public health medicine and an academic general practitioner, the paper stresses the need for collaboration between the two disciplines. They cover defining and measuring needs, data sources, critical appraisal and evidence-based practice.

The importance of the collective experience of members of the primary care team, especially community nurses, in assessing local needs is stressed. The limitations of routinely collected practice data are considered, especially the inconsistencies of computer labels for diseases and the need for standardised codes such as the Read system. Eleven specific approaches are described, ranging from health authority performance indicators, to a practice 'public health nurse' employed to establish a database, educate primary care team members, and carry out local audits.

Quantitative data from the Office of Population Censuses and Surveys, health authority, and prescription pricing authority indicate the size of the problem and allow for comparisons. More specific data may be gathered through postal surveys of health-related quality of life and patient satisfaction. Qualitative data from focus groups and interviews may indicate why there is a problem, what people's concerns are, and the feasibility of local community health initiatives. Some practices have taken a broad view and have worked in imaginative ways with other disciplines, for example with teachers, social workers, youth workers and parents, in tackling teenage pregnancies.

Mental health issues are relatively neglected in this paper in comparison with heart disease and stroke, asthma and diabetes. This reflects a lack of data collection by providers and purchasers. The *Health of the Nation* outcome scores and the minimum data-set for mental health should address this problem. Fundholders need information on numbers, problems and service use to inform their contract negotiations.

The paper concludes with a list of problems, including the difficulty in reconciling the individual patient-centred approach of the GP with a public health perspective which would bear on decisions about rationing, for example. Epidemiological and data-handling skills are in short supply in primary care, and there are few inducements to take on the extra work of needs assessment. However, GPs will increasingly have to account for how they spend NHS money and demonstrate that they are meeting the particular needs in their local communities.

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