

The book's final conclusions are brief and tend to concentrate on the 'market trends', however it does provide a specific source of information and references for the selected compounds. As such it would certainly be a useful reference text for any library and for those researching the area.

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D. Bessesen and R. Kushner. *Evaluation and Management of Obesity*. Philadelphia: Hanley and Belfus, Inc. 2002. £21.99. pp. 190. ISBN 56053-469-9

The authors state that they hope that this book will provide practical, useful strategies and tools for primary-care physicians and health professionals who feel inadequately prepared to care for obese patients. As such, it certainly achieves these aims. This is an excellent textbook which provides readers with an overview of the evaluation and assessment of obesity and is packed full of useful management strategies. Even experienced practitioners will find something new to broaden their repertoire of skills.

Each chapter in the book deals with a specific issue and is written by a different author. Many of the contributing authors come from the Centers for Obesity Research and Education (CORE), so are practising specialists and have a wealth of experience between them. Each chapter is supported with a comprehensive up-to-date bibliography, which provides a useful additional resource. Overall, it addresses many of the questions our patients ask, such as the role of commercial slimming clubs, meal replacements and the use of very-low-energy diets.

I found the chapter on 'Setting up the Office Environment' particularly useful since it addresses one of the most significant obstacles to the management of obesity in the primary care setting, which is that of having sufficient time. It will certainly make me look at my own practice so that I maximise the time I have available. The practical element stresses the provision of an environment that is sensitive to the needs of the obese individual to the level of providing chairs without arms, large blood pressure cuffs, large gowns and privacy when weighing, hence all of the classic pitfalls that hinder the helping relationship. It also highlights the importance of integrating the expertise of various disciplines.

The chapter on 'Non-Prescription Weight Loss Products' provides insight into a growing market in the UK and gives the current evidence base for the efficacy of some of the best-selling products.

There is an extremely useful chapter on the management of childhood obesity in primary care. With the increase in obesity in children and the fact that specialist

paediatric resources are limited, it is appropriate that primary care takes the lead in assessment and management of obesity in children. The information in this chapter should help ease concerns about how to manage childhood obesity safely, efficiently and effectively in primary care.

There is a whole chapter on obesity web resources that provides a valuable back-up for any health professional looking to research deeper into a particular area.

Does the book have any shortcomings? It does have an American focus with all of the authors and many of the examples and references being from the USA. In addition the system of primary care in the USA is organised very differently and the chapter on insurance coverage for obesity treatments is not relevant to the UK – yet!

As a personal preference, I would have preferred the text to be less dense and for there to be more illustrations and diagrams; however this may be a reflection of my increasing age!

Nevertheless, this is not a book that will sit on the bookshelf. It functions as a practical handbook and should be a useful resource to anyone managing obesity in the clinical setting.

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S. Scott and C. J. Duncan. *Demography and Nutrition. Evidence from Historical and Contemporary Populations*. Oxford: Blackwell Publishing 2002. £79.50 (hardback). ISBN 0-632-05983-4

The authors state (p. 1) that this book is ... 'concerned with the interactions between malnutrition and demography'. In the preface the authors state: 'Chronic malnutrition, from which the bulk of the population suffered, acting in a way that is not readily detectable, was the major factor that regulated human demography in historical times. Chronic malnutrition caused this effect mainly via three interacting mechanisms: (i) direct and indirect effects on the mortality of children from infectious diseases, (ii) down-regulating the levels of body fat and, hence reducing women's fertility and, most importantly, (iii) raising the levels of infant mortality because of inadequate nutrition of the foetus during critical periods in pregnancy.' 'Thus, the key to the regulation of human demography, ... , lies in the nutrition of the mother before, during and after pregnancy.'

The case made for the effect of chronic malnutrition on demography as clearly suggested in the preface is made largely from an analysis of historical data, and most comprehensively from one locality in England (Penrith). Obviously with historical data the best that can be achieved is an exploration of the association of trends, and drawing direct causal links is difficult. Inferences are made about