

caught my eye. The fact that the emphasis of the text was on linear growth and not weight growth, as is so often the case, makes this a particularly useful reference. The sections on the adequacy of linear growth-limiting nutrients in the complementary diet are an example of the material covered. The authors expose a lack of evidence from appropriately designed trials which have assessed any benefit of Fe supplementation in early childhood and report that only two such trials have been published, and only one of these was double-blind in design. Clearly there is paucity of evidence arising from randomised controlled trials to investigate the influence that differing nutrient regimens have on linear growth (and other important outcome measures) during the period of early infancy, as this chapter has highlighted, though this may in part be explained by ethical concerns. This state of affairs explains why there is such a divergence of views (often resulting in heated exchanges between the various protagonists) on the optimal age for the introduction of complementary foods.

In summary, this is an excellent text which I would be delighted to have on my bookshelf to share with colleagues and students. A 'must' for anyone with an interest in nutrition in early life.

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Lisa Rapport and Brian Lockwood. *Nutraceuticals*. London: Pharmaceutical Press 2002. £29.95 (hardback). pp. 184. ISBN 0853695032

Nutraceuticals are a large and important market; however, information on the many new products continually entering the marketplace is lacking and claims made by manufacturers are often unsubstantiated.

The authors set out to discuss a small but specific group of nutraceuticals that are natural, complementary medicines but not covered under the 'herbal medicine' umbrella. The compounds selected are described as 'from food sources and are sold in pharmacological doses for ailments'. Eight compounds are discussed in the following order: glucosamine; octacosanol; proanthocyanidins and grape products; lycopene; carnitine; flax seed; melatonin; ornithine α -ketoglutarate (OKG). Most of this group are indeed classed as non-herbal alternative medicines; however both flax seed and grape seed do appear also in many herbal medicine texts.

Each chapter is sensibly broken down into: properties and structure; uses; contra-indications and side-effects; a brief conclusion. The 'uses' section includes information regarding clinical trials when available.

The first chapter on glucosamine concentrates on its use in osteoarthritis and discusses the factors indicating that it may provide benefit as a long-term alternative to

non-steroidal anti-inflammatory drugs (NSAIDS). Initial trials show glucosamine is safe and can produce a decline in articular pain, but long-term clinical trials are needed. Octacosanol, the second product discussed, is used by athletes as an 'ergogenic aid'; however, trials are confusing and inconclusive due to the mixtures of compounds used.

The proanthocyanidins' (tannins, bioflavonoids, or polyphenols) main activity is their potential as antioxidants; grape seed in particular. The authors also discuss the activity of proanthocyanidins in relation to atherosclerosis (benefits of red wine, French paradox etc.), vascular disorders, anti-cancer, anti-viral agents and hair loss. The author's conclusions again highlight the lack of trials to provide evidence of efficacy.

Lycopene is a plant pigment readily available in tomatoes and red fruits. It has a number of possible modes of action but again the main one is as an antioxidant. Epidemiological studies suggest lycopene is beneficial in preventing cancer; but again, few clinical trials. The general suggestion from this chapter is to eat more tomato-based products rather than take lycopene supplements.

Carnitine is an essential cellular component synthesised in the liver and kidneys. It is available from meat and dairy products. Fundamentally this compound is depicted as being useful to patients taking drugs that decrease its natural blood levels, and to haemodialysis patients. There is some clinical evidence that as carnitine is present in high levels in heart muscle, and therefore giving carnitine to patients with heart disease may protect the heart against further damage. Carnitine's possible use in a number of other syndromes including Alzheimer's disease and HIV infection are also discussed.

The authors then discuss the controversy as to whether one should take flax seeds or flax-seed oil. They come to the conclusion that both may be 'promising value... particularly in the prevention of cardiac events' but most clinical studies have been small. Other uses of flax-seed supplements are described, such as its use in diabetes, autoimmune diseases and cancer, but there is less evidence available for its use in these cases. α -Linolenic acid is described as the active component and flax seed is the richest source.

Melatonin is described as a hormone used to prevent jet lag and in treating sleep disorders. It was a 'very popular topic for discussion' in the late 1990s. It is a substance with different regulations in different countries; it is a prescribed drug in the UK but may be sold as a food supplement in the USA. According to the authors, it is still 'hard to differentiate between unproven myth and scientific fact' in its use.

The final nutraceutical discussed is OKG, which exerts its actions through biochemical pathways and metabolites. The authors also describe a 'non-scientific Internet search' that led to many unsubstantiated claims that OKG improves the performance of athletes. However there is no scientific evidence supporting any effects on muscle growth, body-fat reduction or strength enhancement. There is some evidence described for the role of OKG as a standard feed for hospitalised and chronically ill patients but further research is needed.

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