

vasoconstrictors. Hyponatremia secondary to non-osmotic release of arginine vasopressin is common in end-stage liver disease as a consequence of the same hemodynamic changes that lead to renal dysfunction. The pertinent chapters include a critical look at new “aquaretic” agents that may be helpful in treating fluid retention in patients with hyponatremia; these drugs are being evaluated in phase 3 trials.

Certain drugs and the systemic inflammatory response (which commonly arises from spontaneous bacterial peritonitis) often precipitate renal dysfunction in liver disease through the aggravation of existing hemodynamic and renal derangements. The principles of management and prevention of these scenarios are elaborated in the later chapters of the book. Succinct attention is also devoted to less common clinical entities such as renal failure that occurs in patients with acute liver failure and in those with obstructive jaundice.

As a specialist with a strong interest in the topics covered in this book, I consider it to be the best available book in the field. I also strongly recommend it as the ultimate manual for any physician who is interested in guidance in mastering the art and science of diagnosis and management of ascites and renal dysfunction in cirrhosis.

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NEUROLOGIC DISEASE IN WOMEN

Second edition. Edited by Peter W. Kaplan. 478 pp., illustrated. New York, Demos, 2006. \$165.
ISBN 1-888799-85-4.

PETER W. KAPLAN'S SECOND EDITION OF *Neurologic Disease in Women* reminds the general medical community that the sexes are not created equal. In this age of highly developed medical technology, with gene mapping and advanced therapeutic options hemmed in by the imperatives of health care networks and medical economics to minimize care, this book reminds us that women with neurologic disease deserve special attention. From the beginning, when reproductive hormones determine the sex of a fetus, these same hormones

set the stage for later susceptibility to certain diseases that have a sex predilection for women. The expression of reproductive hormones such as estrogen enables women to ensure the lineage of humankind and protects them against chronic illnesses such as stroke and Alzheimer's disease. However, it also makes some women more susceptible to autoimmune and psychiatric disorders, lowers their threshold for seizures, and accelerates the growth of tumors and vascular malformations.

Neurologic Disease in Women presents the physiological, genetic, and anatomical aspects of neurology and gynecology in a clear and concise format that can readily be grasped by general health care providers. The book is divided into three sections. The first section discusses the basic sex-based differences and hormonal effects that contribute to neurologic disorders. The second section focuses on the ever-changing expression of reproductive hormones during different life stages — puberty, the reproductive years, pregnancy, and menopause — and the effect of these hormones on neurologic disorders. Finally, specific neurologic disorders that are more prevalent among women than among men are discussed in detail in the third section.

Any clinician whose patients include women of reproductive age realizes the effect that a chronic disease and its treatment may have on a woman and her childbearing potential. Similarly, the effect of a pregnancy on a neurologic disorder must be considered. This interaction is well considered in this book, because pregnancy is consistently included in the discussions about most neurologic disorders. The importance of informing women about potential risks pertaining to their neurologic disorder and pregnancy is further emphasized in a chapter entitled “Women, Law, and Neurologic Disease.” This chapter reminds us that as clinicians caring for these women, we are caring not only for one patient, but for two, and it expounds on the importance of obtaining informed consent regarding the risks of treatment to the woman and her fetus.

The discussion of the effect of menopause on neurologic disorders lacks depth. However, this deficiency may reflect the muddled information on menopause available to the general population. It is hoped that the availability of results of large multicenter studies such as the Study of Women's Health Across the Nation, the Women's Health

Initiative, the Heart and Estrogen/Progestin Replacement Study, and the Postmenopausal Estrogen and Progestin Intervention Study will make it possible for future clinical studies to address the effect of menopause and hormone-replacement therapy on neurologic diseases. Perhaps the results of these studies will be ready in time for the third edition of this book.

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THE METABOLIC SYNDROME

(Diabetes in Practice.) Edited by Christopher D. Byrne and Sarah H. Wild. 418 pp., illustrated. Chichester, England, John Wiley & Sons, 2005. \$115. ISBN 0-470-02511-5.

THERE IS AN INTERNATIONAL DISPUTE among the World Health Organization, the European Group for the Study of Insulin Resistance, and the National Cholesterol Education Program regarding the existence of the metabolic syndrome. This multiauthored book offers an excellent, balanced overview of current knowledge of the syndrome and its importance in current and perhaps future health care. The first chapter addresses the controversial issue of how to classify the metabolic syndrome according to clinical measures. In an assessment of the burden of the metabolic syndrome, the authors estimate that this syndrome affects 10 to 23 percent of the world's population.

It has long been common knowledge that certain types of obesity carry a greater risk of complications than others. This trait has been described in the history of royal families, in which the stout, choleric, pyknic type with central obesity has been shown to be prone to sudden death, stroke, and gout. However, it was not until 1947 that the French scientist Jean Vague discovered that the accumulation of upper-body fat, found mostly in men (android obesity), is associated with an increased frequency of diabetes, hypertension, and cardiovascular disease. In 1988, Gerald Reaven suggested the term "insulin-resistance syndrome" (or syndrome X) to describe a cluster of metabolic abnormalities including hypoalbuminemia, hypertriglyceridemia, hyperinsulinemia, and increased blood pressure. About five

years later, Jean-Pierre Després described an association between visceral obesity and this cluster of metabolic abnormalities and suggested that excess accumulation of visceral adipose tissue is an important component of the condition that is now known as the metabolic syndrome.

The views expressed in this book seem to suggest that visceral obesity is the major component and perhaps even the pathophysiological cornerstone of the metabolic syndrome. However, not all obese persons and not even all persons with abdominal obesity have the metabolic syndrome. This fact has given rise to the suggestion that the presence of the metabolic syndrome may be useful for identifying people with the more serious form of obesity that poses a high risk of cardiovascular disease and type 2 diabetes mellitus. The prevalence of obesity of 20 to 30 percent among the adult population in the United States and Europe certainly points to a need to identify patients for whom treatment is urgently required as compared with patients at low risk. This need, coupled with the fact that pharmaceutical companies are now seeking approval for drugs specifically targeting treatment of the metabolic syndrome, makes the condition a hot topic among scientific, political, and economic groups. This interest was emphasized in a recent discussion paper by the American Diabetes Association and the European Association for the Study of Diabetes in which several interesting questions were raised. First, is the metabolic syndrome indeed a syndrome, particularly given that the precise cause is unknown? Second, does its definition serve a useful purpose? Third, does the use of this term label (and medicalize) people unnecessarily?

This book, which devotes special attention to the environmental and genetic determinants of the metabolic syndrome, includes a chapter on the importance of differences among ethnic groups in the prevalence of the condition. The chapters describing the interplay between inflammation and nonalcoholic steatohepatitis in the pathogenesis of the metabolic syndrome and how adipocytokines may be involved in mediation are exciting. In contrast, the chapter on growth hormone, exercise, and energy expenditure is rather disappointing, because it does not address these topics thoroughly and fails to provide information on how the secretion of growth hormone and energy expenditure are influenced by the presence of the metabolic syndrome.