



Handbook of HIV Medicine

By Douglas Wilson, Sudeshni Naidoo, Linda-Gail Bekker, Mark Cotton and Gary Maartens. Pp. xiii + 469. R250. Oxford University Press. 2002. ISBN 0-19-578133-3

This handbook, divided into five parts encompassing a clear Bio-Psycho-Social approach, serves as an easily referenced, tabulated and illustrated guide to HIV medicine in South Africa.

Part 1, a general introduction to HIV medicine, provides a broad overview of the emerging pandemic and reasons therefor. It emphasises aspects of HIV counselling, sex and sexuality with issues of HIV transmission and safer sex practices, in a drive to prevent further infections. Parts 2 and 3 give a hands on approach to both adult and paediatric medicine with comprehensive chapters on all the clinical problems that manifest themselves in all the specialized fields of medicine. Part 4, Drug management, gives guidelines and advice for therapeutic options for both adult and paediatric patients. This handbook clearly emphasises that with excellent adherence to triple therapy it is possible to convert HIV from a hopelessly fatal infection into a chronic and manageable illness. The list of drugs commonly used in the management of HIV infected patients at the primary health care level is a good indicator of drugs that should be made available in both state and private sector clinics. Part 5 emphasises a patient-centred care approach. I particularly benefited from this section's approach to health care worker burnout and developing a balance between giving and taking, between caring for others and caring for oneself.

Throughout the book references and further reading are provided with an appendix of useful resources, which will aid the practitioner to gain further in-depth information. This is an invaluable handbook at a reasonable cost, with all the authors' royalties being donated to the South African HIV Clinicians Society.

Practically every conceivable HIV-related topic is covered, from immunology to gay sex and sexuality. Looking up these topics is simple and sufficient information is provided to cover basic management. The text is very readable and we found the colour atlas and section on ethical dilemmas to be particularly useful.

Ways of improving adherence to therapy are also dealt with rather briefly, and perhaps this important topic could receive more attention in future editions. Nevertheless as an overview for primary health care practitioners, and in fact anyone dealing with people living with HIV or AIDS in developing countries, this handbook succeeds in providing a valuable source of information which we hope will be widely read.

Although the editors state the handbook is "a readily accessible source of reference", in reality this cannot be described as a reference book, and practitioners who require

detailed information will need to look elsewhere. The authors and contributors have given a comprehensive guide to the health care professional, where health care is delivered in a diversity of settings, ranging from basic rural clinics to sophisticated private practices.

L D Regensberg and N Hlatshwayo, Aid for AIDS (Pty) Ltd

Hyperlipidemia

Fast facts. Second edition. By Paul Durrington and Alan Sniderman. Pp139. Illustrated. £12. Health Press Limited. 2002. ISBN 1-903734-23-1.

This issue, like other issues in the Fast Facts series, is intended to be a comprehensive and efficient source of information for busy medical practitioners. The authors draw on extensive experience and communicate information in a guided fashion so that the reader will not explore unfruitful avenues of enquiry. Paul Durrington is a clinical lipidologist who has also established himself as a researcher

Alan Sniderman has researched the atherogenic implications of apolipoprotein B-containing lipoproteins as well as acylating stimulating protein and its involvement in fatty acid metabolism. The book is easy and quick to read. The novice will gain a good understanding and can find specific discussion on topics that need to be revisited quickly. Owing to rapid developments in lipidology, this book is not only relevant to students and general practitioners, but also to specialist physicians and cardiologists.

The efficiency of this book is already indicated by having the index of chapters on the cover page. As expected, it deals with biochemistry and physiology in a selective way to introduce the necessary background before taking the reader into a chapter that innovatively combines epidemiology and pathophysiology. After this the book deals with various disorders before going to dietary and drug management and their indications. The laboratory tests place good perspective on the diagnostic work-up and future trends are discussed briefly to prepare the reader for developments that will come into press in the near future.

The discussion of apolipoprotein B-containing lipoproteins and their role in atherogenesis is an excellent way to gain insight into the continuity of these particles from their synthesis in the gut and liver, to their secretion into the circulation and modulation by enzymes to provide energy currency to tissues as fatty acids and cholesterol for cells that require it for growth and special products. Along with more modern understanding, the metabolic activity of adipose tissue is incorporated into the scheme of lipoprotein metabolism. The discussion of small dense low density lipoprotein (LDL) is informative as well.

The epidemiology section explains the poor predictability of



atherosclerotic complications in the middle third of cholesterol concentrations of modern societies very well. It emphasises the role of low high density lipoprotein (HDL) concentrations and how these interrelate with triglycerides and small dense LDL.

The prevalence of hyperlipidemia in founder populations such as in South Africa, is stressed. Diabetes and its attendant dyslipidaemia is covered well in the chapter on secondary dyslipidaemia. Of relevance is the discussion of dyslipidaemia emerging with treatment of human immunodeficiency virus infection. The recent landmark drug trials are persuasively discussed, including the Heart Protection Study. Guidelines in North America and Europe are contrasted in the discussion on management. The more conservative view of the European guidelines is discussed and is of interest as the South African guidelines are in close agreement.

A D Marais

Scientific Writing. Easy when you know how

By Jennifer Peat, Elizabeth Elliott, Louise Baur and Victoria Keena. Pp. xv + 292. £22.50. BMJ. 2002. ISBN 0-7279-1625-4.

This book is a handy summary of how to go about writing an article for a scientific journal. Most seasoned scientific writers would be familiar with the issues that are discussed but the book is aimed at novice writers and it is nice to have all the advice and suggestions condensed in one volume.

The book starts with a chapter that encourages researchers to write by discussing the rewards for being a good writer. Good time management skills are discussed to ensure writers devote sufficient time to the writing and polishing of their papers - a novel approach for would-be writers.

Chapters 2 and 3 deal with the nitty gritty of writing by advocating the IMRAD structure (introduction, method, results, and discussion.) But they contain much more than how the paper should be planned. They deal with tricky issues such as the politics surrounding authorship of research teams and how they could be listed. A credit point system for deciding authorship is suggested in one of the highlighted/boxed examples. Data analysis, interpretation of results, the golden rules for reporting numbers, tables and graphics and ethical approval are among some of the other aspects discussed which are central to writing a paper. Chapter 4 deals with finishing the paper dealing with such aspects as the title page, references, citations and peer reviews - all illustrated with highlighted examples, and boxed key messages. Each chapter ends with extensive references to websites, journals and books. I doubt though that novice writers would delve into many, if any, of the copious references. They would rather, I think, distill the information from the book and start writing.

After reading those three chapters carefully, the writer should then turn to the back of the book to pick up tips about writing style, grammar, word choice and punctuation. Although nearly 100 pages dealing with these aspects of writing might be a bit too much to read in one go.

There are three chapters in the middle of the book that cover review and editorial processes, publishing and other types of documents. Not as essential to know about if you are just starting to write your first draft, but useful to guide you once you have completed your research paper.

The book ends as it began with some encouraging suggestions to keep the writer writing. The authors suggest a mentor or forming a writer's group, and they give some practical suggestions on how to avoid writer's block. All in all, the book is a handy reference source for novice scientific writers.

Nan van der Merwe and W F Scott MD,FRCP

IN MEMORIAM

Walter Fleming Scott

Walter Fleming Scott died aged 83 some days after a tragic car accident returning from a Game Reserve in Gauteng. His injuries were devastating and survival would have left him severely crippled. The medical profession - and his patients - will be the poorer for his loss.



Wally exuded life. He was a delightful companion who first became my close friend in the 1940s when we were medical students in Johannesburg. He and I, with Gerry McNeill and Peter Moore made a foursome in the wards, wandering after hours in search of problem cases. Our arguments together helped us all to clear the examination hurdles and made us better doctors.

In clinical training, as in his sixty years of practice, Wally was at his best facing an unsolved problem. Because of his tenacity, knowledge and wisdom, he served his patients, and his friends, with warmth and distinction. He continued practising as a physician and as an assistant at the Cardiac Clinic until his death.

In 1947, my second year at the Radcliffe Infirmary in Oxford, I had become familiar with the joys of punting on the Cherwell, the banks of which are lined with trees and shrubs. My wife and I took Wally punting when he stayed with us after he had passed the Membership examinations of the Royal College of Physicians. The river was running strongly, making punting hazardous. At one stage when we had stopped under overhanging foliage, Wally wanted to try his hand, despite his

Handbook of HIV 3e provides a concise guide to all aspects of HIV management in the context of sub-Saharan Africa. It covers a broad spectrum of topics from diagnostic and management approaches to the common manifestations of HIV in both adults and children. The handbook has been written in particular for reference in the hospital ward or clinic. It provides key information on HIV and on antiretroviral therapy. Part 1: General introduction to HIV medicine 1. Epidemiology 2. Virology 3. The immune system and HIV infection 4. Interactions between HIV and tuberculosis 5. Laboratory investigations 6. HIV transmission and natural history 7. Counselling 8. Sex and sexuality 9. Preventing HIV infection: individuals and populations Part 2: Approach to HIV infection in children 10. Genitourinary medicine (GUM) is an expanding specialty which is primarily related to the treatment and prevention of sexually transmitted infections (STIs). A number of GUM departments also offer other sexual health services such as contraception, sexual dysfunction and health promotion. Services are provided by multidisciplinary teams which include doctors, nurses, health advisers (who carry out partner notification and counselling), receptionists, laboratory staff and secretarial support. The "Oxford Handbook of Genitourinary Medicine HIV and AIDS" provides practical, evidence-based Handbook of HIV Prevention. AI DS Prevention and Mental Health. Series Editors: David G. Ostrow, M.D., Ph.D. Evaluating HIV Prevention Interventions Joanne E. Mantell, Ph.D., M.S.P.H., Anthony T. DiVittis, M.A, and Marilyn I. Auerbach, AM.L.S., Dr. P.H. Handbook of Economic Evaluation of HIV Prevention Programs Edited by David R. Holtgrave, Ph.D. Handbook of HIV Prevention Edited by John L. Peterson, Ph.D., and Ralph J. DiClemente, Ph.D. Methodological Issues in AIDS Behavioral Research Edited by David G. Ostrow, M.D., Ph.D., and Ronald C. Kessler. Medicine, HIV and AIDS. Ed Richard Pattman, Michael Snow, Pauline. Handy, K Nathan Sankar, Babiker Elawad. ISBN 0-19-852077-8. As a medical student and then a junior doctor I carried an Oxford Handbook of Medicine around. with me like a security blanket as I stalked the wards and casualty department in the sure.

“HIV” refers to the human immunodeficiency virus, a virus that damages the human immune system. HIV infection can be prevented by appropriate measures. “AIDS” refers to the acquired immunodeficiency syndrome which results from advanced stages of HIV infection, and is characterized by opportunistic infections or HIV-related cancers, or both. “Persons living with HIV” means persons infected with HIV. “Affected persons” means those whose lives are changed by HIV or AIDS owing to the broader impact of the epidemic. Handbook of HIV 3e provides a concise guide to all aspects of HIV management in the context of sub-Saharan Africa. It covers a broad spectrum of topics from diagnostic and management approaches to the common manifestations of HIV in both adults and children. The handbook has been written in particular for reference in the hospital ward or clinic. It provides key information on HIV and on antiretroviral therapy. Part 1: General introduction to HIV medicine 1. Epidemiology 2. Virology 3. The immune system and HIV infection 4. Interactions between HIV and tuberculosis 5. Laboratory investigations 6. HIV transmission and natural history 7. Counselling 8. Sex and sexuality 9. Preventing HIV infection: individuals and populations Part 2: Approach to HIV infection in children 10. Handbook of HIV Medicine. Douglas Wilson, Mark Cotton, Linda-Gail Bekker, Tammy Meyers, Francois Venter & Gary Maartens. Published online: 15 Aug 2014. To cite this article: Douglas Wilson, Mark Cotton, Linda-Gail Bekker, Tammy Meyers, Francois Venter & Gary Maartens. The number of Human Immunodeficiency Virus (HIV) infected people eligible for initiation on antiretroviral Therapy (ART) is increasing. ART programmatic success requires that patients who are taking ART remain on treatment and are followed up regularly. This study investigated factors associated with being lost to follow-up, in a cohort of patients enrolled in a pharmacovigilance study in South Africa. Genitourinary medicine (GUM) is an expanding specialty which is primarily related to the treatment and prevention of sexually transmitted infections (STIs). A number of GUM departments also offer other sexual health services such as contraception, sexual dysfunction and health promotion. The third section on HIV provides a contemporary epidemiological overview of this infection, basic viral biology and pathogenesis, a disease-orientated description of conditions both directly related and opportunistic, and their management, and data on special situations such as pregnancy. Year: 2005. American Academy of HIV Medicine Credentialing Handbook. ©January 2020. Page 5 of 30. Manage transitional care for the HIV-infected patient (e.g., telephone encounters, medication reconciliation, patient assessment) and coordinate care with other healthcare professionals to enhance retention in care.