

Book reviews

Nutrition for the Critically Ill. A Practical Handbook. A Scott, S Skerratt and S Adam: Arnold. 1998. £14.99 ISBN 0-340-69134-4

The authors of this 189 page handbook, packed with information, aim to provide a broad base of knowledge on which the multidisciplinary care team can base their skills to deliver appropriate nutritional care to the critically ill. It is suitable for doctors, nurses, dietitians and pharmacists working in critical care and high-dependency units, and also medical and surgical gastroenterology units, such is the breadth of its content. Its coverage ranges from very basic physiology to the quite complex, and provides extensive information pertaining to artificial nutrition. Paediatric practice is not covered.

The introductory chapter provides an overview of the intensive care environment and concurrent interventions to patients. However, it is noted that there is no authors' introduction to the overall topic, and no mention of nutrition until chapter 2, where tables remind the reader of drugs affecting gastrointestinal function.

The complexity of metabolism and the body's response to injury is covered in some detail, stress being laid on the importance of early feeding. The rational approach to nutritional requirements is detailed and well referenced, though little attention is given to the simple measures of nutritional status frequently used, such as height and weight with resulting body mass index. The practical messages are on occasion hidden amongst the detail. Macronutrient and micronutrient requirements in a variety of disease states are well covered.

The discussion of the basic anatomy and physiology of digestion and absorption is a valuable reminder of where we are starting from in terms of the patient, immune and gut barrier functions, and the reader is brought right up to date with the concept of early enteral feeding.

The chapters which follow describe the contents of enteral and parenteral nutrition, and a range of feeds commercially available, the routes and methods used to deliver the nutrients, and the attendant potential complications. The authors give clear and comprehensive guidelines for nutritional care which could easily be incorporated into hospital policy/standards. A number of case studies are inserted as 'tests' in assessment of nutritional requirements; unfortunately the lack of answers or discussion following each detracts from their use as a learning tool.

The final section covers nutritional rehabilitation or what should happen after artificial nutritional support, an often-neglected area. The necessity of longer term follow-up of intensive-care patients is suggested, not only in nutritional, but physical and psychological terms, bringing us back to the basic care delivered at ward level and in the community.

The overall text is extensively referenced, with suggested reading lists. It is easy to read, either from cover to cover or

as a quick reference. Subsections are clear and well divided, each page heading summarizing the content. However, there is a problem with cross-referencing in the chapter on assessment of nutritional requirements and several inaccuracies in the text, e.g. confusion between nitrogen and protein and a triacylglycerol value omitted, and others.

However, this book stands out in bringing together, with attention to detail, aspects of intensive care and nutritional support, from the basic concepts to the quite complex. It is presented in a form which will be easy to assimilate by all members of the multidisciplinary healthcare team involved with patients in the intensive care, high-dependency and gastroenterology departments.

S. Cottee

Salt, Diet and Health. GA MacGregor and HE de Wardener. Cambridge: Cambridge University Press. 1998. Paperback £14.95 ISBN 0-521-63545-4, hardback £40.00 ISBN 0-521-58352-7

This is an interesting and readable book, which will be useful to anyone teaching this topic to undergraduates. It certainly merits a place on student reading lists and in academic libraries. The publisher's summary implies that the book is intended for general readers. However, despite being very clearly written, some sections of the book contain quite sophisticated science that I believe will test most general readers, e.g. sections dealing with the evidence for the salt–blood pressure link and the proposed mechanism by which high salt intake causes increases in blood pressure.

Early humans consumed diets that had over 10 times less sodium and 10 times more potassium than many current diets in industrialized societies. Even today, a few populations still consume very low amounts of salt; an amazing figure of 50 mg per day is given as the average daily urinary salt loss amongst the Yanomamo Indians of Brazil, i.e. 100–200 times less than the average in the UK. The authors suggest that humans have a very low need for salt but became addicted to the taste of salt as a consequence of its widespread and essential use as a food preservative. They argue that this occurred despite an inherent dislike for the taste of salt displayed by low-salt populations when first exposed to salty foods. Our high salt intake is held partly responsible for the high average blood pressure of many populations, the high prevalence of hypertension and the consequent increase in risk of strokes, heart attacks and renal failure. High salt intake is also implicated in the aetiology of gastric cancer and perhaps even osteoporosis. The authors present a formidable case for believing that salt

is an important influence upon blood pressure. It is difficult not to accept that a moderate reduction in population salt intake would have significant health benefits. There is equally convincing evidence that potassium counteracts the effects of salt and so the case for an increase in potassium intake via fruits and vegetables is even stronger. The role of reduced-salt diets in the treatment of hypertension is considered, both as an adjunct to drug therapy and, in some cases, as an alternative.

Anyone hoping to find a balanced review of the evidence for and against the role of salt in causing high blood pressure and other problems will be disappointed. This is very much the case for the prosecution only and any opposing arguments are only mentioned so that they can be demolished or dismissed. One is encouraged to believe that those who disagree with the authors often do so because they receive financial backing from those commercial enterprises that benefit from high salt use. In a chapter entitled '*The industrial conspiracy*' it is claimed that the commercial salt lobby is now doing its best to keep our salt intake high despite the reduced reliance upon salting for food preservation; some 75–80% of all our salt is added by manufacturers during food processing. Whilst I was reading the

book, the announcement that a major British supermarket chain intended to reduce the salt content of their processed foods by 25% received wide publicity. Other retailers claim to be already taking this path, so perhaps the message is starting to influence those who can make a real difference to the salt load we get from processed foods.

The book is not just about salt and health. There are chapters dealing with the importance of salt as a trading commodity and the mystical and symbolic roles of salt in society. In times past, whole empires were based upon the revenues derived from the salt trade. Sumo wrestlers scattering salt to purify the ground before a contest is a familiar example of salt symbolism, but a medieval woodcut of French women sprinkling salt on the genitals of their husbands to stimulate sexual performance alludes to one of several less-familiar examples. The chapters dealing with methods of measuring blood pressure and methods of salt extraction did not hold me and I found myself counting down the pages till the end of the latter.

The book is fully indexed and the lists of important references at the end of each chapter are helpful.

G. P. Webb