BOOK REVIEW

'Handboek Hypertensie'

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After the monograph about 'Essentiële Hypertensie' by Lips in 1956, there is now a second Dutch textbook called 'Handboek Hypertensie' under the leadership of Birkenhäger and De Leeuw. This is a multi-author book and is much broader than just essential hypertension. The book contains 30 chapters and is divided into six parts:
1) General aspects comprises three chapters: one about the measurement of blood pressure, both the standard sphygmomanometry and the more sophisticated noninvasive ambulatory blood pressure monitoring (ABPM); the second chapter is about the risk of high blood pressure and the reduction of this risk by antihypertensive drug treatment; and the third chapter gives an overview about the nutritional factors and ends with some general advice.
2) Secondary hypertension with chapters on phaeochromocytoma, on mineralocorticoid aspects in hypertension, and on renal artery stenosis with its different aspects of diagnosis and of subtypes and methods of treatment (PTRA or stent). It is striking that in this chapter the most frequent form of secondary hypertension is not discussed, namely nephrogenic hypertension due to renal parenchymatous diseases.
3) Primary or essential hypertension with pathophysiological themes: the haemodynamic or volume theory, neurohumoral influences, endothelial dysfunction, insulin resistance and finally the genetic influence theory.
4) The consequences, in particular for the heart thus left ventricular hypertrophy, carotid intima-media thickness, and the damage to the kidney are discussed in separate chapters. Here there is no mention of the target organ damage that can be observed in the eyes using funduscopy or by measuring the ankle-brachial index.
5) Then the treatment section follows with chapters about nonpharmacological treatment and subsequently chapters about diuretic pharmacotherapy, selective α_1-antagonists, β-blockade with different properties (selectivity, partial agonistic activity, etc), calcium antagonists and the subgroups, angiotensin-converting enzyme inhibitors, angiotensin II, and subtype 1 receptor antagonists. This section finishes with a chapter about the interactions of antihypertensive drugs with NSAIDs and about antihypertensive drug compliance and the pharmacogenetic factors.
6) In the last part four chapters about hypertension in special categories are presented: in pregnancy, in children, in the elderly and in blacks. The last two chapters in this section are about hypertensive crisis and preoperative hypertension.
Almost all the subjects dealt with in this book are of importance for the daily care of patients with hypertension. One can always find some criticisms, but as a whole I am very positive about the contents of this book, the more so as this is the first edition. Thus, some suggestions can be made to the editors and authors for future editions. I have already suggested a few points for some of the chapters. A general comment is that the draft of the different chapters varies. For example, the chapters about phaeochromocytoma and about patient compliance with antihypertensive medication are more extensive than others. The same holds for the number of references per chapter, varying from less than 10 to more than 150.
There are some careless mistakes which will be easy to correct in the next edition, for example the top text of figure 2.8A should refer to cardiovascular mortality. Also the terms white-coat hypertension and white-coat effect are used interchangeably but they clearly refer to different patients. The registration in figure 1.3C does not show a white-coat hypertension. On page 41 a reference number 58 is given but on page 43 the last reference number is 51.
Also the alphabetical register can be improved; for instance, when looking for M-mode, one finds pages 154, 171 and 174, but pages 154 and 171 are part of a reference list, whereas on page 174 the precise explanation about M-mode is presented.
Despite these and other minor points, the book can be recommended to internists with different subspecialties such as nephrology, endocrinology, vascular medicine and clinical pharmacology, but also to cardiologists.

Title	'Handboek Hypertensie'	**Publisher**	De Tijdstroom
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