

RESOURCE CORNER

Williams R, Herman W, Kinmonth A-L, Wareham NJ. **The Evidence Base for Diabetes Care**. Chichester, UK: Wiley; 2002.

At nearly 800 pages, *The Evidence Base for Diabetes Care* provides a readable text and a detailed explanation of the scientific underpinning of current diabetes research and management. The book is edited by a transatlantic team, and individual chapters are authored by leading researchers. The book contains reviews of the evidence for prevention, diagnosis, and management of diabetes and its complications. Scientific and clinical perspectives are combined to point the way for future progress. Its strengths lie in its academic rather than clinical focus, which provides a basis for understanding rather than a set of clinical guidelines or a textbook of how to care for people with diabetes.

The structure of the book reflects the chronology of the disease, with sections on prevention of diabetes, early detection, gestational diabetes, glycemic control, treatment of established complications, delivery of care, and continuing education. Where appropriate, separate chapters discuss type 1 and type 2 diabetes. Sections contain a range of topics—for example, a summary of recent trials to prevent type 1 diabetes, treatments to achieve weight loss, and treatment of periodontal disease.

The editors describe the book as a commentary on the extent to which aspects of diabetes prevention and care can or cannot be based on high-quality evidence. Many chapters include literature searches conducted to the standards of the Cochrane Collaboration, and the results of these searches are shown in tables. The terms *evidence-based medicine* and *evidence-based practice* are discussed, and a standard hierarchy of evidence is presented. However, these levels of evidence are not explicitly cited in individual chapters, which often describe studies in sufficient detail for the reader to make judgments about which conclusions to draw.

This book is most likely to come into its own as a resource and reference for people interested in the direction diabetes care is likely to take over the next few years. For example, the chapter on evidence for screening outlines detailed criteria for screening and the currently available research. The chapter on hyperlipidemia includes a detailed list of studies addressing the relation between hyperlipidemia and development of nephropathy and neuropathy. Other chapters are brief and contain a closely argued case for the importance of a particular line of research to further understanding in a particular field. The chapter on “lifelong learning” is a useful summary of resources and approaches for continuing medical education, but it does not provide an evidence base for its recommendations, nor is it applied to the field of diabetes. Some of the longer, more scientifically focused chapters are followed by a useful clinical commentary. More than 1 chapter finishes with a call for further research to fill in the gaps that have been identified.

This book, despite its price, should be available to anyone who works with patients with diabetes or who is engaged in diabetes research or policy making. The up-to-date summaries and clear outline of many of the key problems set a framework for service development and research priorities. However, the contents of the book are not easily accessible for answering clinical problems posed by individual patients. More interesting is the thoughtful presentation of the differing perspectives from clinicians and epidemiologists.

In summary, *The Evidence Base for Diabetes Care* is an excellent introduction to the evidence base for diabetes care. It is a source of up-to-date and relevant material and will remain a valuable reference and a starting point for literature searches for some time to come.

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Ratings:

Methods/Quality of information: ★★★★★☆

Clinical usefulness: ★★★★★☆

The Evidence Base for Diabetes Care can be purchased online at www.wiley.com for U.S. \$190.00.