Book review

Handbook of Drug Interactions. A Clinical and Forensic Guide

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There are many sources of information on drug–drug interactions. However, this book attempts to explain not only the underlying mechanism(s) of such interactions, but also the pharmacology, pharmacodynamics, pharmacokinetics, metabolism, and adverse effects of the compounds discussed. That serious consequences to the patient or drug user may ensue from unwanted effects of drugs is self-evident. This volume also emphasizes the possible legal implications (criminal, professional, tort) of such events to those who have assumed a duty of care, and in so doing highlights some of the unforeseen problems that many modern pharmaceuticals have brought with them.

There are 25 contributors, many based in the USA. Interactions with benzodiazepines, antiepileptics, opioids and opiates, MAOIs and tricyclic antidepressants, SSRIs, antipsychotics, cardiovascular drugs, antibiotics, HIV/AIDS drugs, and NSAIDs are covered, as is ‘environmental and social pharmacology’ (drug interactions with foodstuffs, alcohol, nicotine and tobacco, and anabolic doping agents). Finally, there is a ‘legal aspects’ section (chapters on drug interaction legislation and on psychotropic medications and crime). References (up to 2002) are given at the ends of chapters. The index is mainly by drug or drug group with nested subheadings, although there is a listing of cytochromes P450 and the interactions in which they feature. There are some inconsistencies – mefloquine is not indexed, yet pages 638–9 (Chapter 16) cite eight references (although only seven are given: the references to this chapter are out of sync from 75 on) to the central effects of mefloquine (including hallucinations, psychosis, and/or aggression) and recent criminal cases in which the possible contribution of this drug has been raised. Other drugs cited in chapters 15 and 16, e.g.

Accutane (isotretinoin), alprazolam, and chlorthalidone, are not indexed either.

The authors of individual chapters are from a range of backgrounds. The layout of the text and figures is clear. There are many items of interest. The chapter on anabolic doping agents (103 pp), for example, begins with a brief history of the use of performance-enhancing compounds in war and in athletics. ‘Forced march’ tablets (or rather Tabloids – it was a Burroughs Wellcome product) issued to British troops in World War I and stories of cocaine-addicted soldiers returning from the front in bringing in the Dangerous Drugs Act (1920) might have been mentioned. This brings me to a general point: with the exception of anabolic steroids and opioids (and benzodiazepines used in certain ways), illicit drugs are not covered in detail. No bad thing perhaps, given the extensive literature devoted to these latter compounds [1].

The price and the depth of coverage of the subject matter suggest that this book is aimed at the library rather than the personal market. However, I feel that it will become a useful reference text in the months ahead if used, like all secondary texts, with due caution. The last two chapters (one subtitled ‘The seasoning of the Prozac defense’) are especially readable. The authors are to be congratulated in bringing together a team of authors who write with authority, and for achieving a standard of consistency rare in multi-author works.

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Reference

- 1 Drummer OH. The forensic pharmacology of drugs of abuse. *Br J Clin Pharmacol* 2003; 56: 345.

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