patients, one to five years in five patients, six to 10 years in eight patients, and more than 10 years in four patients. During the experiment only two patients described improvement with therapy. Fourteen of the patients (70%) stopped therapy due to lack of response. Of these, eight did not even complete one month of therapy. Seven patients (35%) described side effects (Table 1) consisting of: palpitations in two patients, abdominal discomfort in two patients, dryness of mouth, nervousness, and loss of balance, each in one patient. Of the two patients that reported improvement of symptoms with therapy, one omitted therapy due to adverse effects and one continued therapy for more than three months.

Discussion

Our study shows a lack of response of fibrositic patients to tricyclic therapy. Nineteen of our 20 patients stopped therapy due to either lack of response (70%), side effects (35%), or a combination of both. Actually only two patients described a favourable response, one of them stopped therapy due to side effects, and only one patient remained on therapy for more than three months.

Because of the open nature of our study it could be argued that some of the side effects are non-specific, secondary to a placebo effect. Yet, the fact that most patients did not improve with therapy is unrelated to the nature of our study.

Our results confirm previous impressions of poor compliance and response of fibrositic patients to therapy. A review of the literature shows that there is a discrepancy between the extensive evaluation of the presentation, symptoms, and signs of fibrositis^{4 6 10} and the relatively limited evaluation

of therapy. This discrepancy might be attributed to the disturbed psychological profile of these patients, with pronounced hypochondriasis and hysteria,¹¹ that could limit compliance in therapeutic trials. Future fibrositis investigation should focus on evaluating the efficacy of various therapeutic regimens.

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Book review

Combined Care of the Rheumatic Patient. By H A Bird, P le Gallez, J Hill. Pp. 303. £18.25. Springer-Verlag: Berlin. 1985.

The management of the rheumatic diseases may be the province of the rheumatologist, but he relies heavily on the skills of an increasing number of allied professions, including nurses, physiotherapists, occupational therapists, clinical metrologists, and medical social workers. This volume fulfils a clear need in that it reviews for the support specialist the whole field of rheumatic diseases and their management, covering all practical aspects and providing an integrated view of the work and specific skills of the various paramedical support specialists. The sections on

clinical diseases and their investigation is brief but adequate, although the quality of some of the x-ray illustrations is poor. The chapters on treatment, nursing, and clinical assessment are excellent, clearly written, balanced in view, and practical. It is refreshing to find a section devoted to patient education. There is a useful index which, together with a detailed contents list, makes information retrieval easy. I would thoroughly recommend this book to any non-medical specialist working in the field of rheumatic diseases.

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