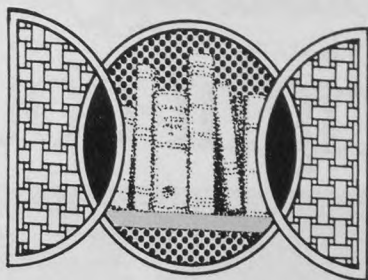


# Book Reviews



**Psychiatric Disorders: Diagnosis and Treatment.** *Patrick T. Donlon, Don A. Rockwell. Robert J. Brady Company, Bowie, Maryland, 1982, 354 pp., price not available.*

*Psychiatric Disorders* is an excellent book that will be helpful to medical students and residents in family practice as well as the practicing family physician.

The book is organized into three main areas. The first is assessment and diagnosis, which has a very good discussion of the techniques and goals of the psychiatric interview. The mental status examination is well described; the terms used are defined to improve its reliability and usefulness. There is a brief, pertinent discussion of the new DSM III psychiatric diagnostic tables. The chapter emphasizes the importance of being careful and complete in the assessment in order to achieve a precise diagnosis, just as in the rest of medicine.

In the second section, "Diagnostic and Treatment Strategies," can be found a discussion of diagnosis and management of the major psychiatric problems such as schizophrenia, affective disorders, depression, and anxiety. One of the common emergency problems in family medicine is dealing with the acutely disturbed patient. The chapter on diagnosis and treatment of acute psychotic disorders gathers the data the clinician needs to have to deal with these patients. A table that briefly summarizes the

common acute presentations is also included.

This section also has chapters on substance abuse, sexual disorders, and geriatric sexuality. Information on these subjects is very useful and is oriented to family practice. The tips on taking a sexual history are excellent.

The third section, "Treatment Concerns," is unique because the topics are rarely discussed and yet are immensely important to the effective practice of family medicine.

There are chapters on guidelines for administering psychotropic drugs, the physician-patient relationship, the tired patient, rape, suicide, and consultation and referral. The chapter on crisis intervention makes very clear how a family physician can apply these techniques in everyday practice. There is a good section on management of suicide-prone patients.

This book is very readable. The authors have used simple, clear English and have defined terms when necessary. They have avoided psychiatric jargon. There is a skillful use of major headings in large, dark print, and appropriate tables and diagrams summarize the text. One can use the book as a brief refresher on a topic and apply the information to an immediate patient problem. The index is also helpful in finding a specific reference. Well-chosen references at the end of each chapter make it possible to pursue a topic in more depth.

A noteworthy feature of the book is the supportive way family physicians are encouraged to recognize and treat common psychiatric problems. The book gives the feeling of being in the presence of a colleague who is aware of the family physician's opportunity to see and successfully treat a wide variety of unselected patients. One also learns which patients would be most appropriately referred to the psychiatric colleague. It seems very much like an equal partnership.

In this reviewer's opinion, Drs. Donlon and Rockwell have succeeded in writing a book that is useful and practical, comprehensive without being encyclopedic. They have made a contribution to delineating the psychiatric and behavioral science content of family medicine.

*Robert B. Monroe, MD  
Seattle, Washington*

**Clinical Rheumatology—A Problem Oriented Approach to Diagnosis and Management (2nd edition).** *Roland W. Moskowitz. Lea & Febiger, Philadelphia, 1982, 421 pp., \$25.00 (Canada \$30.00).*

It was with great interest that I read this book and I recommend it with enthusiasm to all practicing family physicians, family practice residents, and medical students. Rheumatology is a complex subject and, as pointed out in the preface of the book, an increasingly common problem now afflicting approximately 31 million people in the United States.

The book provides 136 excellent

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# Minipress<sup>®</sup>

(prazosin HCl) Capsules 1mg, 2mg, 5mg

## BOOK REVIEWS

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illustrations with the sharp detail required for x-ray films and photographs. These are combined with clear explanations of the various diagnostic studies required to more fully evaluate rheumatological conditions. The problem-oriented approach to differential diagnosis appears to be most useful to the practicing physician. While the section on management is somewhat shorter than I had expected, it provides an excellent starting point in the care of these patients. The comprehensive lists of references at the end of each chapter appear to provide much of the information that will be required for the more difficult cases.

*Clinical Rheumatology* provides a very useful reference in evaluating and treating patients with the various rheumatological conditions. In addition, the book is so readable that I believe most physicians who purchase it will read the text from cover to cover.

George Hess, MD  
Carson City, Nevada

**Diagnosis and Management of Cancer.** Daniel W. Nixon. Addison-Wesley Publishing, Menlo Park, California, 1982, 320 pp., \$26.95.

It was a pleasure to receive this attractive book, *The Diagnosis and Management of Cancer*, not only because the subject matter is timely, but also because the cover of the book features anatomical drawings by Leonardo da Vinci.

This book, one of a series published by Addison-Wesley, is intended to provide current clinical information in a practical and ac-

cessible format. The series' authors are authoritative clinicians from a variety of distinguished medical centers. The main author of this book is Daniel W. Nixon, MD, Associate Professor of Medicine and the Winship Memorial Clinic for Neoplastic Disease, Emory University School of Medicine.

The organization of the book is excellent. The type is easily read; chapter headings and subheadings stand out clearly. Each chapter begins with a table of contents and an overview. Marginal notes are used throughout to summarize major points. Tables and drawings are well constructed and easy to understand, and the reproductions of photographs and roentgenograms are of high quality. Each chapter has selected references if one wishes to pursue any topic in more depth.

The book is divided into four main sections. The first section is on the background and basic principles of cancer management, with emphasis on the critical role of the primary care physician in preventing cancer, stressing early detection and diagnosis. There is also an interesting chapter dealing with various cancer remedies that have been popular but are of unproven value.

The second section deals with principles of general management and support. This could be required reading for any family physician who treats patients with cancer. One chapter, "Occult Primary Cancer," presents useful recommendations that an oncologist might give a family physician after a consultation. There is a chapter on oncologic emergencies, all of which a family physician with an active practice would encounter on occasion. The treatment sugges-

**Brief Summary**  
**MINIPRESS<sup>®</sup> (prazosin hydrochloride) Capsules** For Oral Use  
**INDICATIONS:** MINIPRESS (prazosin hydrochloride) is indicated in the treatment of hypertension. As an antihypertensive drug, it is mild to moderate in activity. It can be used as the initial agent or it may be employed in a general treatment program in conjunction with a diuretic and/or other antihypertensive drugs as needed for proper patient response.

**WARNINGS:** Minipress may cause syncope with sudden loss of consciousness. In most cases this is believed to be due to an excessive postural hypotensive effect, although occasionally the syncopal episode has been preceded by a bout of severe tachycardia with heart rates of 120-160 beats per minute. Syncopal episodes have usually occurred within 30 to 90 minutes of the initial dose of the drug; occasionally they have been reported in association with rapid dosage increases or the introduction of another antihypertensive drug into the regimen of a patient taking high doses of MINIPRESS. The incidence of syncopal episodes is approximately 1% in patients given an initial dose of 2 mg or greater. Clinical trials conducted during the investigational phase of this drug suggest that syncopal episodes can be minimized by limiting the initial dose of the drug to 1 mg, by subsequently increasing the dosage slowly, and by introducing any additional antihypertensive drugs into the patient's regimen with caution. (See DOSAGE AND ADMINISTRATION.) Hypotension may develop in patients given MINIPRESS who are also receiving a beta-blocker such as propranolol.

If syncope occurs, the patient should be placed in the recumbent position and treated supportively as necessary. This adverse effect is self-limiting and in most cases does not recur after the initial period of therapy or during subsequent dose titration.

Patients should always be started on the 1 mg capsule of MINIPRESS. The 2 and 5 mg capsules are not indicated for initial therapy.

More common than loss of consciousness are the symptoms often associated with lowering of the blood pressure, namely, dizziness and lightheadedness. The patient should be cautioned about these possible adverse effects and advised what measures to take should they develop. The patient should also be cautioned to avoid situations where injury could result should syncope occur during the initiation of MINIPRESS therapy.

**Usage in Pregnancy:** Although no teratogenic effects were seen in animal testing, the safety of MINIPRESS in pregnancy has not been established. MINIPRESS is not recommended in pregnant women unless the potential benefit outweighs potential risk to mother and fetus.

**Usage in Children:** No clinical experience is available with the use of MINIPRESS in children.

**ADVERSE REACTIONS:** The most common reactions associated with MINIPRESS therapy are: dizziness 10.3%, headache 7.8%, drowsiness 7.6%, lack of energy 6.9%, weakness 6.5%, palpitations 5.3%, and nausea 4.9%. In most instances side effects have disappeared with continued therapy or have been tolerated with no decrease in dose of drug.

The following reactions have been associated with MINIPRESS some of them rarely. (In some instances exact causal relationships have not been established.) Gastrointestinal: vomiting, diarrhea, constipation, abdominal discomfort and/or pain.

Cardiovascular: edema, dyspnea, syncope, tachycardia.  
Central Nervous System: nervousness, vertigo, depression, paresthesia.  
Dermatologic: rash, pruritus, alopecia, lichen planus.  
Genitourinary: urinary frequency, incontinence, impotence, priapism.  
EENT: blurred vision, reddened sclera, epistaxis, tinnitus, dry mouth, nasal congestion.

Other: diaphoresis.  
Single reports of pigmentary mottling and serous retinopathy, and a few reports of cataract development or disappearance have been reported. In these instances the exact causal relationship has not been established because the baseline observations were frequently inadequate.

In more specific slit-lamp and fundoscopic studies, which included adequate baseline examinations, no drug-related abnormal ophthalmological findings have been reported.

**DOSAGE AND ADMINISTRATION:** The dose of MINIPRESS should be adjusted according to the patient's individual blood pressure response. The following is a guide to its administration:

**Initial Dose:** 1 mg two or three times a day. (See WARNINGS.)  
**Maintenance Dose:** Dosage may be slowly increased to a total daily dose of 20 mg given in divided doses. The therapeutic dosages most commonly employed have ranged from 6 mg to 15 mg daily given in divided doses. Doses higher than 20 mg usually do not increase efficacy; however a few patients may benefit from further increases up to a daily dose of 40 mg given in divided doses. After initial titration some patients can be maintained adequately on a twice daily dosage regimen.

**Use With Other Drugs:** When adding a diuretic or other antihypertensive agent, the dose of MINIPRESS should be reduced to 1 mg or 2 mg three times a day and retitration then carried out.

**OVERDOSAGE:** Accidental ingestion of at least 50 mg of MINIPRESS in a two year old child resulted in profound drowsiness and depressed reflexes. No decrease in blood pressure was noted. Recovery was uneventful.

Should overdosage lead to hypotension, support of the cardiovascular system is of first importance. Restoration of blood pressure and normalization of heart rate may be accomplished by keeping the patient in the supine position. If this measure is inadequate, shock should first be treated with volume expanders. If necessary, vasopressors should then be used. Renal function should be monitored and supported as needed. Laboratory data indicate MINIPRESS is not dialysable because it is protein bound.

**TOXICOLOGY:** Testicular changes, necrosis and atrophy have occurred at 25 mg/kg/day (60 times the usual maximum recommended dose of 20 mg per day in humans) in long term (one year or more) studies in rats and dogs. No testicular changes were seen in rats or dogs at the 10 mg/kg/day level (24 times the usual maximum recommended dose of 20 mg per day in humans). In view of the testicular changes observed in animals, 105 patients on long term MINIPRESS (prazosin hydrochloride) therapy were monitored for 17-ketosteroid excretion and no changes indicating a drug effect were observed. In addition, 27 males on MINIPRESS (prazosin hydrochloride) alone for up to 51 months did not demonstrate changes in sperm morphology suggestive of drug effect.

**HOW SUPPLIED:** MINIPRESS is available in 1 mg (white #431), 2 mg (pink and white #437) capsules in bottles of 250, 1000, and unit dose institutional packages of 100 (10 x 10's), and 5 mg (blue and white #438) capsules in bottles of 250, 500 and unit dose institutional packages of 100 (10 x 10's).

More detailed information available on request.

**References:** 1. Pitts NE. The clinical evaluation of prazosin, a new antihypertensive agent, in Prazosin Clinical Symposium Proceedings. Published as a special report by *Postgraduate Medicine*, New York, McGraw-Hill Book and Education Services Group, 1975, pp 117-127. 2. Adapted from Kaplan NM. Summary. *J Cardiovasc Pharmacol* 4 (suppl 2): S265, 1982. 3. Lund-Johansen P. Hemodynamic changes at rest and during exercise in long-term prazosin therapy for essential hypertension, in Prazosin Clinical Symposium Proceedings. Published as a special report by *Postgraduate Medicine*, New York, McGraw-Hill Book and Education Services Group, 1975, pp 45-52.

tions are very helpful and good to have on hand for quick reference. The chapter on psychosocial aspects of cancer treatment discusses the psychological reactions to the diagnosis and management of cancer from the patient's perspective. It also points out that the primary physician's attitude should be positive in order to provide optimum emotional and scientific support. The whole section calls attention to the team of providers and resources important in modern management of cancer: physical therapists, nutritionists, patient support groups, social workers, and nurses, as well as physicians.

In the third section there are presentations of 13 specific types of neoplasms; this includes a discussion of lymphomas, leukemia, gastrointestinal cancer, and uterine cancer. The focus of these discussions is on the natural history and diagnosis of the cancers. There is enough information on treatment and prognosis to allow the primary care physician to work effectively with the oncologist in the joint management of the patient with cancer. The chapter on breast cancer has excellent photographs on examination of the breast as well as an algorithm for the management of the breast mass.

The last section is on immunology for the clinician. This material is the least helpful, perhaps because of the complex nature of the subject. However, the discussion about the theory of a cancer-preventive immunologic surveillance system is well done.

Family physicians will find this book well organized, authoritative both on diagnosis and management of cancer, and very helpful in daily practice.

Robert Monroe, MD  
Seattle, Washington

**Cutaneous Aspects of Internal Disease.** Jeffrey P. Callen (ed). Year Book Medical Publishers, Chicago, 1981, 682 pp., \$79.95.

The purpose of this book, according to its author, is to provide information about both cutaneous and systemic manifestations of internal disorders, emphasizing subjects of importance to the practicing physician. The authors are internists and dermatologists from academic medical centers. The relevance of many of the topics to practicing family physicians is doubtful. For example, comments on Woringer-Kolopp syndrome, the epidermotropic variant of mycosis fungoides, should be reserved for monographs intended for those with special interests in mycosis fungoides.

Certain sections reflect useful information for the primary care physician, such as the interplay of skin testing vs complement fixation tests in the diagnosis of histoplasmosis and coccidiomycosis. However, it is obvious that some of the authors are primarily dermatologists with no current primary care experience. Protein-bound iodine determinations and 17-hydroxysteroid collections are no longer considered reasonable tests to be ordered in thyroid and adrenal disorders in the 1980s. The book is readable, and there is some uniformity of style and approach, presumably as a result of personal editing by the editor. Nevertheless, there is an uneven quality of content not to be found in the other major text in this subject area, *Cutaneous Signs of Systemic Disease* by Dr. Irwin Braverman.

The production quality of the book is excellent, but its organization is somewhat confusing. Cryptococcosis and sporotrichosis are included in the chapter on cardio-

pulmonary disorders. The quality of illustrations is good, but radiographs of psoriatic arthritis are probably unnecessary in a text of this scope. Fifteen color plates portraying selected diseases are to be found at the end of the text.

To a family physician, the omission of such entities as Schönlein-Henoch purpura, toxic shock syndrome, rubella, atypical measles, mononucleosis, and Kaposi's sarcoma in homosexuality is disheartening when one finds six pages devoted to Sweet's syndrome. The book reflects more of a subspecialty perspective than is useful in primary care.

We are not certain which practicing physicians would benefit from this text. As an encyclopedia its content is comprehensive, but it will function neither as a handbook nor as a guide for the busy primary care physician. The black and white photographs are numerous, and their clarity is excellent; nevertheless, they cannot equal the information found in dermatologic atlases that utilize numerous color plates. The book can be recommended as a library resource or for the office of the practicing dermatologist. Braverman's text remains the gold standard.

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## Erratum

The price listed for *Pediatric Orthopedics in Clinical Practice* (Peter V. Scoles, Year Book Medical Publishers, Chicago, 1983) on page 350 of the August 1982 issue of *The Journal of Family Practice* was incorrect. The correct price is \$39.95.