

Reviews of Books, Software, and Audiovisual Materials

Clinical Practice Guidelines—Directions for a New Program. M. J. Field, K. N. Lohr (eds). National Academy Press, Washington, DC, 1990, 160 pp, \$15.00. ISBN 0-309-04346-8.

The Omnibus Budget Reconciliation Act of 1989 created the Agency for Health Care Policy and Research (AHCPR). One of the Agency's new functions is the development, dissemination, and evaluation of clinical practice guidelines under sponsorship of the Agency's Forum for Quality and Effectiveness in Health Care. AHCPR sought advice from the Institute of Medicine (IOM), which charged its study committee to work quickly "to provide technical assistance and advice on definition of terms, specification of key attributes of good guidelines, and certain aspects of planning for implementation and evaluation." This book is that committee's report. As noted in the book summary, "it is not a how-to-do-it manual, a methodology text, a priority setting exercise, or a primer on guidelines for those seeking an introduction to the subject." The book's aims are to encourage more standardization and consistency in guidelines development and to urge realistic expectations about the potential of practice guidelines.

This is a brief book, but it gives a very good overview of the complex issues surrounding practice guidelines. It describes the public and private frustrations with health care costs and quality that led to the congressional mandate. The book also outlines the purposes of guidelines and the public and private initiatives in this area. The book then describes the IOM study committee's recommendations on definitions, attributes of good guidelines, implementation and evaluation, and the next steps for the Institute of Medicine. These top-

ics are covered in a succinct manner that makes the book very readable. The key points are easily discerned, and the built-in redundancy (a summary that precedes the chapters, the chapters themselves, and then a chapter on conclusions and recommendations) helps reinforce the particular language used by the committee in what can be a very perplexing array of confusing terms. Anyone who is interested in clinical policies, especially those involved in the development, implementation, or evaluation of these policies, should read this book. It is not a comprehensive text, as the authors note, but it is essential to know about the IOM's recommendations if one is to be knowledgeable in this area. Since this emerging area is likely to have a profound impact on our clinical practices in the future, virtually anyone from students to practitioners will benefit from this book, even if only the 18-page summary is read. Anyone involved actively in the area of clinical policies will most likely use this book as a frequent reference for guidance on the multiple facets of policy development, implementation, and evaluation. The book's only shortcoming is that it has no index, but the table of contents and liberal use of subheadings throughout the chapters allow readers to quickly find the particular sections they are seeking.

One of the most refreshing features of the book is how the committee repeatedly warns about unrealistic expectations or assumptions about clinical policies, such as that there is one right way to develop guidelines and practice guidelines that will help control health care costs. The book helps to bring clarity to this field by reducing much of the ambiguity about definition of terms, etc, but it also reminds us of the

incredible complexity in this area by stating that "today the field of guidelines development is a confusing mix of high expectations, competing organizations, conflicting philosophies, and ill-defined or incompatible objectives. It suffers from imperfect and incomplete scientific knowledge as well as imperfect and even uneven means of applying that knowledge. Despite the good intentions of many involved parties, the enterprise lacks clearly articulated goals, coherent structures, and creditable mechanisms for evaluating, improving, and coordinating guidelines development to meet social needs for good-quality, affordable health care." To underscore this crucial point, the authors even quote from William Osler's *Aequanimitas*: "... with [humility] comes not only a reverence for truth, but also a proper estimation of the difficulties encountered in our search for it."

In order to be efficient in our practices, clinicians typically develop standard operating procedures for diagnosing and treating conditions. These are usually tacit and may be either state-of-the-art or outmoded. This process now must become much more public, formal, and rigorous. To prevent the creation of a Tower of Babel, we must have a common understanding in this evolving area of clinical practice guidelines just as we have common understandings of the definitions of medical disorders and clinical procedures. This book is an important step toward such an understanding. It should be in every medical school, hospital, residency, and faculty library.

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Current Therapy in Cardiovascular Disease (3rd Edition). J. Willis Hurst (ed). B. C. Decker Inc, Philadelphia, 452 pp. ISBN 1-55664-246-6.

J. Willis Hurst begins the third edition of his book *Current Therapy in Cardiovascular Disease* with a short chapter entitled "Current Cardiovascular Treatment in Context." In it he describes the preferred method for assessing cardiovascular disease. He recommends Weed's four-step method: data collection, problem list, plans, and follow-up. Hurst also suggests using the New York Heart Association's method of defining cardiac diagnoses: etiology, altered anatomy, altered physiology, and cardiac status and prognosis. With this framework he sets the stage for this informative, clinically oriented book.

The book is organized around 13 categories of cardiovascular dysfunction. These categories yield 96 chapters on specific cardiovascular problems. Most chapters follow a format of introduction, therapeutic alternatives, and preferred approach. Do not expect to find long discussions of epidemiology or pathophysiology. Rather, the emphasis is given to therapeutic and other management decisions. This makes the book practical for the physician in the trenches of daily practice who needs a quick guidance on a particular cardiovascular problem. It should also be noted that the book includes sections on peripheral vascular disease and miscellaneous topics such as thyroid disease, sickle cell disease, and pregnancy.

The section on arrhythmias is very complete. The timeliness of the book can perhaps be assessed by the amount of coverage of newer drugs such as adenosine or moricizine. Adenosine is discussed in the chapter on pre-excitation syndromes and briefly mentioned in the chapter on

atrial dysrhythmias. Moricizine is not listed in the index.

The section on coronary artery disease contains 17 chapters. The first is on hyperlipidemia. It then proceeds predictably, giving decision trees and drug lists.

One concern is the choice of authors for the chapter on mitral valve prolapse. While John B. Barlow is indeed the father of MVP, some of his views vary from the American Heart Association and the proceedings from the National Heart, Lung and Blood Institute Symposium on Clinical and Epidemiological Issues in Mitral Valve Prolapse.

In summary, this is a valuable book for clinicians who see a lot of cardiac patients. It does not cover pediatric cardiology, except for the section on congenital heart disease.

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The Nursing Mother's Companion (Revised Edition). Kathleen Huggins. The Harvard Common Press, Boston, 1990, 220 pp. ISBN 1-55832-025-3.

Over the years, I have read an array of breast-feeding texts. Only two of those stood out as books to recommend. The best one was written in the early 1980s—its title escapes me as it disappeared from my office several years ago (a tribute to its usefulness, I guess). The other, an offering of the La Leche League, was packed with information—and biases. Although sadly accurate in many cases, it had few good words to say about hospitals and physicians. Lately I have just been recommending breast-feeding pamphlets. The revised edition of *The Nursing Mother's*

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er's Companion, however, has replaced previous texts as my favorite to recommend to other health care professionals and to patients. Caveat: Although the text reads smoothly, the vocabulary may be too difficult for those patients whose reading skills are below a high school level.

The author describes the organization of her book as well as I can: "The first part of the book provides basic information about the breast, preparation, and nursing during the first week; the remainder of the book is intended for reading as the baby and nursing relationship grow and develop." There are chapters on each of the three later phases of nursing—from the first week through the second month, from the second month through the sixth month, and after the sixth month. Following each of these chapters is a survival guide, a quick yet thorough reference for almost any problem the nursing mother or the baby may encounter during the phase covered. Philip Anderson, MD, has provided an appendix on drugs and their safety for the breast-fed baby. I was delighted with the content, as the book covers essentially the same material as I cover in teaching breast-feeding classes to physicians and patients.

In contrast to former breast-feeding texts, I like what Huggins says about choosing a physician for the baby: "You may want a pediatrician for your baby, or you may prefer to use a family practitioner (you may certainly choose to continue with a family practitioner who attended your baby's birth)."

The shaded line drawings in the book are effective. I do not think that the black-and-white photographs, concentrated in one section, enhance the text, however. The warmth of the book emanates from the author herself; a supportive message comes through, and she seems to advocate flexibility.

Health care professionals deal-

ing with any aspect of breast-feeding will want to have *The Nursing Mother's Companion* as their companion too.

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Adolescent Health Care. Lawrence S. Neinstein. Urban & Schwarzenberg, Baltimore, 1991, 1089 pp, \$55.00. ISBN 0-8067-1352-6.

Neinstein's book, *Adolescent Health Care*, came across my desk at the perfect time. I have been looking for a comprehensive, easy-to-use, and up-to-date reference on adolescent health care. This text is all of those and more. It is concise and to the point, yet covers the issues in enough depth to be very helpful. Since I work in a high-school-based adolescent clinic, I have reasons to consult this book on a daily basis.

Neinstein addresses the major areas of adolescent medicine from "general considerations" to each of the body systems, and includes sections on nutrition and sports medicine. Neinstein outlines the general considerations and a general approach to providing health care for the adolescent. He provides an overview of the problems the physician may encounter, including vital statistics. There are separate sections on the special concerns of adolescent medicine such as gynecology, sexually transmitted diseases, sexuality and family planning, and drug and alcohol use and abuse. Psychosocial problems including suicide, rape, out-of-control behavior, and school problems are covered comprehensively as well. Some of the legal implications of caring for adolescents are considered in a special section.

Even if you have the first edition of *Adolescent Medicine*, the second edition is worth purchasing. Adoles-

cents face new and changing problems, and our knowledge of adolescence has expanded rapidly over the last 10 to 15 years. To accommodate these changes, Neinstein has revised almost every chapter. In addition, several new chapters have been added. These include special chapters on human immunodeficiency virus, human papillomavirus, and chlamydial infections, high-risk youth, and out-of-control behavior.

The book is both informative and practical. The index, table of contents, and organization of the chapters make it easy to find what you need to know. Each chapter is outlined clearly and accompanied by explanatory text. Because this book is so comprehensive, it will be useful to anyone caring for adolescents in his or her medical practice.

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Software Reviews

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Scientific American *Consult*, December 1990. Scientific American Medicine, 415 Madison Ave, New York, NY 10017. Annual subscription: individuals, \$375; institutions, \$595. HOW SUPPLIED: 1 CD-ROM (compact disk).

DOCUMENTATION: 48-page paperback manual; 1 laminated quick reference card.

HARDWARE REQUIREMENTS: IBM, IBM PC XT, AT, PS/2 or compatible; 640K memory with 560K free; CD-ROM drive with Microsoft CD-ROM Extensions. Macintosh, 1 MB memory (SE/30, LC or Mac II recommended); CD-ROM drive; 600K free disk space.

MOUSE SUPPORT: No.

TOLL-FREE CUSTOMER SUPPORT:

Yes. (800)545-0554.

DEMONSTRATION DISKS: No.

MONEY BACK GUARANTEE: 30-day.

CD-ROM (compact disk—read only memory) is amazing. CDs are about the size and weight of floppy diskettes, but hold an incredible 660 MB of information, that is about 15 to 30 times the capacity of many hard disks. *Consult* is the full text of Scientific American *Medicine* on CD. The documentation accompanying *Consult* is excellent. The system can be installed and used within a few minutes. Trying all the nuances while sifting through the documentation may take 1 to 2 hours. I tested *Consult* on an IBM PS/2 Model 50Z equipped with a VGA monitor and a Toshiba CD drive.

The first logical question: is there an advantage to purchasing the computerized version of Scientific American *Medicine*? The computerized version provides the user with an essentially limitless index using free-text search terms. Multiple search terms may be combined using Boolean operations. Truncation symbols can be used for searching: for example, "myocard*" will retrieve "myocarditis," "myocardio-athy," etc. A successful search returns a listing of the section titles in which the search terms were found. The user then selects a section title and is swiftly transported to the text of that section. In the section, all occurrences of the search term are highlighted. The tab key allows the user to move from one occurrence of the search term directly to the next occurrence of the term if desired; otherwise, logically defined cursor and page keys allow the user to move through the text freely. When viewing the text, material may be marked and (1) saved on a disk in ASCII format for use with a word processor, (2) printed, or (3) placed into a temporary file called a "notepad." Notepads may be recalled anytime

from within *Consult*, and their text marked for printing or saving in ASCII format. If spelling assistance is desired in formulating a search, it is readily available. There are also title and word indices through which the user may browse. *Discotest* patient management simulations are also supplied as a separate feature on the CD.

In spite of this power, *Consult* has some limitations. Searches are limited to 50 retrievals. For example, when searching "fever," *Consult* will present titles for only the 50 sections with the greatest number of occurrences of the term. A few minor annoyances were encountered. The menu bar across the top of the screen does not allow users to tab or cursor between options (each option must be selected with an alt-key combination); the menu items, which are selected by cursor-pointing, do not rotate directly backward from the first to the last item or forward from the last to the first item; and the context-sensitive help and on-screen messages do not always provide the necessary information.

Unfortunately, *Consult* requires a CD drive. A VGA monitor (or the Macintosh equivalent) is not necessary but is highly desirable because it is required to view figures. These requirements will limit access to *Consult*. Anyone with a CD drive who considers purchasing Scientific American *Medicine* should strongly consider the electronic version. I recommend *Consult* for purchase by residency programs and medical libraries that have CD and VGA technology.

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Patient Care: FlowCharts on Diskettes,
Volume 1 (1991). Patient Care/
Medical Economics Publishing, 5

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Paragon Dr, Montvale, NJ 07645-1742. \$159 annual subscription.

HOW SUPPLIED: 720K (3½") diskettes or 360K (5¼") diskettes.

DOCUMENTATION: 8.5" × 5.5" pages in 3-ring binder, 26 pages (ease of reading—good; ease of understanding—fair).

HARDWARE REQUIREMENTS: IBM PC, XT, AT, PS/2 or compatible computer; at least 256K RAM; DOS 2.1 or higher; hard disk recommended.

MOUSE, NETWORK OR TOLL-FREE CUSTOMER SUPPORT: No.

DEMONSTRATION DISKS: No.

MONEY BACK GUARANTEE: Yes (10-day trial).

Anyone familiar with *Patient Care* will recognize their "Flow-Charts" as a regular feature of the magazine. Now *Patient Care* has brought an enhanced version of the flow charts to your computer. While following the same basic format, the milieu of the computer allows expansion and manipulation of the individual boxes that is just not possible on paper.

The program installs easily on a hard drive with a simple install program. It may also be run from floppy disks. It was tested on both an IBM Model 55SX (16 MHz 386sx) with a VGA display, and on an IBM XT (8 MHz 8088) with a CGA display. The program ran well and quickly on both systems and could be easily read on well laid-out screens.

The subscription price of \$159 per year includes four quarterly shipments of diskettes, totaling approxi-

mately 35 flow charts per year, plus a cumulative index. The subscription also includes periodic update disks with revisions for the flow charts already received. This review was based on the first shipment consisting of 11 flow charts:

1. How to Use the Program
2. Managing Psoriasis
3. Idiopathic Dilated Cardiomyopathy
4. Early Treatment for Stroke
5. Evaluating Nipple Discharge
6. Managing Sudden Vision Loss
7. Managing Chronic Cough
8. Diagnosing Colorectal Cancer
9. Managing Peptic Ulcer
10. Workup for Hypertension
11. Managing Secondary Hypertension

Each flow chart consists of a "map" that looks like the printed FlowChart in the magazine and a series of background files that expand and explain the information contained within portions of the map. This allows the user to follow the typical FlowChart format, call up further information on a particular area of interest, or use a menu format to get information on a particular topic or section of the map. A single keystroke is all that is required to move between these areas. The program is extremely easy to use. Although the documentation is not always the easiest to interpret, use of the program is intuitive and should be easy for anyone to learn, even those with little or no computer experience.

The program purports to be for physicians, residents, students, medical libraries, and institutions, to provide "instant, authoritative answers to hundreds of clinical problems" and to be used "as decision support tools, valuable teaching devices, or compact reviews of patient management." I think it succeeds in the teaching role, not only for residents and medical students, but also for the practicing physician who takes the time to go through the program. It is good for 24 hours of prescribed credit (6 per quarter) through the American Academy of Family Physicians if you fill out a 25-item multiple choice test supplied with the disks. I do not think it is practical for use in the office while seeing a patient. The algorithm only shows a few boxes on the screen at a time (unlike the paper version) and it would simply take too long to work your way through a problem while a patient was waiting.

I found the program well done with concise and fairly complete explanations and a good review of the subjects presented. It was easy and enjoyable to use. The price is inexpensive for obtaining 24 prescribed hours of CME. I would recommend it for any family physician who is interested in obtaining quality CME in a different format, and for residency programs and medical schools.

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