

Reviews of Books and Software

Comprehensive Adolescent Health Care. Stanford B. Friedman (ed). Appleton & Lange, E. Norwalk, Conn, 1992, 1231 pp, \$95. ISBN 0-942219-14-7.

Over the past 20 years, a number of textbooks have been published in the "new" discipline of adolescent medicine. Although each new text has provided useful information to practitioners in this field, no single book could be used as a reliable reference for all of the usual problems encountered in caring for adolescents. Until now, *Comprehensive Adolescent Health Care* is likely to find its niche as the standard reference text in this special area of primary care medicine.

The publication of *Comprehensive Adolescent Health Care* shows that the field of adolescent medicine has finally come of age as a discipline. Although the editors are all from the New York area, there are contributions by leaders in this field from across the country. Their commitment to this publication is proof of the widespread recognition that a definitive textbook for this field was needed, in the same way that Harrison's and Cecil's are used for reference by internists.

The book is divided into five large sections. The first section is a primer in adolescent medicine and establishes a foundation for the more focused sections that follow. The largest section of the book is devoted to medical disorders. There is detailed, useful information about the incidence and presentation of problems in adolescents, as opposed to the usual anecdotal information regarding teenaged patients that is found in most pediatrics or internal medicine texts. For example, the entire section on thyroid disease is focused on the presentation of clinical disorders in adolescents. The sections on common presenting complaints by adolescents (such as headache, chest pain, and abdominal pain), suggest reasonable approaches to evaluation and cite data that support the avoidance of relying on expensive and anxiety-increasing diagnostic testing in the workup of most patients. The sections on psychological and sexual issues similarly provide practical as well as empirical information.

Occasionally the text strays across its stated boundaries into the medical problems of young adults. There are, for example, sections on sexual dysfunction and chronic fatigue syndrome, problems that are rarely encountered in adoles-

cents. As a family physician, I also found it a little irritating that many of the references to the physician caring for an adolescent patient characterized the practitioner as a "pediatrician" in spite of the fact that most adolescents are cared for by family physicians.

The quality of the writing is for the most part superb. The tables and figures included are appropriate. The index itself is 40 pages and superbly cross-referenced for a text of this type. This comprehensive book and its future editions should become the standard text for all primary care physicians who provide comprehensive medical care to adolescents.

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Emergency Medicine, A Comprehensive Study Guide. Judith E. Tintinalli, Ronald L. Krome, and Ernest Ruiz (eds). McGraw-Hill, Inc, New York, 1991, 196 pp, \$119.00 (paper). ISBN 0-07-004159-8.

At 196 pages, *Emergency Medicine* clearly is a comprehensive text. While reading this tome, however, I realized that its title is misleading, for there are no study aids in this text, only the pure unadulterated facts of emergency medical care. The book is well written and organized into 23 sections, each of which is somewhat loosely divided into chapters.

Although the content is generally up to date, there are several notable exceptions. The references for Chapter 19 on congestive heart failure are almost all from the 1980s. There is no mention of the major progress made in combatting this disease or the resulting reduction in hospitalization and mortality. Also no mention is made of the utility of Swan-Ganz catheterization. Chapter 22 on pulmonary embolism does not mention the PIOPED study, which certainly would be of interest to the emergency department physician. The most recent reference in Chapter 24 is from 1989. There is no reference in the aneurysm chapter to the use of esophageal Doppler for making the diagnosis. Chapter 38 does not mention the use of bougienage in the treatment of a child who has swallowed a coin. Chapter 58 is on toxic shock, but toxic strep syndrome is not discussed (erysipelas is mentioned, but this is not the same thing). Chapter 139 makes no mention of the prolongation of the par-

tial thromboplastin time secondary to the lupus anticoagulant. Chapter 94 on narcotics abuse makes no mention of the fentanyl patch. The chapter on antiarrhythmics does not cover the findings of the CAST study. On page 202, there is a paragraph on Q-wave and non-Q-wave infarcts, almost an anachronism today (they should have discussed aborted infarcts). Chapter 28 on pneumonia states that erythromycin is the antibiotic of choice. *Hemophilus* is then mentioned as a resistant bug, but no alternative agents are listed. The latest reference cited in chapter 28 is from 1986.

In defense of the text, there are some wonderful chapters that discuss such topics as the cardiovascular physiology of aging, dysbarism and blast injury, pneumothorax, penetrating trauma to the posterior abdomen and the buttocks, wound ballistics, emergencies in the disabled organ transplant, and newer imaging modalities in the emergency department. The orthopedic section has great coverage of the fractures but surprisingly little on casts.

There are also some excellent tables in the text. Inside the front cover there is a table with all the pediatric resuscitation doses and equipment. Another table gives the doses and onset duration of all the neuromuscular blocking agents. On page 114 there is a table with all the antiarrhythmics. Finally, on page 734 there is a table on the common sources of 20 g of glucose.

Very few psychosocial issues are addressed in the text, but to the book's credit there are separate chapters on psychosocial subjects. Integration of these issues into each of the areas of discussion would have been more attractive to the family physician.

In conclusion, I feel that this text will likely be used by emergency department physicians, including those family physicians who are involved in emergency medicine as a part of their usual work. It might also be used by anyone wanting an emergency medicine text to use as a general reference. To serve as a study guide, however, it needs more boxed or otherwise highlighted material as well as question-and-answer sections.

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Practical Dermatology. Beth G. Goldstein and Adam O. Goldstein. Mosby-Year Book, St Louis, Mo, 1992. 310 pp, illustrated, \$49.95. ISBN 0-8151-3542-4.

I have always been strongly of the opinion that family physicians should teach each other the discipline of dermatology. During my training as a family practice resident, it was very difficult to elicit the cooperation of dermatologists to teach us dermatology. The arrival of *Practical Dermatology*, in my view, heralds new horizons in the discipline of family medicine where, in the near future, more family physicians will write books to fill the void that now exists. It is indeed a timely addition.

Practical Dermatology is an innovative, concise, illustrated text written by a husband and wife team board-certified in family practice and dermatology, respectively. It was written while the authors themselves were still in training and could identify well with students and residents, the audience to whom their book is addressed. Although the text may lack the authority and expertise, as well as the clinical pearls, of experienced clinicians, the authors' enthusiasm tends to compensate for those drawbacks.

The book has succeeded in combining high-quality color photographs, numerous tables, algorithms, and figures with a text that can make the diagnosis and management of skin disorders practical for family physicians. Such practicality is exemplified by the section on patient education materials, which is grouped in 15 appendixes at the end of the book. This portion and another on the techniques of common dermatologic procedures give the book a special value in the family practice setting.

Practical Dermatology is divided into two major parts: the art of dermatology and the common skin disorders. The former presents basics, principles of therapy, diagnostic procedures, and dermatologic prevention. The latter part has 18 sections presenting different groups of skin diseases; each prototypical dermatosis is explained in a useful and detailed summary.

To keep up with trends in medicine, the authors have strived not to overlook any areas of practical dermatology by featuring special populations such as pregnant women, newborn infants, elderly patients, and persons with AIDS. I found the inclusion of black dermatology in this grouping perplexing. Does the black population present special diagnostic challenges that warrant its being set apart

in a separate section of the book? It would have been preferable, in my opinion, to address the specific dermatoses characteristic of blacks throughout, in the context of the general chapters.

With the recent proliferation of books in this category, the price of a copy may seem high for students and residents. Nevertheless, this well-organized book is unusually "family practice-friendly," and so I recommend it as a powerful survival manual for family practice residents and students or anyone else who needs a quick reference or detailed guidelines on managing skin disorders in the daily care of their patients.

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Software Reviews

Gary N. Fox, MD, Section Editor

NUTRI-CALC Diet and Recipe Analysis Software, Version 1.0 (1991). Distributed by CAMDE Corporation, 449 East Saratoga St, Gilbert, AZ 85234. (602) 926-2632. \$39.95.

HOW SUPPLIED: One 3.5 in. or two 5.25 in. floppy disks, not copy-protected.

DOCUMENTATION: Paperback 58-page manual, with 10 illustrations of screens.

HARDWARE REQUIREMENTS: IBM-PC compatible with a minimum of 384K of RAM; equipped with either one 3.5" 720K floppy drive or two 5.25" 360K floppy drives; version 2.1 of DOS or greater. A hard disk is useful but not essential.

MOUSE SUPPORT: No.

CUSTOMER SUPPORT: On-screen User Help available; telephone support also available.

DEMONSTRATION DISKS: No

MONEY BACK GUARANTEE: No

Nutri-Calc is a "nutritional analysis" program that can be used to plan or analyze diets, recipes, or meals by their caloric and nutrient content. The information about foods and nutrients that is built into the program comes from handbooks produced by the US Department of Agriculture and from food producers themselves. To use the program, a file must be set up for each user or patient. *Nutri-Calc* will generate a set of personalized target allowances for calories and nutrients based on the patient's age, sex, and weight. Pregnancy and lactation can also be entered as variables, but not height. The entry for calories can also be

generated from the user's profile of usual physical activities. Any target can be further modified as desired.

The central work area of *Nutri-Calc* is the "food lookup table." By making selections from scrolling menus, the user can pick foods from a database, change the serving size (when different from the default serving size), assign selections to particular meals if desired, and store "recipes" (collections of food selections) for future use. Selections can be made for a single meal, a single day, or multiple days. *Nutri-Calc* then analyzes the selections, calculates averages if multiple days are involved, and prepares three reports: (1) Tabular, with a detailed accounting of food composition, including calories, fats (saturated, polyunsaturated, and monounsaturated), protein, carbohydrates, cholesterol, crude and dietary fiber, vitamins, and minerals; (2) Bar Chart, in which the same information is presented in a graphic format and related to daily targets; and (3) Energy Sources, in which an accounting of calorie source is tabulated, and four nutrient ratios are listed (ratios of polyunsaturated and polyunsaturated plus monounsaturated fats to saturated fats, ratio of calcium to phosphorus, and ratio of sodium to potassium). These reports can be viewed on screen and printed if desired.

Nutri-Calc is the least expensive of three related products distributed by CAMDE Corporation. *Nutri-Calc HD* for IBM-PC compatibles and *Nutri-Calc Plus* for the Apple Macintosh retail for \$225 each and require a hard disk, but offer mouse support, an expanded database of foods, and a somewhat expanded set of other features. By comparison, *Nutri-Calc* is a bargain. Its food database can be upgraded by adding available optional databases of foods (\$50) and of baby foods and formulas (\$35). These additions would make *Nutri-Calc* nearly the functional equivalent of its siblings, at less cost.

I found the program to be easy to install but rather time-consuming to use, despite a relatively user-friendly interface. After several sessions to become acquainted with *Nutri-Calc*, it requires about 2 to 3 minutes to enter each meal and perhaps another 5 to 10 minutes to review the analyses. The program does not present obstacles; these steps simply are time-consuming. Because of the time involved, I cannot imagine a family physician using *Nutri-Calc* interactively with patients during an office visit. However, it might be a valuable tool for a dietician

or a trained staff member to use in patient counseling if diet analysis (eg, 24- or 72-hour diet recall) is used in that counseling. The program could also be "prescribed" for some patients who have access to PCs and wish to do their own dietary analysis. Physicians may also be interested in the program for their personal use.

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THE FOOD PROCESSOR II Basic Nutrition and Diet Analysis System, Version 3.13 (1990). Distributed by ESHA Research, Box 13028, Salem, OR 97309-1028. (503) 585-6242. \$295.

HOW SUPPLIED: One 3.5-in. or two 5.25-in. floppy disks.

DOCUMENTATION: Paperback 125-page operational manual and 264-page food reference manual.

HARDWARE REQUIREMENTS: Three versions: IBM-PC compatibles with a minimum of 384K of RAM; Macintosh with 512K RAM; Apple II with 128K RAM. Need two floppy drives or hard disk. PC version reviewed.

MOUSE SUPPORT: No (PC version).

CUSTOMER SUPPORT: Free quarterly newsletter with tips and suggestions. Telephone support available. Brief on-line instructions and explanations built in.

DEMONSTRATION DISKS: No.

MONEY BACK GUARANTEE: No.

The Food Processor II is a "nutritional analysis" program that can be used to plan or analyze diets, recipes, or meals by their caloric and nutrient content. The package includes a data set of 2400 foods, which can be expanded by purchase of additional modules. Information about foods and nutrients comes from databases created and maintained by the distributor since 1984, based on information from the US Department of Agriculture and other sources.

To use the program, a "NutriGoal" file with targets for caloric intake and nutrients is first created by the software for a user or patient, based on information about age, sex, height, weight, and one of five categories of activity level. Targets can be further modified if desired. The second step is to create a "FoodList" of food items and quantities for a meal, a day, or a recipe. The soft-

ware performs a rapid search based on a text entry, which brings up a scrolling list of matching items. In practice, it was very easy to find and enter food choices and quantities with a few keystrokes.

The final step is to analyze and compare the FoodList with the NutriGoal, in either tabular or graphic reports. The reports give a detailed accounting of food composition, including calories, fats (saturated, polyunsaturated, and monounsaturated), protein, carbohydrates, cholesterol, dietary fiber, vitamins, and minerals. Summaries of percent calories from protein, carbohydrate, and fat, as well as four nutrient indexes, are listed (ratio of polyunsaturated fats to saturated fats, cholesterol saturated fat index, ratio of calcium to phosphorus, and ratio of sodium to potassium). Additional options include examining the composition of individual foods and analyzing the FoodList for sources of individual nutrients, such as saturated fats or dietary fiber. This can be helpful in modifying a list to meet individual goals. Reports can be viewed on screen, printed, or exported to a word processor as a text file. According to the distributor, version 5.0, soon to be released, has enhanced on-line help, an integrated text editor to modify reports, an expanded foods and nutrients database, and an expanded activity analysis based on a data set of 240 activities or exercises.

I found the program to be easy to install and use and very user-friendly. I doubt most family physicians have the time to use *The Foodprocessor II* interactively with patients during an office visit; however, a trained member of an office's staff or a dietician could perform the diet analysis (eg, 24- or 72-hour diet recall) and provide counseling. The program could also be "prescribed" to patients or used by physicians to help achieve their personal dietary goals or as a reference for food composition. Comparing it with *Nutri-Calc*, I found *The Food Processor II* to be more comprehensive, somewhat more user-friendly, and considerably faster to use, particularly in looking up foods and assigning quantities. The basic version of *Nutri-Calc*, however, costs far less, and could be considered by those with a tight budget.

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YOCON[®]

Yohimbine HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubiaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it, however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon[®] is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.¹⁻³ Also dizziness, headache, skin flushing reported when used orally.¹⁻³

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.¹⁻³ 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.¹⁻³

How Supplied: Oral tablets of YOCON[®] 1/12 gr. 5.4mg in bottles of 100's NDC 53159-001-01, 1000's NDC 53159-001-10 and Blister-Paks of 30's NDC 53159-001-30

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.



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DR WELFORD'S CHART NOTES PROGRAM, Version 2.13 (4/92). Distributed by Welford Medical Computing, Inc, 5010 Wilderness Trail, Rockford, IL 61111. \$500 plus \$150 per year for updates (for individuals).

HOW SUPPLIED: 720K (3.5 in.) or 360K (5.25 in.) diskettes.

DOCUMENTATION: 420-page, 3-ring, loose-leaf notebook.

HARDWARE REQUIREMENTS: Minimum IBM PC-XT or compatible, 5 MB hard-disk space, 640K RAM.

MOUSE SUPPORT: No.

TOLL-FREE CUSTOMER SUPPORT: Yes, 800-424-0258.

DEMONSTRATION DISKS: Yes, free.

TRIAL ARRANGEMENTS: Fully functional program that allows entry of 10 patients for \$100, which is applied toward purchase.

Dr Welford's Chart Notes Program (hereafter *Chart Notes*) is a computer-based medical records program designed for use primarily by physicians, both in outpatient and inpatient settings. The rationale for computer-based records is clear: they allow single entry of data into an integrated clinical information system that enhances care.¹ *Chart Notes's* numerous features, which fill a 420-page manual, clearly illustrate the potential of the electronic medical record.

Installation of the program is simple. *Chart Notes's* main screen presents multiple options on a menu bar. Options may be directly launched by pressing the option's first letter or may be selected by cursor keys plus Enter. The primary option is Writer, *Chart Notes's* embellished word processor, which is used to compose patient notes and "templates." Templates are repetitively used forms that can be placed into patient notes and appropriately modified. For example, templates for back strain, pharyngitis, and so on, would be useful in family practice. Marks may be placed within templates to facilitate customization. Users may jump from mark to mark with one key press. Multiple templates may be imported into one chart note.

Two of Writer's features, Contractions and Expanders, are especially helpful. Contractions are user-created abbreviations that, when typed, are automatically spelled in entirety. For example, after defining "history of" as "ho," typing "ho" (the space is critical) produces the phrase. Expanders allow easy insertion of patient-specific blocks of information, such as medication or problem lists, into notes.

Previous visits may be reviewed and, if desired, imported into the current note and modified to reflect the current visit. As notes are written, the program identifies key phrases and offers to automatically update allergy, medication, and diagnosis lists. Prescriptions may then be printed from the medication list. Routines for medication dosage verification and drug interactions are automatically performed as the drug information is typed into the office note. For frequently used medications, contractions can be defined to speed entry, for example, using "amo500" to produce "Amoxicillin 500 mg #30. . ."

The drug interactions feature is sophisticated and up-to-date, comparing favorably with other programs recently tested.² For each diagnosis recognized by Writer, the corresponding ICD code is listed in the diagnosis editor, invoked by one keystroke.

Chart Notes's numerous utilities facilitate charting patients' laboratory test results, producing automatic reminders, determining and entering dates, generating reports, timing follow-up visits, and finding ICD and CPT codes. Additionally, there is an extensive context-sensitive help system. A batch-file-like utility allows launching of other DOS programs from *Chart Notes*.

These features clearly show the potential of the computer-based record. However, version 2.13 still has some inefficiencies. Selecting and printing prescriptions require 5 keystrokes per medication: 50 keystrokes for 10 medications. If the medication quantity is other than a 1-month supply, additional key-

strokes plus separate recording of the amounts dispensed are required. Additionally, obscure control-key combinations are used for word processing functions, such as marking and moving text. *Chart Notes* can be configured to run acceptably fast on a 80286-based computer, but users are sometimes forced through routines that can be annoyingly lengthy. After its title, menus, and windows for medications, allergies, and diagnoses, Writer's work area is 12 lines; an expandable work window would be a welcome addition.

Chart Notes fills a niche: it is affordable and DOS-based. However, it is complex, possesses a moderate learning curve, and, to suit my preferences and CGA laptop screen, it required notable customization. With refinement, *Chart Notes* may be useful to a wide range of users. The author is attentive to user needs and recognizes the realities of practice. With these attributes, *Chart Notes* should mature rapidly. Currently, I would recommend it for physicians who are comfortable with DOS systems and are interested in experimenting with electronic records at a reasonable price. Additionally, all who remain skeptical about the potential utility of computer-based records or do not understand how patient data may serve as the key component in an integrated information system owe themselves a session with Dr Welford's demonstration disk. Consider it 15 minutes of "future shock" prevention.

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2. Fox GN. Drug interactions software programs. *J Fam Pract* 1991; 33:273-80.