

Reviews of Books and Software

Book Reviews

Pocket Guide to Managed Care. John LaPuma and David Schiedermayer, McGraw-Hill, New York, NY, 1996, 187 pp, \$14.95. ISBN 0-07-600797-9.

The *Pocket Guide to Managed Care* is a paperback book prepared for the physician participating in managed care. The vocabulary of the managed care system can be the most difficult hurdle for the physician dealing with managed care issues. This book is in a format that is easily understood, indexed well, and allows the reader to obtain a quick definition of the term in a simple one-page presentation.

The book is written in an outline form with very few wasted words. This accounts for the shortness of the book, but there is a tremendous amount of material presented. The reader receives practical tips about practice management in relation to managed care. There is a section on legal issues relating to the responsibility of physicians and clinics under managed care contracts. The final area of the book deals with the ethical knowledge needed to participate in managed care as a physician who provides quality care.

This text is not meant to be an all-inclusive discussion of issues in managed care. It is an extended dictionary of the topics one would encounter in a managed care environment. The text is informative, easy to read, and provides quality information for a small investment of time.

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Healing Wounded Doctor-Patient Relationships. Linda Hanner with contributions by John J. Witek. Carol J. Frick, ed. Kashan Publishing, Delano, Minn, 1995, 203 pp, \$14.95. ISBN 0-9622669-3-0.

As the title suggests, the general theme of this book is how doctor-patient relationships break down and what can be done about it. Although the book appears to be written for the lay audience, it covers both patient and doctor perspectives on the medical encounter. The author,

Linda Hanner, writes from her personal experience with a long undiagnosed illness, Lyme disease. Along with neurologist John Witek, MD, she has previously written the patient self-help book, *When You're Sick and Don't Know Why*. What makes *Healing Wounded Doctor-Patient Relationships* useful to family physicians is the way the author skillfully penetrates the doctor-patient relationship. She identifies problem areas: for example, getting started in a relationship, miscommunication, diagnostic uncertainty, and medical training. She utilizes an instructional framework that includes the top-ten patient complaints about doctors (patronizing attitudes, insensitivity, not listening, not spending enough time, not explaining things clearly, arrogance, close-mindedness, not caring about the whole person, being money-oriented, and delivering a diagnosis in an insensitive manner), and the top-ten things that drive doctors crazy (patients who do not trust physicians, list-carrying patients, patients who pressure physicians to make diagnoses or prescribe treatments, patients who seem to cultivate illness, patients with entitlement mentalities, money issues, media-generated hysteria, outside forces, pressures and lack of freedom, and informed consent).

The author also presents a well-balanced approach toward understanding predicaments that can occur in the relationship by sorting out the physical and psychological components of illness, attributes of a good patient and a good physician, and suggestions for improvement. To illustrate particular points, the author includes quotes from patients and physicians from a variety of backgrounds. Information is presented from a survey the author sent to several chronic illness support groups. The concluding chapter addresses prospective changes in the health care system and their potential impact on the doctor-patient relationship. The book is clearly written, and includes an index, bibliography, and appendix on resources for both patients and physicians. This text is recommended as an easily accessible resource for developing more productive patient-physician relationships.

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Manual of Clinical Problems in Obstetrics and Gynecology, 4th Edition. Michel E. Rivin and Rick W. Martin. Little, Brown & Co, Boston, Mass, 1994, 509 pp, \$31.95. ISBN 0-316-74777-7.

This concise manual has 102 chapters covering the broad spectrum of obstetrics and gynecology. The scope is ambitious: it covers controversial subjects such as abortion, male and female orgasm, dyspareunia, rape, incest, abuse, and adolescent sexuality, in addition to more routine subjects such as vaginitis, infertility, and urinary tract infection.

The chapters are extraordinarily concise and well referenced, with short comments about each reference. There are no subheadings or highlighted subjects. For instance, in the chapter on viral infections during pregnancy, the reader must scan the whole chapter to find the few paragraphs about varicella. However, the references are grouped nicely by subject matter.

Working practitioners find the Little, Brown series of books very helpful in practice. We also use them in the residents' library in the residency clinic. They are ideal for medical students, residents, and attending physicians looking for a quick source of teaching material. When residents have to present a 5- to 15-minute talk on an obstetrics and gynecology topic, this volume will be an excellent source for material.

If you are looking for a cookbook approach to a problem, however, this manual will not provide it. The chapters do not provide step-by-step procedures, but rather give a firm scientific background, leaving the reader to devise his or her own approach to an individual situation. In individual chapters, the conventional dogma is given, while controversial issues are not. For example, the chapter on breast disease does not mention the controversy over when to begin screening mammograms (age 35 to 40 or at age 50) or until what age a patient should be-

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screened. It ignores the use of vitamin E for benign mastalgia. Likewise, an annual screening interval for Papanicolaou smears is recommended without comment.

The fourth edition of the Little, Brown spiral-bound *Manual of Clinical Problems in Obstetrics and Gynecology* is an excellent reference for the practitioner, resident, or student. What it might not deliver in completeness, it amply makes up for in conciseness, a welcome attribute for the busy practitioner or student.

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Software Reviews

DRUG INTERACTION FACTS ON DISK, 1995 (updated quarterly). Facts and Comparisons, A Wolters Kluwer Co, 111 West Port Plaza, Suite 400, St Louis, MO 63146-3098. (314) 878-2515. \$95.00. DOCUMENTATION: 25-page user's guide. HOW SUPPLIED: CD-ROM version under development; currently supplied as 3.5-in. disks.

HARDWARE REQUIREMENTS: 386 CPU or higher, Windows 3.1 or higher, or Windows NT; 4MB RAM, 10MB hard drive space, VGA video with 256 colors, mouse, driver.

MOUSE SUPPORT: Yes.

TOLL-FREE ORDERING AND CUSTOMER SUPPORT: (800) 223-0554

DEMONSTRATION DISKS: Yes.

MONEY-BACK GUARANTEE: Unconditional 30-day.

RATING: Good.

Drug Interaction Facts on Disk is a DOS-based, simple-to-use software package that allows physicians, nurses, and pharmacists a quick look into potential drug side effects and interactions. It can be used for single or multiple (up to 20) drugs, and its internal organization and logic is easy to understand and use. It comes with a 25-page easy-to-follow user's guide that contains sequential pictures of all screens users will encounter.

Once past the usual credits and disclaimers, the program's main menu screen allows the user to choose between inquiring about a single drug or multiple

drugs. The screens for single and multiple drug options are similar. The user is required to type in at least three letters of the drug(s) to be studied. A list of generic and trade names appear, one of which may then be selected for further inquiry. The next screen lists the possible interactions at five levels of significance, with the highest being "major severity with strong documentation," and the lowest, "minor severity and lower levels of documentation." The user then chooses which level of interaction to examine. The next screen displays a list of interacting drugs in alphabetical order along with the level of significance of the interaction. The user may then choose the drug from the screen and display a screen that gives the possible effects, mechanism, and management of the interaction. One additional screen is then available that gives a brief discussion of the interaction. References are included for further inquiry. There is a print option to obtain hard copies of the screen contents. There is also an option to "personalize" the printout with either the health provider or patient's name or a chart number.

Drug Interaction Facts on Disk is especially useful as a quick reference in the office setting when multiple drugs are being prescribed. A printout of the possible side effects and interactions can be compiled quickly as a safety check for patients. It is an excellent use of the computer because it quickly searches files and collates data for instant use. Another feature of the program is its ability to prioritize the severity of interactions so that if one is interested in only major interactions rather than all possible interactions, the level can be chosen early in the search pattern.

I would suggest that this program be considered for all busy practices. It would also be useful in teaching programs for chart reviews and sign-out rounds. Since it is known that interactions between drugs increase exponentially as a function of the number of drugs prescribed, it would be useful for health care professionals to run the medications of their patients through the program to ensure safety, when more than three or four drugs are being used concomitantly. The program could be used by the physician or a sufficiently sophisticated assistant. Considering the safety and medico-legal benefits it provides, *Drug Interaction Facts on Disk* is a good investment.

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ASKADVICE PATIENT EDUCATION SOFTWARE, Version 1.2.2 (10/95). First DataBank, The Hearst Corporation, 1111 Bayhill Drive, San Bruno, CA 94066. (800) 771-7448. \$95 (\$49.95 for renewals) + \$10 shipping and handling.

DOCUMENTATION: 70-page, black-and-white, 8×9×1.75-in. looseleaf notebook. HOW SUPPLIED: Two 3.5-in. floppy disks. MINIMUM HARDWARE REQUIREMENTS: PC with Windows 3.1, 5MB hard disk space, 2MB RAM.

POINTING DEVICE: Necessary.

CUSTOMER SUPPORT: Toll call.

DEMONSTRATION DISKS: None specified.

MONEY-BACK GUARANTEE: 30-day return policy.

RATING: Good (useful, inexpensive, room for improvement).

First DataBank, distributor for *AskRx* (a drug information database; reviewed in *The Journal of Family Practice* 1994; 38: 635-6), also sells *AskAdvice*, a Windows-based collection of drug information handouts for patients. *AskAdvice* can be used with *AskRx* or as stand-alone software, which is how it is reviewed here. *AskAdvice* can be used by anyone responsible for distributing drug information handouts. The rationale for computerizing this task is that handouts can be quickly retrieved using any of several names for a drug with virtually zero storage space, no inventory or reordering hassles, and easy and quick personalization and printing. Ideally, writing prescription, checking drug interactions, and generating patient handouts should all be linked with a single entry of the drug. When last reviewed, *AskRx's* prescription writing was awkward. First DataBank has the right idea: modular, linked software.

The installation program of *AskAdvice* asks questions a novice might find abstruse; it should be better and easier to understand. Once invoked, *AskAdvice's* main screen is simple (Figure): a standard menu bar and icons for viewing and for printing patient handouts and for searching for the desired handout, and a drop-down list of prior searches. A status bar at the bottom of the screen indicates the function of each button as the pointer is dragged across it.

To print a handout, click on the search icon, opening the search dialogue box, type a few letters of the drug name, then press "enter." From the resulting list, choose the desired drug by pointing and clicking, then clicking "OK" (a more expedient double-click does not work). In the resulting Function options box,

double-click "Print medication information." In the resulting Print Patient Handout box (Figure), fill in, if desired, the patient name (date and drug name are automatic), Take instructions, and Special Instructions, then click "print." In the resulting Print dialogue box, click "OK." With *AskAdvice* on the screen, it took me 15 seconds to access a handout without entry of patient name, special instructions, etc. With printing, a handout was ready in 40 seconds. Once a monograph has been viewed or printed during a session, that monograph can be reaccessed more quickly. Although these times are acceptable, the speed of this process could be improved by scrolling a drug list box that shows and narrows the alphabetic choices with each successive letter entry, acceptance of double-clicks as "OKs," and/or a "quick print" option, when it is unnecessary to customize information or change printing instructions.

Using a 12-point font, most handouts are one page. Monographs averaged about 400 words with a Flesch score 46–48* (post-high school). Handouts have uniform sections: physician header; patient name, medication name, "take" instructions; special instructions; uses; how to take this medication; side effects; precautions; drug interactions; notes; missed dose; and storage. If sections such as patient name are left blank, printing is suppressed. Header information, if desired, is entered only once. "Special Instructions" can be saved, which automatically recalls them when the monograph is recalled for printing. *AskAdvice* allowed me to type in my usual prednisone taper instructions but saved and printed only a fraction of it: this was a major disappointment. Users are able to control the font for the body of the printout, the screen font, and font for the physician header, but cannot center or otherwise manipulate the header. From the Options menu, users can elect to suppress printing of any monograph sections, and can override this default just prior to printing any individual monograph (Figure).

When viewing a monograph, users can search for a word within the monograph, page or cursor up and down, or use scroll bars to browse. Monograph

*The Flesch Reading Ease scale is a frequently used measure of readability based on average sentence length and syllables per 100 words. Scores generally range between 20 and 90, with higher difficulty corresponding to lower scores. Comic books have scores of about 90; high school texts, 75–80; and undergraduate texts, 50–60. The score for this review is 39.

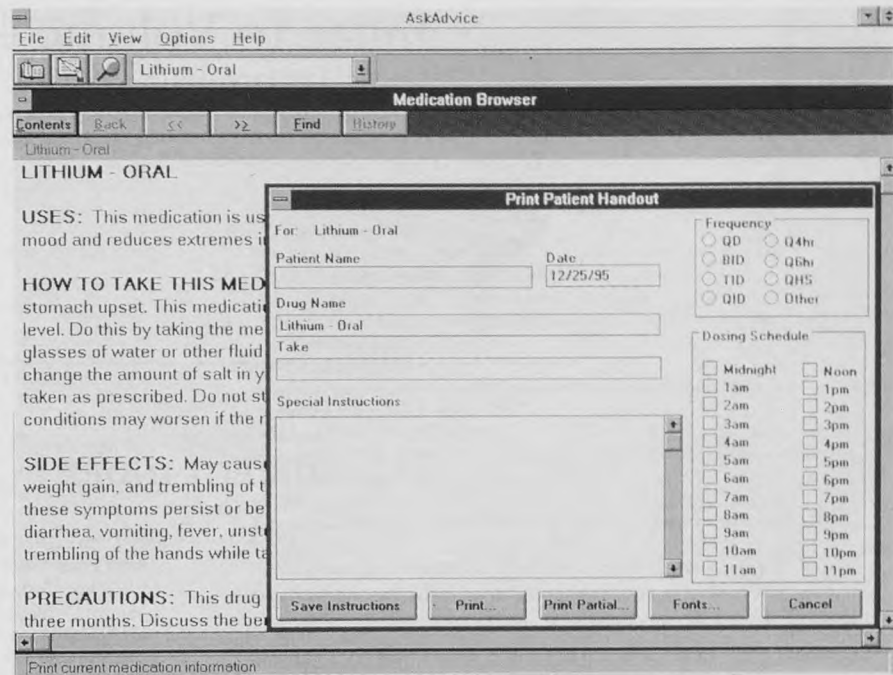


Figure. *AskAdvice* patient drug information software after retrieval of Lithium handout, preparing it for printing. *AskAdvice*'s menu bar, icon bar, and status bar (bottom) are illustrated. The Print Patient Handout dialogue box allows entry of personalized information. The Save Instructions allows Special Instructions to reappear each time the monograph is used. The Print Partial button allows users to choose to suppress printing of sections, for example, the Side Effects section for a patient who may be prone to suggestion. Fonts allows overriding of previously chosen default fonts. For the handout to include administration instructions, the user may enter about 30 characters (font-dependent) into the Take section; click one of the Frequency buttons, which then automatically inserts times (eg, b.i.d. translates to 8 AM/8 PM); or select specific times from the Dosing Schedule.

content is good. The monographs themselves are not user-modifiable; had this option been available, I would have modified some. For example, the "Corticosteroids—Injection" monograph reads "Use this medication as prescribed. Follow the dosing schedule carefully. . . . Do not suddenly stop using it without your doctor's approval," seemingly aimed at self-administration of injectable corticosteroids. The monograph continues: "Report any injuries or signs of infection that occur during treatment and within 12 months after treatment . . ." [emphasis added]. In general, the monographs were ones I would be happy using in my practice.

"Mapping" is automatic: amoxicillin automatically maps to a "Penicillins—Oral" and any brand-name beta blocker maps to the generic handout, for example. Occasionally, a little searching is required: "birth control" produces no relevant retrievals, whereas "oral contr" or "contrac" allows easy retrieval of the desired monograph. Oral and injectable corticosteroids are listed under "Cortico-

steroids," whereas inhaled and topical ones are under "Adrenocorticoids"—without cross-referencing. There are other minor inconsistencies. The monograph for beta-blocker-thiazide combinations is no longer than either the beta blocker or thiazide individual monograph, and actually is more specific in places: "It is advisable to eat foods or drink liquids high in potassium such as citrus juice, bananas, melons, raisins and dates" compared with "Ask your doctor about increasing your dietary potassium."

All things considered, *AskAdvice* is reasonably priced software for any practice with highly literate patients and a need to better organize or implement a patient education drug-information system. With appropriate modifications, this software has the potential to rate an "excellent" and a high recommendation for all.

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