REVIEWS OF BOOKS & SOFTWARE

BOOK REVIEWS

Headache Free.
Roger Cady and Kathleen Farmer. Bantam Books, New York, 1996, 178 pp, $4.99 US ($6.99 Canada). ISBN 0-553-57000-5.

The recurring message of *Headache Free* is that headache sufferers should feel neither helpless nor hopeless in their struggle with debilitating head pain. This book is a comprehensive patient-oriented approach to understanding and managing headache pain.

Based on scientific findings about headaches, it emphasizes solutions by educating patients about various types of headaches, precipitating and controllable factors, therapeutic options, and pain management strategies. In easy-to-understand language, *Headache Free* provides an overview of the characteristics and course of different types of headaches and the numerous genetic, behavioral, and environmental factors that can influence the development of headaches. It also describes a broad spectrum of preventive and therapeutic alternatives, ranging from medications and dietary changes to biofeedback, acupuncture, and transcranial electrical stimulation. Vignettes of patient experiences with headache pain are interwoven throughout the text, enhancing its readability.

To complement the useful information about the role of diet, lifestyle, and environment in the development of headache pain, *Headache Free* includes a daily headache diary patients can use to identify patterns associated with headache, such as activities, foods, weather, mood, and stressful events. This book also provides a brief (2-page) self-assessment questionnaire designed to help patients determine what type of headache (eg, migraine, tension, or cluster) they typically experience based on yes/no responses to questions, such as, "Does your headache feel like a tight band around your head?" and "Does your headache throb, pulsate, or feel like it is pounding?" This assessment also alerts patients to warning signs that warrant immediate medical attention.

For patients opting for a physician's care for their headaches, the book offers guidance on the selection of a physician. There are also practical suggestions for the initial patient-physician encounter, such as being prepared to discuss with the physician the symptoms typically experienced, results of previous treatments, and the personal impact of headaches. The assessment questionnaire and daily diary may facilitate this discussion, potentially resulting in a productive and satisfactory office visit.

Headache Free provides useful illustrations of the locus and intensity of pain and the physiology of various type of headaches, as well as helpful photographs of acupressure points. However, photographs illustrating therapies such as temperature biofeedback and transcutaneous electrical nerve stimulation are more distracting than meaningful. For readers seeking further information about issues addressed in *Headache Free*, the book concludes with a suggested reading list and the addresses and phone numbers of national resource organizations.

I am the third generation of at least four in my family (all female) who have suffered from migraine headaches. While I am fairly knowledgeable about factors that trigger attacks and which therapies work best for me, I discovered in *Headache Free* several new approaches to preventing the onset of migraine (eg, positive dietary factors) and managing pain (eg, acupressure points). The breadth and diversity of preventive and therapeutic alternatives offered in this text make it a good resource for a wide range of headache sufferers.

Headache Free is a handbook that empowers patients to gain mastery over pain that has been a controlling influence in their lives. Armed with the information in this text, patients—with or without the guidance of a physician—can begin to develop an individualized plan for headache management.

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Diagnostic & Statistical Manual of Mental Disorders–Primary Care Version.
In collaboration with respresentives of the American Academy of Family Physicians, American Academy of Pediatrics, American Board of Family Practice, American College of Obstetricians and Gynecologists, American College of Physicians, American Medical Association, American Psychiatric Association, Association of Departments of Family Medicine, Society of General Internal Medicine, and Society of Teachers of Family Medicine. American Psychiatric Association, Washington, DC, 1995, 223 pp. ISBN 0-89042-407-1.

Soon after receiving my copy of the *Diagnostic & Statistical Manual of Mental Disorders–Primary Care Version* (DSM-IV-PC), I was approached by one of our residents

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with a question. He had become embroiled in a bet with one of his peers regarding a diagnosis. They were debating whether the patient's problem was substance dependence or substance abuse. I pulled out the new book DSM-IV-PC, by a multidisciplinary group of primary care physicians and psychiatrists, and went directly to the appropriate algorithm and found the needed information. The resident was impressed at how quickly the information was available.

As a behavioral scientist who works in a family practice residency program, I have found the DSM-IV-PC very useful. While I welcome any tool that helps family physicians get a better understanding of the world of psychiatry, I question how to foster the best connection. The challenge for this manual was to make it useful and relevant to primary care physicians. Would it be written in a physician-friendly language? Would it be brief? Would it be relevant to the world of primary care?

The need for DSM-IV-PC arose from the observation that primary care physicians were not using the DSM-III and DSM-III-R. From 1989, a series of meetings sponsored by the National Institute of Mental Health explored the diagnosis of mental disorders in primary care. Little prior research on mental health disorders in primary care had been utilized. Psychiatry assumed what was true for these problems in mental health settings could be extrapolated to primary care. These problems, however, present quite differently in primary care: there are many more physical manifestations, patients tend to be older, there are fewer whites, patients are usually physically sicker, and they are often reluctant to accept psychiatric diagnosis and treatment *(Miranda J, Hohmann AA, Attkisson CC, Larson DB, eds. Mental disorders in primary care. San Francisco, Calif: Jossey-Bass, 1994)*. As a result of these discussions, leaders in psychosocial aspects of primary care and researchers in psychiatry developed a manual based on primary care–oriented principles.

This manual is well organized, brief, easy to use, and written in a language primary care physicians will understand. All disorders are grouped together based on presenting symptoms. Each disorder is followed by an algorithm with step-by-step instructions for considering those disorders that may account for the presenting symptom. Conditions that are not considered mental disorders, such as psychosocial problems, are presented, but, unfortunately, the disease-oriented approach reinforces a "patient as symptom" perspective.

Family physicians will be pleased to see that for each disorder, there is a "Primary Care Presentation" describing the typical presentation in primary care settings. While this is a good start, I wish the descriptions had included more examples of what we see in primary care.

This handy reference manual should be in your office next to the *Physicians' Desk Reference.* Although the DSM-IV-PC offers no insight into treatment, it is the "nosology" of psychiatric choice and will help primary care physicians identify and describe their patients' problems and communicate with mental health professionals.

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Software Reviews

Family Health Tracker CD; Complete Guide to Prescription and Non-Prescription Drugs CD; Medical Dictionary & Family Health Guide.
Great Bear Technology, 1100 Moraga Way, Moraga, CA 94556. (510) 631-1600, Fax (510) 631-6735. $49.50 per program.

HARDWARE REQUIREMENTS: IBM or compatible running Microsoft Windows 3.1, CD-ROM, 4MB of RAM, about 1MB of hard disk space per program, mouse, VGA or SVGA, sound card for Drug Guide.
MONEY-BACK GUARANTEE: 90 days from date of purchase.
RATING: Barely acceptable to unacceptable.

Family Health Tracker CD,
Version 1.0 (1994).
DOCUMENTATION: 50-page stapled manual.

The idea behind *Family Health Tracker CD (Tracker)*, a package aimed at the home market, is sound: provide a single database for an entire family's health, exercise, nutrition, and medical records. Medications, vaccinations, allergies, blood tests, diseases, visits to doctors and dentists, hospital stays, even insurance payments and out-of-pocket expenses, are tracked. Data can be viewed in graph form to facilitate the comparison of goals with results. The software also provides for the tracking of women's health concerns, such as breast self-examinations, menstrual information, birth details, estrogen therapy, and fertility drugs.

Installation and function of *Tracker* are standard for a Windows product. The interface is in the form of a tabbed spiral binder. The initial screen displays a monthly calendar, family member name, and a medical "Tip of the Day." The calendar provides reminders of medical appointments. Each family member's appointment is identified on the calendar by a different color. The interface breaks down when multiple family members have appointments on the same day; only one color, that of the last appointment, is displayed. With some work, however, it is possible to determine that there are multiple appointments on that day.

Data entry is the most time-consuming task associated with this

program, although it is usually not necessary to enter all requested data. Under the "Daily" tab, for example, each of the five subsections allows for the entry of health-related information, such as diet, heart rate, blood pressure, exercise, height and weight, etc.

The "Diet" screen presents 33 boxes to complete, ranging from a list of minerals and vitamins consumed to protein, cholesterol, and even a food group triangle. All these items, including the number of servings in the food triangle, must be entered with little guidance. Even with the new product labeling, most nonmedical people do not have a clue about how many milligrams of this and that they are consuming each day. What little information is available is nonsearchable and generally quite technical. It may surprise the manufacturer that many people do not know what folacin [folic acid] is!

The "Exercise" section attempts to calculate total daily calories used. The default values are 8 hours of sleep and 16 "sedentary" hours, or 2516 calories for one of the authors (S.R.S.). I entered 1 hour of aerobics, 2 hours of medium exercise, and 8 hours of office work, which yielded an expenditure of 4275 calories and a note that I still had 5 hours to sit around. Great! Then, I entered that I ran 5100 miles, which I assumed would have taken quite a while. According to the software, it took 38 minutes and consumed 9999 calories. This was certainly a relief, because after running that far, I was sure I would need to set aside for rest the 15 hours and 22 minutes of sedentary time the program said I still had left.

Walk into any darkened living room, and the nightlight you are most likely to see is the VCR flashing: 12:00...12:00...12:00. My point is that setting the VCR clock is too much trouble for most people, and I am afraid that, for most families, this will also be the case with *Tracker*.

For individuals sufficiently compulsive to use *Tracker*, the program may achieve its desired objective, if the diet and exercise calculations are excluded. It will be, however, a rare individual or family who will find this software worthwhile.

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Complete Guide to Prescription and Non-Prescripton Drugs CD, Version 1.0 (1994).
DOCUMENTATION: Installation and starting instructions with CD.

This software is intended for patient use as a home reference. *Drug Guide* presents the following broad disclaimer each time it is used: "The information is not intended to replace consultation with a physician; all information is presented by generic drug name; and not every possible side effect is included."

The interface consists of two columns. The left column contains one of three user selectable indexes. The right column holds the drug monograph. Drugs can be selected from a generic or a brand name index. A third index is an alphabetical listing of all terms in a glossary. The glossary contains definitions of medical terms used in the drug monographs. The definitions can be accessed from the glossary index or by selecting highlighted text links (hypertext) in the monographs.

Each drug monograph is divided into fairly standard but discontinuous sections that are accessed using icons in the right margin. The icons are unlabeled, and the symbols are not intuitive, taxing user memory.

There are icons that can be clicked on to hear the pronunciation (requires a sound card) of some drug names or drug group names and to jump to other sections of the drug monograph. A list of common brand names can be accessed from the Basic Information section. Selecting brand names that appear in blue produces a picture of the drug.

A Search function is available from the menu; it allows combinations of search terms. The search can be global or limited to the current topic. Search results are presented in a scrollable list box. A Go To function jumps to the user's selection.

As an illustration of use, I read the carbamazepine monograph, then used Search to find "captopril." I was presented the angiotensin-converting enzyme inhibitor (ACEI) monograph while the index column still indicated carbamazepine. Searching "enalapril" yielded the same ACEI monograph. Unfortunately, the information on administration with food, response to a missed dose, time of onset, and number of doses per day should be different for these two drugs. The monograph misstates that ACEIs "strengthen heartbeat" as the mechanism of action in heart failure. Under drug interactions, it states that use with "low-salt milk" may yield a high serum potassium. A dietitian I consulted did not know what "low-salt milk" is either.

A search for "lisinopril" yielded the same ACEI monograph. A picture is provided for Zestril but not Prinivil. The monograph on ACEIs includes only three of the eight available drugs in this class. Pronuncation of the drug class title is provided for the ACEIs but is not for the individual drugs in the class. For some other drugs, it is vice versa.

I tested the nonprescription drugs using Robitussin products. Robitussin DM is listed four times. Two of the listings gave the guaifenesin monograph and the other two gave the dextromethorphan monograph. Dosage information for these products was incomplete and usually referred the user to the product label.

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Medical Dictionary & Family Health Guide,
Version 1.0 (1993).
HOW SUPPLIED AND DOCUMENTATION: Floppy disks and 16-page manual.

This software is also intended for patients' home use. The cover states: "Everything you need to know to keep your family healthy."

The 10,000-word medical dictionary is complemented by an Encylopedia of Children's Health and a Family Health Guide, both accessible from the menu. They are actually Windows–style Help files. Definitions can be found in the dictionary by typing whole words, using the scroll bars, or by invoking a Search function. The "Auto Index" feature moves through the listings with each key stroke. Some definitions include a black-and-white diagram in a separate "Picture Window." The dictionary contains some abbreviations. Searches allow wild cards and logical operators. "Search" can be set to find keyword or to search the contents of all definitions, and search results appear in a scroll box.

While the functionality of the program is good, the contents are not. I learned that an "alienist" is a psychiatrist but the abbreviations DM and HTN were not included. Many brand and generic drug names are included but not consistently so. Catapres is listed, but clonidine is not. Many brand names do not give the generic name. Darvon is described as a nonhabit-forming analgesic. Many obscure definitions are provided while more common terms are missing. For example, CHF was not included, but the chemotherapy regimen CMF was. Users would need a high school education to understand most definitions.

I was initially impressed with Family Health Guide, especially its ease of use (Windows Help file format), but my impression changed quickly. Content listed as "Drug Doses" was actually a metric conversion table. "Diets" listed nutritional guidelines for gout and ulcers but not diabetes. The outdated diet for ulcers suggested eating or drinking milk every 2 hours and provided a list of spicy foods to avoid. The low-carbohydrate diet includes no statement regarding who would use it. The "Medicines for the Family Medicine Chest" section suggested keeping aspirin but not acetaminophen. It suggested keeping bicarbonate of soda, boric acid, paregoric, and sodium perborate. Suggested "Home Medical Supplies" included a bedpan, electric pad, glass drinking tube, steam inhalator with electric attachments, and a urinal.

The "Children's Health" section is a Windows–style Help file. An example of the alphabetical contents is "D. Deadly Nightshade–Dyslexia." Selecting it produced "Deadly Nightshade—see Poisoning." Search was the only way I found dyslexia. The five black-and-white diagrams under "Anatomical Charts" (skeleton, head and neck, digestive system, heart and lungs, and eyes and ears) have the clarity of a thermal paper fax.

These three programs from Great Bear Technology are inconsistent in their use of Windows functionality, are internally inconsistent in presentation, and contain significant inaccuracies and outdated information For example, in the *Complete Guide to Prescription and Non-Prescription Drugs CD*, the drug information was not up to date when the program went on the market in 1994 and has not been updated since. In short, the idea behind these programs is good, but poor execution precludes recommending them to patients.

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