

BOOK REVIEWS

Management of Acute Coronary Syndromes.

Christopher P. Cannon, ed. Humana Press, Totowa, NJ, 1999. 659 pages. ISBN 0-89-603552-2, \$125.00.

This text addresses the acute coronary syndromes of unstable angina, non-Q-wave infarction, and acute myocardial infarction with systolic time elevation. The foci of the chapters range from basic physiology and biochemistry to critical pathways for management. The chapters are detailed, exhaustive, and heavily referenced, and they effectively present the state of the art for understanding and treating acute coronary syndromes.

This is not a book that primary care physicians will read cover to cover. The amount of detail may be too much for a busy physician looking for a quick answer to a specific clinical question. The book is best used as a library reference source.

A distracting characteristic of this book is the repetition of certain topics. It could have been made shorter and more readable with tighter editing. Another negative feature is the use of more than 150 acronyms and abbreviations in the text and figures. Despite these shortcomings, the book contains a large amount of useful information and would be a reasonable addition to a clinic or hospital library.

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Women's Health, Fourth Edition. Ann McPherson and Deborah Waller, eds. Oxford University Press, Oxford, England, 1997. 646 pages. ISBN 0-19-262750-3, \$59.50.

Textbooks dealing with various aspects of women's health abound, ranging from those designed for the general reader to sophisticated medical texts. It is good to see such an interest and to witness a strong trend toward the idea of whole-woman care.

With *Women's Health*, the authors seek to address the needs of family physicians in their encounters with female patients, and they have done a nice job. This is a volume for family physicians that addresses their scope of care, their special relationship with the female patient, and the appropriateness of referrals, and it does not bog down in the specifics best left to the obstetrics and gynecology literature. Each chapter has evidence-based discussions and addresses patient education, compliance, and controversies. The introduction nicely interlaces social and economic contributions to health and illness, and health promotion and disease prevention are well addressed. Particularly

interesting for the American reader is a glimpse of British public health policy. This is especially noticeable in the chapters on breast care, mammography, and cervical cytology screening.

There are some disappointing pieces, however, and some issues are addressed little or not at all. In the chapter on menstrual problems, dysfunctional uterine bleeding is left out. Contraceptive issues are discussed in detail but in a somewhat disorganized fashion. Perhaps because of a lag in writing-to-publishing time, selective estrogen receptor modulators are not mentioned as an alternative to conventional estrogen replacement therapy, and compliance issues with estrogen replacement therapy are not mentioned.

Perhaps most disappointing is a continued focus on gynecologic care, despite chapters on eating disorders and complementary medicine. Other texts discuss women's life cycles, cardiovascular disease, and violence. In *Women's Health*, domestic violence is barely addressed.

Overall, this text is well organized, easy to read, highly informative, and well referenced. Much of the book provides up-to-date practical information for the clinician.

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EDITOR'S NOTE: *I thought that the following books should be reviewed simultaneously by the same person. I could not think of anyone who I could impose upon to review 3 books at once. So, like all family physicians, I just did it myself.*

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Quick Consult Manual of Evidence-Based Medicine.

Burton W. Lee, Stephen I. Hsu, and David S. Starior, eds. Philadelphia, Pa: Lippincott-Raven, 1997. 744 pages. ISBN 0-316-51887-5, \$44.95.

This book was based on literature reviews performed by a group of internists during their internal medicine residencies. These physicians used the literature to identify studies relevant to the treatment of common problems encountered by general internists in the office and the hospital.

Most chapters begin with an overview of the epidemiology of a condition and its likely consequences. Topics

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include cardiology, gastroenterology, renal and metabolic diseases, infectious diseases, and neurology. Stable angina, malignancy, and pediatric and obstetrical topics were not included. Many topics are not what most family physicians would consider common in their practices, (eg, acute renal failure in the ICU).

The authors do not explain levels of evidence, but do try to use randomized controlled studies whenever possible. They clearly state when data comes from randomized studies, as in the section on atrial fibrillation, or from case series, as in the section on acute renal failure.

Unfortunately, the book is already out of date, having few if any references published later than 1994. This problem is most obvious in the infectious disease section, especially the chapter on the treatment of HIV, and in the chapter on asthma. Being out of date is a fact of life for all books. However, spending some time showing how the reader can update the recommendations of an evidence-based book, by explaining levels of evidence, how to determine the strengths and weaknesses of trials, and where to look for other evidence-based information, would allow readers to update the book for themselves.

This is a book to keep in the emergency room or hospital. It has little relevance to the ambulatory practice of most family physicians. However, it would be a starting place for residents and medical students who are trying to learn how to treat specific conditions using evidence rather than merely copying the practice of their favorite teacher.

Evidence-Based Medicine: A Framework for Clinical Practice. Daniel J. Friedland, Alan Go, Ben Davoren, Michael Shlipak, Staphen Bent, Leslee Subak, and Terrie Mendelson, eds. Stamford, CT: Appleton & Lange, 1998. 263 pages. ISBN 0-8385-2476-1, \$26.95.

This evidence-based volume is an epidemiologically based framework. It presents the reasons for using evidence in practice, compares the types of evidence many of us typically use, and demonstrates the results. The book has 3 sections: medical decision making, assessing medical information, and analyzing the validity of medical information. This is not a book to take on rounds or to use during a busy day at the office. However, if you are ready to evaluate how you make clinical decisions and are looking for a framework to help do so, this may be your book.

One of the most helpful parts of the book may be the final section. The authors walk the reader through the evaluation of the validity of some published studies. What are the biases? Are the subjects representative of patients in an ambulatory practice? Was the randomization done properly? How many patients dropped out? Were outcomes reasonable and fairly measured?

This book is not for everyone. But for those ready to better understand the foundation of how to use evidence in practice and those ready to assess their own practice style, this is an interesting and readable book.

Evidence-Based Family Medicine. Walter Rosser and M. Sharon Shafir, editors. Hamilton, Ontario, Canada. Decker, Inc, 1998. 180 pages. ISBN 1-55009-053-4, \$59.95.

This book has 2 major sections: one on teaching and learning critical thinking skills for family and general practice and another on applying those skills. The first section has 13 chapters that cover finding, reading, and evaluating evidence. The authors explain patient-oriented evidence that matters (POEMs) and disease-oriented evidence (DOE) in clear terms and use examples to suggest the potential value of both.

The other chapters in the first section present some of the same epidemiologic principles found in other books. But unlike many epidemiology texts, the examples are clinical and relevant to family physicians. Each chapter has learning objectives and suggested teaching tips that can be used at home or with students, residents, or colleagues.

It is the second section that sets this book apart from other evidence-based-medicine books. It presents 26 patient-physician partnership papers on obstetrical, child health, and adult screening topics. Each paper provides a 1- to 2-page synopsis of the evidence and a single sheet summary to be used with patients in a busy office setting. The fact that this book comes with a complete text CD-ROM makes the sheets even more valuable. They can be personalized, modified, updated, or translated to US standard measures without having to reproduce or retype them.

This book has something to offer all practicing family physicians. While some may not agree with all the recommendations, it should at least force them to justify the positions they take. In addition, it presents a nice format for the discussion of screening and treatment recommendations for common diseases in a very time-efficient manner. The book suggests how to apply evidence to a practice without cutting the patient load in half or returning to graduate school for courses in epidemiology and statistics.

SOFTWARE REVIEW

The Physiologic Origins of Heart Sounds and Murmurs. John Michael Criley. CMEA, Inc, 1436 W. Randolph, Chicago, IL 60607. (800) 227-CMEA.

PRICE: \$150 plus shipping and handling. Optional Stethoscope Sounder: \$40.

DOCUMENTATION: Readme.exe file on the CD-ROM.

HOW SUPPLIED: CD-ROM.

HARDWARE & SOFTWARE REQUIREMENTS: PC with 486SX processor, 8MB RAM, 2X CD-ROM drive, 256-color SVGA monitor at 640 x 480 pixels, Windows 3.1 or later, Windows-compatible sound card (16-bit recommended), mouse, keyboard, and external speakers, headphones, or stethoscope. A level II multimedia PC is recommended. Macintosh LC III or better with System 7 or later, 8MB RAM, 2X CD-ROM

drive, 256-color monitor at 640 x 480 pixels, mouse, keyboard, and external speakers, headphones, or stethoscope. CUSTOMER SUPPORT: CMEA toll-free phone number. GUARANTEE: 30-day return policy. RATING: Good.

Heart Sounds and Murmurs claims to be the first and only complete multimedia CD-ROM to integrate actual heart sounds with dynamic images. It features 200 heart sounds with graphic images, chest x-rays, arterial and venous pulses, pathology slides, and more.

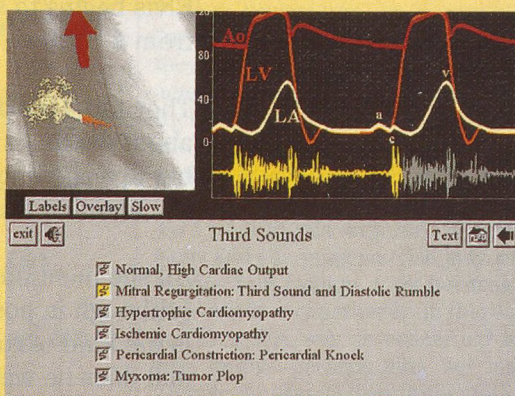
Heart Sounds comes with no written installation instructions. There is a readme.exe file that provides a 1-screen introduction to the program's straightforward interface. There is also an install.exe file that puts less than 1 MB of information on the user's hard drive. Once the program is loaded, users are shown a title screen with 4 options: General Tutorials, Timing of Heart Sounds, Timing of Murmurs, and Catalog of Lesions. Each choice leads to another screen of options. For example, after choosing Timing of Heart Sounds, the user is given 6 new options (such as Opening Sounds, Third Sounds, Fourth Sounds). As shown in the Figure, Third Sounds presents 6 more options. For the Mitral Regurgitation selection, the diagram on the upper left of the screen can be toggled among cineangiography of the left ventricle, a diagrammatic representation of the structures seen on the cine, and cine with overlying animation of the blood flow (illustrated), all in sync with the audible heart-sound recordings. Simultaneously, the yellow heart sound line on the top right of the figure progressively turns from gray to yellow as each new sound occurs. Thus, the user can simultaneously see the murmur in a cineangiogram (with animated overlays if desired), see an animated depiction of each sound as it is occurring, and listen to the murmur through headphones, computer speaker, computer speaker and stethoscope, or Stethoscope Sounder and the stethoscope.

Sound quality was acceptable with a laptop's built-in speakers (with or without a stethoscope) and with external speakers. With the stethoscope, there was a noticeable hum from the computer components. Potential purchasers should listen to their speakers with their stethoscopes (with the speakers on, but not playing any sound) to decide whether the noise level justifies purchasing the Stethoscope Sounder, which eliminates the computer-generated noise.

For a few cardiac findings, *Heart Sounds* permitted electronic elimination of one sound to allow concentration on other sounds. There should be options for users to start with the first and second heart sounds and add and subtract

FIGURE

Individual heart sounds are played and visually represented on the screen. Different visual cues can be viewed in the upper left box while listening to the heart sounds. This view was captured in early systole, immediately after the first heart sound. It shows left ventricular cineangiogram with overlying animation of aortic outflow and mitral regurgitant flow, timed to synchronous heart sounds. Note the yellow line on the upper right that visually tracks the auscultatory findings.



other sounds or to vary the heart rate continuously over a wide range. Such builds would significantly enhance the teaching value and clinical utility of the software. There is no feature that allows the user to retrace steps or select and sequence items to create a lecture or slide show. Also, there was no ability to cut and paste text materials to produce handouts, and no feature for quizzing on unknowns from the CD's contents.

Practices involved in teaching medical students and residents, as well as family practice residency libraries, should consider *Heart Sounds* as a teaching tool, if they can afford it. It is a rare physician who already knows everything in *Heart Sounds*, so even experienced clinicians will find some material of value. However, for those reasonably comfortable with the basics of what they need to know, this program is probably not worth the expense. As an alternative, there are Web sites that have heart and lung sounds available for downloading; however, they supply only a few sounds and do not have simultaneous visual depiction. On cursory review, sounds downloaded from some of these sites had more background noise than those in *Heart Sounds*.

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