

Book Reviews

Jo Ann Rosenfeld, MD Book Review Editor

Publishers who wish to submit books for possible inclusion in Family Medicine's book review section should send texts to Jo Ann Rosenfeld, MD, Family Medicine book review editor, Franklin Square Hospital, Department of Family Practice, 9101 Franklin Square Drive, Suite 205, Baltimore, MD 21237. 410-780-2006. Fax: 410-780-2035. E-mail: joannero@helix.org. Reviewers interested in writing reviews for publication should contact Dr Rosenfeld as well.

Signs and Symptoms in Pediatrics, Walter W. Tunnessen, Kenneth B. Roberts, New York, Lipincott Williams & Wilkins, 1999, 431 pp., \$49.95, paperback.

The publishers of *Signs and Symptoms in Pediatrics* promise "concise, clear, and fast answers you need daily." What they deliver is a book of lists that provoke more questions than answers.

This book lists differential diagnoses for 115 pediatric problems. There is a section of general topics (jaundice, irritability, weight loss), and the rest of the lists are arranged by body part. This creates difficulties. For example, there is no category of joint pain; one must look up back pain, leg pain, and pain under each separate body part.

The lists are exhaustive but have a paucity of references. More than 100 causes of lymph node enlargement are listed, sometimes with no further explanation, eg, "common variable immunodeficiency." To make the lists useful, the reader needs a textbook of pediatric medicine to provide concomitant explanations. In a way, this book is little more than a collection of chapter headings and subheadings without the explanation provided in more complete texts. The price (\$49.95) is a bit hefty for a book of such limited utility.

As an educator, I worry that such a book would lead to more anxiety than learning and more "zebra-

searches" than are necessary. It would be difficult for a beginner to sort out the common from the less common but important. The authors attempt to do this at the beginning of each chapter, with lists of "most common causes" and "causes not to forget." However, the lists do not conform to this format. For anorexia, "parental expectations" is listed as the most common cause, then the list begins with "infections." There is also a rather condescending tone about psychosocial causes of symptoms, a tone that family physicians will not appreciate.

This is a book for hospital reference libraries. It is best used when searching for an elusive diagnosis in a place surrounded by supporting texts and reference materials.

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Psychiatric Dimensions of Medical Practice, Phillip R. Slavney, Baltimore, Johns Hopkins University Press, 1999, \$15.95, 129 pp., paperback.

Although the title may seem broad, in this short, readable text, Phillip Slavney, MD, addresses four psychiatric problems that every primary care physician encounters: delirium, demoralization, suicidal thinking, and competence to refuse medical advice. Dr Slavney's objective in limiting his focus to these

four areas is to clarify "common but vexing problems." Throughout the book, he offers helpful guidelines about differential diagnosis for each problem, how a primary care physician may incorporate the diagnosis into usual care, and when the physician may want to call on a psychiatrist. Treatment options and prevention follow.

The book is wonderfully down to earth and humane. Dr Slavney provides relevant case examples but also gives questions and phrases that a physician may want to employ in both the diagnostic and treatment phase. This is often what our residents find most helpful in teaching—they know what to ask but aren't quite sure how to ask it in the least awkward way. The chapter on demoralization versus depression in people with chronic and life-threatening illnesses was an invaluable addition. It's a dynamic that is too often ignored or treated simply as depression.

This will prove to be a useful teaching and reference text for both residents and experienced practitioners. Although the focus is narrow, the author weaves lessons about the art of medicine throughout the book: consider the patient's perspective/experience and the consequences for the patient, be cautious about making quick judgments, and use your team.

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The Management of Eating Disorders and Obesity, David J. Goldstein, Philadelphia, Humana Press, 1999, 384 pp., \$99 hardcover.

The most frustrating and difficult aspect of my practice is the successful treatment of obesity. Obesity is a complex and ubiquitous problem, with no easy solution or algorithm that works for everyone. That's one reason I found *The Management of Eating Disorders and Obesity* to be a helpful text for any family physician. In this text, editor David Goldstein, MD, PhD, has convened a group of experts to discuss the complex issues involved in the management of obesity, anorexia, and bulimia.

This text is divided into three unbalanced sections; Parts I and II discuss, in a cursory fashion, the eating disorders of bulimia and anorexia. Part III, the majority of the book, covers all aspects of obesity in detail. I would have extracted the sections on anorexia and bulimia to create a superior, focused book on obesity management alone.

The text's chapters are short and well organized and presented in an outline fashion with numerous helpful figures and graphs to support the text. I was frustrated by the endless parade of chapter outlines needlessly taking up space at the beginning of each chapter. These could have been deleted to provide more flow to the reading. For the inquisitive reader, an extensive literature review is offered at the end of each chapter. Dr Goldstein includes no photos or color graphics, which may have cut the publishing costs. However, the \$99 price makes this short text no bargain.

Two chapters were outstanding. First, a thorough chapter on drug therapy was "Pharmacologic Treatment of Obesity." Case based and patient centered, "Treating Obesity in the Physician's Office" was superb. Here, the authors compiled, over the Internet, frank, personal patient perspectives about the dif-

ficulties obese patients encounter with physicians and their office staffs. The authors also offered an obesity treatment program that makes sense. Other interesting chapters discussed Syndrome X and weight management, the proper place of obesity surgery, a discussion of binge eating, and a rational approach to exercise.

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Primary Care Psychiatry and Behavioral Medicine: Brief Office Treatment and Management Pathways, Robert E. Feinstein and Anne A. Brewer, eds, New York, Springer Publishing Company, 1999, 458 pp., \$59.95, hardcover. (Available through the STFM Bookstore, www.stfm.org or 800-274-2237, ext. 5404.)

This text is primarily organized and oriented toward a medical model for "brief office treatment" of mental illness. The primary treatment modality appears to be psychopharmacology. Even though behavioral and cognitive therapies are mentioned, the authors make a conscious effort to relegate these treatment options to a subordinate position. For example, in the chapter on depression, the authors state that, "The mainstay of treatment of mood disorders recommended by the primary care physician will be pharmacological." And, under the chapter dealing with the problems of children, the authors state, "Psychostimulant medication with methylphenidate (Ritalin) has become the ubiquitous treatment modality for Attention Deficit Hyperactivity Disorder." Therefore, it may be concluded that if a physician wishes to treat mental illness using the traditional medical model, this is a great text. But, if one is interested in learning more about behavioral and cognitive strategies for treating mental illness, this text falls short.

The chapter dealing with substance abuse would be an exception to the above-mentioned opinion. This whole chapter should be studied by every physician interested in working with patients and families where substance abuse is present. For example, the information on managing withdrawal syndromes is accurate and practical.

Overall, the text is well written and well organized. In fact, this would be a great text for first-year residents in general psychiatry. On the other hand, this text is too lengthy and copious to be used by most primary care physicians.

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Practicing Evidence-based Child Health, Maude Meates, Oliver Duperres, Ruth Gilbert, Stewart Logan, Abingdon, Oxon, United Kingdom, Radcliffe Medical Press, 2000, \$40 paperback.

Being a late 1990s convert to evidence-based medicine (EBM), I approached this book by Dr Meates and colleagues with a great deal of interest and enthusiasm but also had been recently overexposed to a growing number of EBM publications and Web sites. However, within a few minutes of perusing this new title, I found myself quite pleased with its content. It was soon apparent that the title was slightly misleading. Although the materials used in the text pertain to pediatric medicine, the applicability of the EBM information presented is broad based.

The authors' intent was to produce a course syllabus to teach physicians the skills needed to practice evidence-based child care. The authors promote the view of medicine as a process of lifelong, self-directed, problem-based learning that enables clinicians to provide the best possible care for their patients. This book directs the reader through this process in a challenging but readable format. As

a clinician who shares this philosophy, I believe these authors have accomplished their goal.

The text is divided into seven "sessions" that include: therapy and introduction to critically appraised topics (CATS), diagnosis, prognosis, systematic reviews, harm, and two sections on EBM presentations. Each session is subdivided into parts A and B. The first part takes the reader/student through a specific topic or patient care problem such as asthma or immunizations. A clinical question pertaining to the topic is presented, and the reader is guided through the process of a focused literature search to identify a relevant article on the topic. An originally published full-text article then follows.

The second part includes a worksheet, which the reader will complete as part of the learning module. The worksheet contains several key EBM components that include assessing the validity of the trial, determining if the results of the study are meaningful, and (most importantly) deciding if the results will help in the care of patients. Included with the worksheets is the

opportunity to perform such calculations as confidence intervals, absolute and relative risk reduction, and number needed to treat.

Beyond the five tutorial sessions, Section 6 discusses group methods of presenting an article that has been critically appraised and also provides information on searching the Cochrane library of systematic reviews. Section 7, titled "Feedback and Celebration," provides a checklist to critique this EBM tutorial and a set of self-assessment questions regarding the learners' ability to "practice evidence-based medicine."

As an added benefit with this text, the reader is given several excellent bonuses, which include a full glossary of EBM terms, a review of standard research designs, and a series of 14 EBM discussion and teaching articles that were previously published in the journal *Evidence-based Medicine*.

This text will serve a wide audience. Many standard EBM concepts are now being introduced at the preclinical level, and this book will be a great resource for teaching third- and fourth-year medical

students. A residency program that already has an EBM curriculum in place will find this an excellent adjunct. For those programs that do not, a full curriculum could be designed with this book. Lastly, any faculty member who has not had the benefit of spending a week in Canada taking the "McMaster Course" or attending a US-based EBM course could use this text for self-teaching or to improve their EBM skills. I look forward to using this text for myself as well as sharing numerous parts with our residents as part of our EBM curriculum.

At a reasonable price of only \$40, some family practice residency programs may want to consider purchasing a copy for residents as a great reference to have on hand during their 3 years of training and enhance their skills as they are taught how to become lifelong learners.

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