Family Practice Forum

Do-It-Yourself Treatment Books and the Family Physician

Gerald M. Rosen, PhD
Haigh P. Fox, MD
Seattle, Washington

The family physician can recommend a wide variety of self-instructional programs to patients with behavior disorders. One review of "do-it-yourself" behavior therapies located over 50 written manuals developed within a five-year period.[1] The manuals instructed patients in the self-treatment of fears and phobias, assertiveness deficits, sexual dysfunctions, weight problems, cigarette smoking, and tension-related disorders.

Self-instructional programs hold great appeal for the busy family physician who tries to provide "comprehensive, people-oriented, total patient care." But, before these time-efficient treatments are embraced, the physician should ask if do-it-yourself programs are really effective. Rosen has drawn an analogy between nonprescription behavior therapies and nonprescription drugs.[2] He suggests that untested books of advice are not necessarily effective or safe, even when used as directed.

Self-help programs for obesity illustrate why a conservative approach to the use of do-it-yourself treatment books is advised. Diet and weight-loss books have been available for many years, although they are generally regarded to be ineffective.[3] Recent programs instruct readers in the principles of behavior modification so that the individual can "take it off and keep it off"[4] or achieve "permanent weight control."[5] Because *therapist-administered* behavior therapies have become the treatment of choice for many eating disorders,[6] physicians may be seriously considering the use of these more recently developed self-help programs. Yet, current findings do not support totally self-administered applications of behavioral weight loss programs. Even when posttreatment weight losses are observed, they are usually less than those obtained in therapist-assisted treatments.[7,8] In addition, these losses are not maintained through six-month follow-up periods.[9] Such findings are of particular concern because recurrent weight loss followed by weight gain may be more harmful physically than stabilized excess weight.[10] Unwanted emotional effects can also result from participation in weight loss programs,[11] and the failure to successfully maintain weight loss may increase the likelihood of similar failure in subsequent weight-loss programs.[12] These considerations have led one group of researchers to seriously question the use of do-it-yourself weight books.[9]

Similar concerns can be raised with regard to today's self-help sex therapies.[13-15] Although these programs are largely derived from the well-established procedures developed by Masters and Johnson,[16] it has yet to be demonstrated that individuals can successfully self-administer their treatment. Without evidence to the contrary, it remains possible that instructional advice offered in these books could increase inhibitions and anxiety when the procedures are totally self-administered.[1]

While some progress has been made in developing effective instructional materials, most do-it-yourself treatment books remain untested.[1] Ideally, an instructional program would be critically evaluated for its efficacy and safety before its use was promoted by clinicians. At the very least, physicians in family medicine should exercise circumspection when using bibliotherapeutic materials as supplements to their clinical practice. When instructional materials are recommended to a patient, careful follow-up is suggested.

Small group practices or training programs in family medicine are in a position to systematically assess the clinical efficacy of self-instructional programs. The results from such studies could be shared in the family medicine literature and used to develop a central registry maintained by the American Academy of Family Physicians. As the data base from controlled studies became more refined, physicians could better match specific patient populations with available programs.

It is hoped that physicians will see a time when do-it-yourself treatment books can be prescribed with the same confidence with which many pharmaceutical products are now dispensed.

From the Providence Family Medical Center, Providence Medical Center, Seattle, Washington. Requests for reprints should be addressed to Dr. Gerald M. Rosen, Providence Family Medical Center, 1715 East Cherry Street, Seattle, Wash 98122.

References

1. Rosen GM, Barrera M Jr, Glasgow RE: Instructional programs for behavioral self-change. Presented at the annual meeting of the Society for Psychotherapy Research, Coronado, Calif, June 1976
2. Rosen GM: On the development and use of nonprescription behavior therapies. Am Psychol 31:139-141, 1976
3. Kimbrell GM: Note: Diet dilettantism. Psychol Rec 25:273-274, 1975
4. Jeffrey DB: Take It Off and Keep It Off. Englewood Cliffs NJ, Prentice-Hall, 1976
5. Mahoney MJ, Mahoney K: Permanent Weight Control. New York, WW Norton, 1976
6. Stunkard A: New therapies for the eating disorders. Arch Gen Psychiatry 26:391-398, 1972
7. Bellack AS: A comparison of self-reinforcement and self-monitoring in a weight reduction program. Behav Ther 7:68-75, 1976
8. Mahoney MJ, Moura NG, Wade TC: Relative efficacy of self-reward, self-punishment, and self-monitoring techniques for weight loss. J Consult Clin Psychol 40:404-407, 1973
9. Brownell KD, Heckerman CL, Westlake RJ: Therapist and group contact as variables in the behavioral treatment of obesity. Presented at the annual meeting of the Association for Advancement of Behavior Therapy, New York, December 1976
10. Mann GV: The influence of obesity on health. N Engl J Med 291:178-185, 1974
11. Stunkard AJ, Rush J: Dieting and depression reexamined: A critical review of reports of untoward responses during weight reduction for obesity. Ann Intern Med 81:526-533, 1974
12. Nash JD: Curbing dropout from treatment for obesity. Presented at the annual meeting of the Association for Advancement of Behavior Therapy, New York, December 1976
13. Heiman J, LoPiccolo L. LoPiccolo J: Becoming Orgasmic: A Sexual Growth Program for Women. Englewood Cliffs, NJ, Prentice-Hall, 1976
14. Kass DJ, Stuass F: Sex Therapy at Home. New York, Simon and Schuster, 1975
15. Kline-Graber G, Graber B: Woman's Orgasm: A Guide to Sexual Satisfaction. New York, Bobbs-Merrill, 1975
16. Masters WH, Johnson VE: Human Sexual Inadequacy. Boston, Little, Brown, 1970

This section of the journal is designed to present clinical problems which focus on patient management, problem-solving, and other elements integral to family medicine. It features reinforcement of major teaching points through further discussion and supplemental references which appear on the following pages.

Self-Assessment in Family Practice

These materials have been prepared by members of the Self-Assessment Panel of *The Journal of Family Practice.* Membership: R. Neil Chisholm, MD, Chairman (University of Colorado, Denver), B. Lewis Barnett, MD (Medical University of South Carolina, Charleston), Leland B. Blanchard, MD (San Jose, California), Paul C. Brucker, MD (Thomas Jefferson University Hospital, Philadelphia, Pennsylvania), Laurel G. Case, MD (University of Oregon Medical School, Portland), Silas W. Grant, MD (University of Alabama, Huntsville), Ian R. Hill, MD (Plains Health Centre, Regina, Saskatchewan), Kenneth F. Kessell, MD (MacNeal Memorial Hospital, Berwyn, Illinois), Edward J. Kowalewski, MD (University of Maryland, Baltimore), John A. Lincoln, MD (University of Washington, Seattle), James G. Price, MD (Brush, Colorado), Richard C. Reynolds, MD (University of Florida, Gainesville), Gabriel Smilkstein, MD (University of California, Davis), William L. Stewart, MD (Southern Illinois University, Springfield).

Select the most correct answer or answers for the following questions. Refer to the correct answers on the succeeding page before going on to the next question.

Question A

Your first patient of the day is a 48-year-old white man with an upper respiratory tract infection, which you treat, and a blood pressure reading of 145/100 mm Hg. You are treating his 70-year-old mother with hydrochlorothiazide for hypertension.

1. Your management of this patient should include:

   A. Complete history and physical examination.
   B. Giving the patient a note to return to his company nurse, the health department, or your office for several (six) random blood pressure checks over the next month.
   C. Beginning hydrochlorothiazide (Hydrodiuril) 50 mg q.i.d. and asking the patient to return in one week, and to report any dizziness immediately.

The patient returns in three weeks with blood pressure readings ranging from 140/90 to 160/102 recorded by his company nurse.

2. Your evaluation should include:

   A. History and physical examination.
   B. Complete blood count.
   C. Urinalysis.
   D. Chest x-ray.
   E. Calcium determination.

3. Additional data base information to differentiate the causes of hypertension would include:

   A. Blood urea nitrogen.
   B. Electrocardiogram.
   C. Electrolytes (particularly K^+).
   D. Blood pressure in both arms and a leg.

You elect to treat the patient with a diuretic and potassium replacement.

4. Additional side effects of diuretics are:

   A. Hyperuricemia.
   B. Hyperglycemia.
   C. Hypotensive episodes during surgery.
   D. Blood dyscrasias.

Question B

An asymptomatic 60-year-old male alcoholic presents with rales at the right lower lung field and dullness to percussion over the right lung. A pleural effusion is noted for which you decide to do a thoracocentesis.

1. You order the following test(s) on the fluid:

   A. Pleural fluid protein only.
   B. Pleural fluid lactic dehydrogenase (LDH) and pleural fluid protein only.
   C. Pleural fluid cell count only.
   D. Simultaneous serum and pleural fluid protein and LDH.

2. The results are pleural fluid protein, 3.0 gm/100 ml; pleural fluid LDH, 120 IU; serum LDH, 200 IU; and serum protein, 5.7 gm. The fluid is:

   A. Transudate.
   B. Exudate.

3. Your differential diagnosis includes:

   A. Malignancy.
   B. Tuberculosis.
   C. Pancreatitis.
   D. Cirrhosis.
   E. Congestive heart failure.
   F. Effusion associated with possible aspiration pneumonia.