

Reviews of Books and Software

Telephone Medicine: Triage and Training. Harvey P. Katz. F. A. Davis Company, Philadelphia, 1990, 222 pp, \$25.00. ISBN 8036-5228-3.

The telephone is an increasingly common conduit for patient care. Patients may call seeking medical advice, for follow-up of a recent clinic visit, or to schedule an appointment. The impression created by that telephone encounter will either favorably affect the office's relationship with the patient or undermine it. The telephone therefore becomes an essential therapeutic and marketing tool for modern medical practice.

When used effectively, telephone medicine improves the continuity of care and lowers health care costs. This book by Harvey P. Katz, MD, successfully teaches primary care physicians, nurses, and office staff how to manage telephone encounters for pediatric patients and their parents.

The first 10 chapters of this book are devoted to organizing medical offices to render telephone medicine in a systematic fashion. Creating a practice image, managing angry patients and medico-legal issues are the strongest of the areas covered in these sections. In the next 19 chapters, different presenting symptoms are discussed with sufficient background and decision-making guidelines to allow the book to serve as a telephone-side reference for individuals with some medical background. The final chapters can be used for training, as each presents a case scenario followed by quality assurance guidelines. We do not agree with the author that sufficient information is presented in the text to allow its use as an "on-the-job" training tool for a "non-health care trained" individual to provide clinical advice in the course of telephone triage.

Though most of the book's content deals with telephone triage of symptoms, the remainder deals with issues just as critical to successful telephone medicine. Important issues such as collecting and providing accurate information, the need for documentation, and how telephone encounters differ from face-to-face encounters are well covered.

This book seems better organized and easier to read than most texts on this subject. The information presented is generally up to date, but we question some of the author's treatment decisions, such as giving advice over the telephone

to administer aspirin to a child under 18 years of age (chapter entitled "Cold and Earaches"). Another shortcoming of the book is its exclusion of adult patient problems, but the systematic approach presented could be adapted for other age groups by the physician.

We suggest that the physician read and modify each chapter of the book to fit his or her practice style before sharing it with staff members. In conclusion, this book would be very useful for the physician who needs an easy-to-read guide to use either in training medical and office staff in telephone procedures or in teaching telephone medicine to medical students.

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Addictive Disorders. Michael F. Fleming and Kristen Lawton Barry (eds). Mosby-Year Book, St Louis, 1992, 439 pp, \$39.95. ISBN 0-8151-3369-3.

Fleming and Barry are to be congratulated for compiling such a comprehensive clinical guidebook on the assessment and treatment of addictive disorders. This highly informative, yet practical volume is certain to be of interest and relevance to primary care physicians, nurses, social workers, and behavioral scientists who work in a medical setting. Moreover, the outline format in which the material is presented serves as an added attraction for the busy practitioner.

The volume consists of 20 chapters organized into six sections. The first section, "Clinical Overview of Alcohol and Drug Disorders," reviews epidemiology, diagnostic criteria, and clinical models of illness and recovery.

The second section consists of six chapters and is concerned with "Identification and Treatment of Primary Addictions." This section is probably of most value to the clinician, as numerous practical hints are given. The first chapter provides guidelines for conducting "brief interventions" with substance abusers in primary care settings. Other chapters focus on smoking cessation strategies, pharmacological management of substance disorders, use of psychoactive

drugs with chemically dependent persons, critical issues in drug testing, and an overview of inpatient and outpatient treatment modalities.

The two chapters of the third section focus on the management of secondary medical problems associated with alcohol and other drugs in ambulatory care and emergency department settings. A strength of this section is that it addresses the relative paucity of available clinical information on the management of non-dependent problem drug users. A relative weakness of the first chapter is the omission of a discussion on the adverse consequences of opiates and narcotics.

The fourth section focuses on clinical approaches to specific populations such as family members, women, older adults, prenatal patients, and patients with physical and cognitive disabilities. The chapter on adolescents is particularly informative and addresses complex issues such as confidentiality and informed consent. This section would have been strengthened by the addition of a chapter on minorities.

The four chapters of the fifth section focus on "related medical problems" such as eating and gambling disorders, dual diagnoses, and HIV and AIDS. The inclusion of such topics adds to the comprehensiveness of this text. The chapter on HIV and AIDS contains several typographical errors that are annoying. Of greater significance is the inclusion of the misleading statement that HIV does not progress to AIDS in all persons.

The remaining section consists of five sets of appendices. Of these, the appendix that includes information on national resources and patient education materials and the appendix that contains screening materials for specific populations are particularly useful. Unfortunately, while the information presented in all the appendices is very current, this same feature is also a potential drawback in that some of this material (eg, addresses and phone numbers of organizations) is so quickly outdated.

In summary, this is an informative and generally well-written guidebook that is enriched by the inclusion of a variety of case examples, troubleshooting guidelines for clinicians, and numerous screening and assessment instruments. Aside from some of the minor criticisms addressed above, the book meets (exceptionally well) its goal of providing a comprehensive, yet practical

continued on page 110

For complete Prescribing Information and references, please consult package insert.

INDICATIONS AND USAGE: HibTITER is indicated for the immunization of children 2 months to 5 years of age against invasive diseases caused by *Haemophilus influenzae* type b.

CONTRAINDICATIONS: Hypersensitivity to any component of the vaccine, including diphtheria toxoid or thimerosal in the multidose presentation, is a contraindication to use of HibTITER.

WARNINGS: If used in persons deficient in producing antibody, due to genetic defect or to immunosuppressive therapy, the expected immune response may not be obtained.

As with any vaccine, HibTITER may not protect 100% of individuals receiving the vaccine.

PRECAUTIONS General: Prior to an injection of any vaccine, all reasonable precautions should be taken to prevent adverse reactions. Any febrile illness or acute infection is reason to delay use of HibTITER. A minor febrile illness such as a mild upper respiratory infection is not usually reason to defer immunization.

As with the injection of any biological material, Epinephrine Injection (1:1000) should be available for immediate use should an anaphylactic or other allergic reaction occur.

As reported with Haemophilus b Polysaccharide Vaccine, cases of Haemophilus b disease may occur prior to the onset of the protective effects of the vaccine.

Antigenuria has been detected following receipt of Haemophilus b Conjugate Vaccine. Therefore, antigen detection may not have diagnostic value in suspected Haemophilus b disease within 2 weeks of immunization.

The vaccine should not be injected intradermally or intravenously, since the safety and immunogenicity of these routes have not been evaluated. The vaccine should be given intramuscularly. Special care should be taken to ensure that the injection does not enter a blood vessel.

A separate sterile syringe and needle or a sterile disposable unit should be used for each patient to prevent transmission of infectious agents from one person to another.

ALTHOUGH SOME ANTIBODY RESPONSE TO DIPHTHERIA TOXIN OCCURS, IMMUNIZATION WITH HibTITER DOES NOT SUBSTITUTE FOR ROUTINE DIPHTHERIA IMMUNIZATION.

Carcinogenesis, Mutagenesis, Impairment of Fertility: HibTITER has not been evaluated for its carcinogenic, mutagenic potential or impairment of fertility.

Pregnancy Reproductive Studies: Pregnancy Category C: Animal reproduction studies have not been conducted with HibTITER. It is also not known whether HibTITER can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. HibTITER is NOT recommended for use in a pregnant woman.

ADVERSE REACTIONS: Adverse reactions associated with HibTITER have been evaluated in 401 infants vaccinated initially at 1 to 6 months of age given 1,118 doses independent of DTP vaccine. Observations were made during the day of vaccination and days 1 and 2 postvaccination. A temperature $>38.3^{\circ}\text{C}$ was recorded at least once during the observation period following 2% of the vaccinations. Local erythema, warmth, or swelling ($\geq 2\text{ cm}$) was observed following 3.3% of vaccinations.

The incidence of temperature $>38.3^{\circ}\text{C}$ was greater during the first postvaccination day than during the day of vaccination or the second postvaccination day. The incidence of local erythema, warmth, or swelling was similar during the day of vaccination and the first postvaccination day; it was lower during the second postvaccination day. All side effects have been infrequent, mild, and transient with no serious sequelae (Table 1). No difference in rates of these complaints was reported after doses 1, 2, or 3.

TABLE 1 Number of Subjects (Percent) Manifesting Side Effects Associated with HibTITER Administered Independently from DTP* (Infants Vaccinated Initially at 1-6 Months of Age)

Symptoms	Dose 1 n = 401			Dose 2 n = 383			Dose 3 n = 334		
	Same Day As Vacc.	+1 Day	+2 Days	Same Day As Vacc.	+1 Day	+2 Days	Same Day As Vacc.	+1 Day	+2 Days
Temp $>38.3^{\circ}\text{C}$	0	2	2	2	3	2	2	6	5
	—	<1%	<1%	<1%	<1%	<1%	<1%	1.8%	1.5%
Redness $\geq 2\text{ cm}$	1	0	—	1	6	0	5	4	0
	<1%	—	—	1%	1.6%	—	1.5%	1.2%	0
Warmth $\geq 2\text{ cm}$	1	1	0	2	1	0	1	6	0
	<1%	<1%	—	<1%	<1%	—	<1%	1.8%	—
Swelling $\geq 2\text{ cm}$	5	1	0	2	2	0	1	0	0
	1.2%	<1%	—	<1%	<1%	—	<1%	—	—

*DTP and HibTITER given 2 weeks apart with DTP having been given first.

The following complaints were also reported after 1,118 vaccinations with HibTITER: irritability (133), sleepiness (91), prolonged crying ($>4\text{ hours}$) (38), appetite loss (23), vomiting (9), diarrhea (2), and rash (1).

Additional HibTITER safety data are available from efficacy studies conducted in young infants. 79,483 doses were given to 30,844 infants at 2, 4, and 6 months in California at the same time as DTP (but at a separate injection site) and oral polio vaccine; approximately 100,000 doses have been given to 53,000 infants at 4 and 6 months in Finland at the same time as a combined DTP and inactivated polio vaccine (IPV), but at a separate injection site. The rate and type of reaction associated with the vaccinations were not different from those seen when DTP or DTP/IPV was administered alone. These included fever, local reactions, rash, and one hyporesponsive episode with a single seizure. The safety of HibTITER was also evaluated in the California study by direct phone questioning of the parents or guardians of 6,887 vaccine recipients. The incidence and type of side effects reported within 24 hours of vaccination were similar to those cited in Table 1. In addition, analysis of emergency room (ER) visits within 30 days and hospitalization within 60 days after receipt of 23,800 doses of HibTITER showed no increase in the rates of any type of ER visit or hospitalization.

Table 2 details the side effects associated with a single vaccination of HibTITER given (without DTP) to infants of 15-23 months of age.

Similar results have been observed in the analysis of 2,285 subjects 18-60 months of age, vaccinated as part of a postmarketing safety study of HibTITER. This data was collected by telephone survey 24-48 hours postvaccination. Additional observations included irritability, restless sleep, and GI symptoms (diarrhea, vomiting, and loss of appetite) in the group that received HibTITER alone. A cause and effect relationship between these observations and the vaccinations has not been established.

TABLE 2 Selected Adverse Reactions* in Children of 15-23 Months of Age Following Vaccination with HibTITER Haemophilus b Conjugate Vaccine (Diphtheria CRM197 Protein Conjugate)

Adverse Reaction	No. of Subjects	Reaction % Postvaccination	
		Within 24 Hrs.	At 48 Hrs.
Fever $>38.3^{\circ}\text{C}$	354	1.4	0.6
Erythema	354	2.0	—
Swelling	354	1.7	—
Tenderness	354	3.7	0.3

*The following complaints were reported after vaccination of these 354 children in the indicated number of children: diarrhea (9), vomiting (5), prolonged crying ($>4\text{ hours}$) (4), and rashes (2).

Following the use of Haemophilus b Polysaccharide Vaccine and another Haemophilus b Conjugate Vaccine, reports of the following types of associated adverse reactions were recorded by passive reporting and postmarketing surveillance methods: fever $>38.3^{\circ}\text{C}$, local erythema, swelling, and tenderness.

Rash, hives, convulsions, vomiting/diarrhea, and Guillain-Barre syndrome have been observed. A cause and effect relationship among any of these events and the vaccination has not been established.

DOSAGE AND ADMINISTRATION: HibTITER is for intramuscular use only. Parenteral drug products should be inspected visually for extraneous particulate matter and/or discoloration prior to administration whenever solution and container permit. If these conditions exist, HibTITER should not be administered.

HibTITER is indicated for children 2 months to 5 years of age for the prevention of invasive Haemophilus b disease. For infants 2 to 6 months of age, the immunizing dose is three separate injections of 0.5 mL given at approximately 2-month intervals intramuscularly, preferably in the outer aspect of the vastus lateralis (mid-thigh). Previously unvaccinated infants from 7 through 11 months of age should receive two separate intramuscular injections, as described, approximately 2 months apart. Children from 12 through 14 months of age who have not been vaccinated previously receive one intramuscular injection. All vaccinated children receive a single booster dose at 15 months of age or older, but not less than 2 months after the previous dose. Previously unvaccinated children 15 to 60 months of age receive a single intramuscular injection of HibTITER, as described, or in the deltoid muscle.

Age at First Immunization (Mos.)	No. of Doses	Booster
2-6	3	Yes
7-11	2	Yes
12-14	1	Yes
15 and Over	1	No

NO DATA ARE AVAILABLE TO SUPPORT THE INTERCHANGING OF HibTITER OR OTHER HAEMOPHILUS b CONJUGATE VACCINES WITH ONE ANOTHER. IT IS RECOMMENDED THAT THE SAME CONJUGATE VACCINE BE USED THROUGHOUT EACH IMMUNIZATION SCHEDULE, CONSISTENT WITH THE DATA SUPPORTING APPROVAL AND LICENSURE OF THE VACCINE.

The current recommendation of the Immunization Practices Advisory Committee (ACIP) is for routine vaccination of children at 15 months of age. The ACIP has not yet reviewed the new indication for children less than 15 months of age.

Each dose of 0.5 mL is formulated to contain 10 μg of purified Haemophilus b saccharide and approximately 25 μg of CRM197 protein.

Before injection, the skin over the site to be injected should be cleansed with a suitable germicide. After insertion of the needle, aspirate to ensure that the needle has not entered a blood vessel.

DO NOT INJECT INTRAVENOUSLY.

STORAGE: Stability studies indicate that HibTITER can be shipped at ambient temperatures and stored at 2 $^{\circ}$ -8 $^{\circ}$ C (35 $^{\circ}$ -46 $^{\circ}$ F). DO NOT FREEZE.

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continued from page 107

guide to the addictive disorders for health care professionals.

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A Graceful Passage: Notes on the Freedom to Live or Die. Arnold R. Beisser. Bantam Press, New York, 229 pp, \$9.50. ISBN 0-553-35308-X.

Much is being said today regarding the meaning of life for the terminally ill person. A major focus of the rhetoric has been on the option of voluntarily ending a human life at that time when all hope has been lost. One need only consider the immense popularity of Derek Humphry's book *Final Exit*.

In this book, *A Graceful Passage*, Dr Arnold Beisser takes a different direction. He poignantly describes his experiences in a personal struggle with polio over the last 40 years. His training as a physician provides a unique perspective through which he very capably and humanly portrays his day-to-day encounters with his disease. He tells us what it feels like to both live and die at the same time. There is no moralizing or odious philosophizing as he details his thoughts and feelings. It is as though he has taken a biopsy of the process of dying. With each pass of the microtome, he reveals a new subtlety that could not have been learned by the most astute observer.

The text has a fluid quality that allows the reader a false sense of security. All too easily, many of the passages can be read as a good novel. I would recommend reading the book very slowly, with long pauses to carefully consider the content and feelings being described.

One might be tempted to suggest this book only to those caring for the terminally ill. Quite the contrary, this book is for the living, regardless of their current physical condition. Read it and your definition of and respect for life will be enriched.

There were many passages of note in this book. I will leave you with this one: "I think I may be getting prepared to live, now that it is nearly time to die. What an unexpected transition this has now become. Perhaps in some amazing way, this life is a preparation, one whose work is done whenever it is over. Why else would I be getting better at it all the time?"

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Software Reviews

Gary N. Fax, MD, Section Editor

MEDTEACH, Version 1.1 (1990). Distributed by the American Society of Hospital Pharmacists, 4630 Montgomery Avenue, Bethesda, MD 20814. \$400 for nonmembers, \$350 for members.

DOCUMENTATION: 180-page, illustrated, loose-leaf manual.

HOW SUPPLIED: Four 360K (5.25") diskettes or two 720K (3.25") diskettes.

HARDWARE REQUIREMENTS: IBM compatible computer with 640K RAM; one floppy disk drive; hard drive with 2.5 MB free disk space; DOS.

MOUSE SUPPORT: No.

TOLL-FREE SUPPORT: No.

DEMONSTRATION DISKS: No.

MONEY BACK GUARANTEE: No.

The American Society of Hospital Pharmacists (ASHP) based *MedTeach* on their publication *Medication Teaching Manual, A Guide for Patient Counseling* (4th edition, 1987, American Society of Hospital Pharmacists). The ASHP's intent is to provide a readily accessible source for readable patient-oriented pharmaceutical information. Pharmacists represent the primary audiences for this software, but the patient instruction materials appear quite suitable for use in physicians' offices.

The program installs easily from an included batch file. The only "hitch" observed is that the authors provided no provision for aborting the installation process. The usual termination keys were all ineffective; users should be sure that they are ready to complete the installation process before proceeding. The software utilizes a "no-frills" text-based menu system that proceeds logically among the program's options. From the opening screen, the user can search for a drug by brand or generic name or by information document number. Once located, this document can be printed on an Epson compatible printer. Additional menu options include adding, deleting, changing, or listing the available drug information documents.

The package's primary use will be to generate medication information sheets. The software includes information for nearly 500 prescription and nonprescrip-

tion medications. Medications are indexed both by generic and commercial brand names (for example, the "digoxin" information sheet is accessed when requesting information on digoxin, Lanoxicaps, or Lanoxin). The information sheets print satisfactorily on a standard DOS dot-matrix text printer (I did not try other printers). The manual states that yearly updates and additions are available (although the program has not been updated since May 1990). The user can add new information documents and modify those provided in the package. The procedure for generating new or modified documents is straightforward but cumbersome. The user must first create a new document (or import a *MedTeach* text file) in a text editor or word processor capable of ASCII text output. The new ASCII text file can then be added to the *MedTeach* index. I think many users will find that, once they have created a new document in their favorite word processing package, their word processor provides greater printing flexibility than that provided in *MedTeach*.

I submitted *MedTeach* patient medication information documents to readability testing using the Grammatik software package. The documents achieved a Flesch Reading Ease score of 68 (7th to 8th grade level) and a 6th grade Flesch-Kincaid Grade Level. These scores indicate that the information documents should be useable in most clinical care situations. The authors have managed to create quite readable documents without sacrificing accuracy.

Who should purchase *MedTeach*? The software provides pharmacists with a quick and readily updated means for providing medication information to consumers. The program could serve a similar purpose in a physician's office. However, other "low tech" means, such as standardized tear-off forms, exist for providing this information, and certainly cost less. I would not purchase a computer system for the sole purpose of running this program. However, for physicians who already have a DOS computer in their offices and do not mind the program's expense, this package might provide a novel means of providing readable and accessible medication information to patients.

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YOCON[®]

Yohimbine HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubiaceae and related trees. Also in Rauwolfia Serpentina (L.) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors. Its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon[®] is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (GNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.¹⁻³ Also dizziness, headache, skin flushing reported when used orally.¹⁻³

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.¹⁻³ 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.¹

How Supplied: Oral tablets of YOCON[®] 1/12 gr. 5.4mg in bottles of 100's NDC 53159-001-01, 1000's NDC 53159-001-10 and Blister-Paks of 30's NDC 53159-001-30

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.



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