

# Reviews of Books and Software

*The Recovery Book*. Al J. Mooney, Arlene Isenberg, and Howard Isenberg. Workman Publishing, New York, 1992, 597 pp, \$13.95 (paper). ISBN 1563-0508-46.

Simply put, *The Recovery Book* is the most complete, accurate, and practical compendium of medical knowledge on drug and alcohol recovery that I have ever read. *The Recovery Book* is extremely well written and easy to understand, making it attractive and useful for physicians, their patients, and family members. It is full of the kind of wisdom and advice that can only be acquired through frequent, intimate experiences over a long career in the field.

The authors write with authority and credibility. Dr Mooney states in the foreword that substance abuse played a major role in his personal and professional development. He refers to himself as a "potential alcoholic," having been raised in a home with a father, mother, sister, and brother who were alcoholics. After his residency in family medicine and fellowship in addiction medicine, Dr Mooney returned to his hometown to serve first as a family physician and then as medical director of Willingway Hospital—a recovery center founded by his parents after they became sober.

The book's format varies, consisting of narrative, question-and-answer how-to's, personal disclosures, and patient vignettes, presenting not only medical but common-sense aspects of addiction and recovery. The section "Getting Sober" logically breaks into "Phase I: Saving Your Life," "Phase II: Repairing and Enjoying Your Life," and "Phase III: Prolonging Your Life." Specifically addressed are what family members, significant others, friends, employees, and health care providers should know about chemical dependency, including pitfalls to recovery. While doing so, the authors cover the spectrum of culture, race, sex, sexual orientation, and socioeconomic status.

*The Recovery Book* is explicit with practical suggestions and "life skills" advice on how to succeed in living after one is chemical-free. The table of contents includes over 560 specific topics that relate to addiction and recovery. Not only does this illustrate the book's completeness, but it also provides quick and easy access to information. In addition, there is a glossary of recovery terminology that

should make communication among physicians and patients easier in the expanding field of addiction medicine.

It is unfortunate that physicians rarely receive education beyond the medical treatment of the results of alcohol abuse. It is estimated that 10% of the patients who visit a family physician's office have an alcohol problem either themselves or among their immediate family members. This does not include the additional patients who have problems with the abuse of other substances.

With 2 years' experience as a counselor in an outpatient mental health program and 2 years of part-time work at an inpatient substance abuse facility, I can understand how overwhelming some of these problems can seem to the physician and the patient. After reading *The Recovery Book*, what amazes me is how simple, straightforward, and successful some of the proposed solutions are.

This book is a must-read for all primary care physicians and physicians who deal specifically with substance abuse. I predict that *The Recovery Book* will rapidly become the "Bible" of addiction medicine for both the public and the medical profession and at some point will serve as the base text for undergraduate, graduate, and continuing education courses. The sooner the better.

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*ACLS Certification Preparation* (Volume 1, 3rd Edition). Ken Grauer and Dan Cavallaro. Mosby Lifeline, St. Louis, Missouri, 1993, 368 pp, 277 illustrations, \$19.95 (paper). ISBN 0-8016-7069-1.

I have always hated rote memorization. It is because of this that I approached my upcoming certification in advanced cardiac life support (ACLS) with some trepidation. Unquestionably, the American Heart Association (AHA) has done considerable good by establishing ACLS certification, but the process requires the memorization of minutia. Furthermore, the AHA recommendations change by the minute, seemingly without regard to science or sense.

The standard way to prepare for this certification process is to read the termi-

nally boring AHA articles that have been collected and reprinted from *The Journal of the American Medical Association*. This can be painful, as these articles were written as reference sources, not as educational guides. Furthermore, they lack figures and often fail to explain the reason for AHA proclamations.

As an alternative, *ACLS Certification Preparation* by Grauer and Cavallaro is wonderful. It begins with an outline and explanation of the key CPR algorithms. This is followed by several sections on arrhythmias. Even though I have been reading ECGs for 15 years, there was much to be learned and reviewed. The authors present ECGs in increasing complexity—some will challenge even the most experienced clinician. Working through these sections is great preparation for the arrhythmia test that is required for ACLS certification. The book concludes with case studies that prepare the clinician for the Mega Code and discussions about ventilation and intravenous access.

In each section, figures are used to demonstrate important concepts. The information is presented in an easy-to-follow, highlighted outline format. The authors discuss those issues in which there have been changes in CPR recommendations (eg, the disuse of sodium bicarbonate, the new recommendations to use magnesium sulfate in patients with ventricular fibrillation, and advice on high-dose epinephrine). Throughout the text there are practical hints that help to make sense of this complicated area of medicine.

The authors have also prepared a second volume that reviews current thinking about the treatment of acute myocardial infarction and special resuscitation situations, such as pediatric. This volume is not essential to review for completing the ACLS, but makes an excellent reference for the family medicine library. For those who best learned anatomy in medical school by using flash cards, the authors have also prepared a set of 376 cards (\$25.95) that contain information in a question-and-answer format about the ACLS algorithms and arrhythmias.

Grauer and Cavallaro have done for ACLS what Montessori has done for learning phonics. Theirs is a user-friendly format that succeeds in reducing one's apprehension both during the ACLS test

and during the next code. (By the way, I passed.)

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*Conversation Failure: Case Studies in Doctor-Patient Communication.* Frederic W. Platt. Life Sciences Press, Tacoma, Washington, 1992, 183 pp, \$16.95 (paperback). ISBN 0-943685-16-8.

This book is well written, entertaining and useful. Its format is that of a case study or clinical vignette in the form of a brief dialogue between a patient and a doctor, followed by discussion. The reader is invited to diagnose the communication problem(s) illustrated and propose a solution. The discussion presents the author's own analysis and suggestions. Cases range from the typical to the bizarre, and include interactions with family members, other physicians, and insurance representatives. They ring true; it would be a rare physician who has not played a part in similar minidramas. Practicing physicians will appreciate *Conversation Failure*.

For the medical student or resident, the book offers an alternative to standard patient interviewing texts, perhaps more instructive as it deals with the way things (at least sometimes) are rather than the way they are supposed to be. Lessons can be learned from the mistakes of others. Behavioral scientists can use the case studies to trigger discussions of therapeutic and nontherapeutic interactions. The elicitation of the patient's "explanatory model" and other behavioral science concepts are presented in a case-oriented context. Because the cases come in no particular order, the book is less handy for teaching purposes than it might have been. Moreover, the reader will not find in one place all that the author has to say about a particular technique, such as empathizing. The bibliography is divided into "Texts on Interviewing" and "Articles of Interest." Both are useful.

The author admits there are interactional problems that he cannot solve, and that on some days he is better than on others. But when they occur, it is the physician's job to "determine what is going wrong, then devise a treatment for it." Sensitivity to process, taking time out to think about the difficulty, sharing one's feelings, and empathizing with the patient are offered as general strategies.

Behind the entertaining style lies a commitment to the notion that healing requires an honest and open connection between patient and doctor. The techniques discussed in this book are more than devices or gimmicks; their use requires large amounts of self-control, insight, and humility. Readers might wonder if they have the wherewithal to respond consistently with such depth. The author puts it this way: "No one can bat 1.000, especially in this difficult area, but it is fair to try to improve our averages. . . . If [readers do] so, they will have more fun with the practice of medicine and be more helpful to their patients."

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*Resources for Elders with Disabilities.* Resources for Rehabilitation, Lexington, Massachusetts, 1993, 303 pp, \$43.95. ISBN 0-929718-11-9.

*Resources for Elders with Disabilities* is a highly informative resource book for patients, their families, and the family physician, as well as other health care professionals. The book would also provide practical instruction for medical students and residents. It is not only a valuable resource for the geriatric population, but would benefit other patients with disabilities.

The text is divided into 10 chapters: (1) "Our Aging Society," (2) "Laws That Affect Elders with Disabilities," (3) "Hearing Loss," (4) "Vision Loss," (5) "Diabetes," (6) "Arthritis," (7) "Stroke," (8) "Parkinson's Disease," (9) "Osteoporosis," and (10) "Making Everyday Life Safer and Easier," which enables the reader to rapidly locate information in specific categories—especially important for the busy physician and other health care professionals.

In certain chapters, in addition to an explanation of the condition, its psychological aspects, and related assistive devices, relevant publications and tapes are listed. Risk factors and warning signals of other disabilities are discussed, and patients are encouraged to become more involved in their own health care. The information in the lists of publications and tapes includes cost, if any; some materials are available free of charge. This benefits the patient on a fixed income and is also advantageous to the physician making recommendations to a patient.

The text is in large print, helpful especially for the visually impaired.

One illustration of the importance of treating the complete person appears on page 172 in the chapter on arthritis: "For example, when people with insulin-dependent diabetes also have arthritis, it may be difficult to grasp a syringe. Arthritis may also affect rehabilitation of the health conditions, such as a stroke, when joint inflammation interferes with adaptive mobility techniques."

Although the content is comprehensive, it is unfortunate that the LifeScan blood glucose monitor was omitted from the listing of special equipment for people with visual impairments (p 169) because the LifeScan also has large print and speech output capabilities. It is not feasible to include everything in a resource book; however, in a note, the publishers ask that any important omissions found be brought to their attention for inclusion in the next edition.

In summary, *Resources for Elders with Disabilities* is a well-arranged text that would be useful for both professionals and nonprofessionals.

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## Software Reviews

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TRAVEL CARE, Version 1.01 (1993). Care Ware, Inc, 9559 Poole St, La Jolla, CA 92037. (619) 455-1484 or (619) 534-2349. \$449 for single user or \$999 for site license, both include monthly update for 1 year; a \$99 "education version" without updates is available to students and residents.

DOCUMENTATION: 16-page manual.

HOW SUPPLIED: 1 floppy disk

HARDWARE REQUIREMENTS: Apple Macintosh or Windows compatible. Tested Macintosh version requires hard disk, 2MB RAM for system 6.0.5 or 6.0.7 (or 4MB RAM for system 7) and *HyperCard* software version 2.1. *Windows* version 3.1 requires 386 or 486 PC running in enhanced mode and 6MB of free hard disk space; a runtime version of *Toolbook* is supplied.

MOUSE SUPPORT: Yes.

CUSTOMER SUPPORT: Yes.

DEMONSTRATION DISKS: No.

MONEY-BACK GUARANTEE: No.

*Travel Care* is a travel health information program in a database format. It



# YOCON<sup>®</sup>

## 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<sup>®</sup> 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 (CNS) 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.<sup>1-3</sup> Also dizziness, headache, skin flushing reported when used orally.<sup>1-3</sup>

**Dosage and Administration:** Experimental dosage reported in treatment of erectile impotence.<sup>1-3</sup> 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.<sup>1</sup>

**How Supplied:** Oral tablets of YOCON<sup>®</sup> 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.



#### Book Reviews

is primarily designed to aid health professionals who are advising travelers. In the Apple Macintosh version, it has been developed as a *HyperCard* "stack." Since *HyperCard* is supplied with each Macintosh, this is not an obstacle. Installation involves simply copying self-extracting compressed files to a hard disk. The decompressed program occupies 2.7MB of hard disk space; *HyperCard* takes up an additional 0.7MB. The *Windows* version was not tested.

The program is simple to use. Information can be accessed through topic buttons or through the use of a world map. Clicking on areas of the map brings up screens with more detail for the selected region. Two or three such steps allow selection of individual countries. For a selected country, a summary screen is displayed; topic buttons allow further details to be sought in any category. Categories of available information include US State Department advisories, health risks for the region, disease information, and vaccine information. The database can also be accessed by selecting regions, diseases, or vaccines rather than countries.

All information can be readily printed to provide written information for travelers. An "itinerary maker" allows creation of a summary report for travelers who will be visiting multiple countries or regions. A set of basic travel tips is also available for inclusion in reports for travelers. Reports can also be customized to include up to 12 "special considerations" based on medical history information,

including pregnancy, egg allergy, altered immune status, and others. Reports may be personalized to include the traveler's name and the name of the clinic or doctor (or *Travel Care* as a default).

Information produced by the program is not user-modifiable (except for the customization discussed above). This may enhance ease of use, but limits flexibility. The vendor recommends that its monthly update service be used to keep the program current with changing information and recommendations. This is especially pertinent for the US State Department advisories, which change frequently. Updates are supplied at no additional charge for the first year, and for a fee of \$399 per year after that.

I found that the program performed as advertised, and believe that it would be a useful adjunct to health care professionals who frequently advise travelers or who would like to start a "travel clinic." Reports are comprehensive and attractively formatted. However, given the complexity of the information provided, I feel that providers should always personally review the reports with travelers. Finally, the relatively high purchase price and need for updates with attendant fees make the program costly for those who only occasionally are involved with issues of travel medicine.

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(800) 237-9083