

Reviews of Books and Software

Depression in Late Life (2nd Edition). Dan G. Blazer II. Mosby-Year Book Press, St. Louis, Mo, 1993, 346 pp, \$32.00. ISBN 0-8016-7434-4.

This book is a recent edition of the author's same-titled book that was originally published in 1982. Blazer writes that this edition should be thought of as a "new book" as opposed to a "revision," because, despite many structural and content-based similarities, chapters on depression and cognitive impairment, as well as existential depression, have been added. In addition, he has incorporated a great deal of new information and references not available in the first edition.

This second edition is well organized into five parts. "Description and Distribution of Late Life Depression" includes an overview of the epidemiology, signs and symptoms, and natural course of depression in late life. Part 2, "The Origins of Late Life Depression," provides readers with updated information regarding the biologic, psychologic, and social origins of depression. Also included is a discussion of existential depression. The third section includes two chapters on "The Diagnosis and Differential Diagnosis of Late Life Depression." Part 4, "Categories of Depressive Disorders of Late Life," includes a comprehensive discussion of various affective disorders, including bipolar disorders, major depression, dysthymia and minor depression, bereavement, depression associated with physical ailments and alcohol problems in the elderly, and pseudodementia and neurologic disease. The final section, "The Treatment of Late Life Depression," examines psychotherapeutic approaches in late life, family therapy, psychopharmacology, and electroconvulsive therapy.

The book is a comprehensive and well-referenced text that flows well from start to end. Whereas the first and second parts may, at times, appear overly technical for some readers, I believe they provide a solid foundation on which to base an understanding of depression. Fortunately, Blazer presents most of the information in this book in a clearly written format that includes useful tables and figures. He also provides various case reports within the text to increase the reader's understanding of depressive disorders and treatment issues as well as to

make the textual information more "user friendly."

If the book has any faults, they are minor and due mainly to the timing of publication rather than to any inherent flaws. For example, the book fails to discuss the US Department of Health and Human Services Clinical Practice Guidelines for depression in primary care published in 1993. As well, discussion of the newer serotonin reuptake inhibitors is limited to fluoxetine.

Despite these omissions, the book is a worthwhile investment for all members of its target audience, which includes primary care physicians, geriatricians, psychiatrists, geriatric psychiatrists, psychologists, psychiatric nurses, and social workers. As with the first edition, it will most likely become a standard text in medical school and residency libraries as well as for family physicians interested in the study and treatment of depression in the elderly.

Michael G. Kavan, PhD
Department of Family Practice
Creighton University School of Medicine
Omaha, Nebraska

The Thyroid Book. Martin I. Surks, MD. Consumer Reports Books, Yonkers, New York, 1993, 213 pp, \$24.95. ISBN 89043-584-7.

For the patient who does not understand the effects of thyroid disease, this book offers easy-to-read, understandable information. It assists in reducing anxiety produced by the physical and emotional changes resulting from a dysfunctional thyroid gland.

The text provides an overview of the thyroid gland, its function, and location, noting its relation to other glands of the endocrine system. It details various thyroid conditions and treatments in terms that can be comprehended by a nonmedical reader. The chapter on the thyroid hormone did have information that was a bit difficult to follow in regard to complex interactions of the thyroid and other glands and how they regulate thyroid-stimulating hormone levels. The only other book that I have read on the subject was a medical textbook that was much too detailed for patients, but it did alert me to signs and symptoms common to my own thyroid disease.

A critical point made by Dr Surk

was the significance of selecting a physician who knows this disease. My experience in locating an informed physician led me to three different physicians. The third immediately diagnosed my condition and followed the examination procedures described in the text. Having now read the material, I could go into the examination knowing what to expect and how thorough the examination would be.

This is an excellent resource for patients. It is well written and addresses the primary concerns of most patients. I would also encourage physicians to read it as a review and reminder. I have already recommended the book to acquaintances who also suffer from thyroid disease. I learned a great deal and have a much better understanding of my disease, the functions of the thyroid gland, and the specific signs associated with my condition.

Joanna Parker
Director of Hospital Education
University Hospital
Augusta, Georgia

The Healer's Power. Howard Brody. Yale University Press, New Haven, Conn, 1992, 305 pp, \$15.00 (paperback). ISBN 0-300-05783-0.

The Healer's Power is a book about medical ethics. Beginning in the late 1950s, patients began to demand more autonomy and authority in making decisions regarding their health. First came the demand that patients give informed consent before receiving major procedures or being used in experiments. Soon to follow were patient rights to refuse life-sustaining treatment for themselves, their parents, and their children. In response to these demands, medical schools established medical ethics departments.

At first, the new discipline of medical ethics confined itself to issues of informed consent and the use or withholding of life-sustaining technology, excluding most of professional ethics. The methodology was restricted to the technique called *analytical philosophy*. Insight from science, particularly from social science, was excluded from these discussions.

Dr Brody asserts that these restrictions are no longer valid. Medical ethics must be expanded to encompass all interactions between the medical community

and society at large. Scientific understanding needs to be reintroduced into ethical discussions. Ethical pronouncements need to be consistent with human nature if they are to be useful in guiding human behavior. It is this expansion of the scope of the discipline of medical ethics that is the most important attribute of this book.

At the core of medical ethics is the physician-patient relationship, according to Dr Brody. "The physician should employ all her power to try to effect a good outcome for the patient. *Good outcome* is determined by (a) the patient's life plan, (b) the patient's definition of the presenting problem, and (c) a coherent conception [by the physician] of excellence and quality in the practice of medicine." (pp 64-5) From this patient-centered but not patient-dominated position, he elaborates on a system of ethics capable of addressing all aspects of medical care.

His most important arguments establish an ethical basis for primary care as the center of the medical care team. He addresses the new questions of the propriety of case management and managed care as well as the more traditional questions regarding the relationship between the physician and the patient and his family. This is the best ethical examination of family medicine that I have seen. His discussion of informed consent as the result of a conversation between physician and patient is important. Withholding futile treatment is addressed not only as an issue of patient autonomy but also as a psychological issue for physicians who will not admit defeat.

Dr Brody establishes the connection between ethics and the social sciences, but he does not take the next logical step to include the medical sciences. For example, he states that a case can be made for withholding cardiopulmonary resuscitation (CPR) from a patient if the procedure is futile. He does not discuss the studies of the effectiveness of CPR in hospitalized patients, nor does he mention that CPR is attempted for only about one third of patients who experience cardiac arrest in the hospital. Finally, he does not discuss the fact that although many books and papers have been written on the ethical and legal aspects of the decision to withhold CPR, the literature on the effectiveness of the procedure would fit nicely into a small briefcase, and still leave room for a sandwich.

The first chapter of the book com-

bines extreme physician stereotypes and moral superiority, resulting in an example of doctor bashing. It seems oddly out of place in an otherwise thoughtful book. The second and third chapters are a justification for the introduction of the concept of power or influence into ethical discussions. They are written in the very pedantic manner of the analytical philosopher; slow reading, but worthwhile.

The rest of the book is devoted to applying Dr Brody's method to real clinical situations. The writing becomes much lighter and more animated as the author addresses issues that are important to physicians in daily practice.

This book is essential for anyone who is directly involved in teaching medical ethics. It will also be important to those concerned about the ethical consequences of the important changes currently under way in American medicine.

Martin Urberg, MD, PhD
Northville, Michigan

Software Reviews

Gary N. Fox, MD, Section Editor

ASKRX PLUS, Version 2.1 (1993). Camdat Corporation, 359 Northgate Drive, Warrendale, PA 15086. 1-800-875-8355; \$645. (*AskRx* [not *Plus*], \$299; *AskAdvice*, \$345. Annual renewal for each, \$275).

DOCUMENTATION: Illustrated, well-written, 140-page, 19 × 23 cm three-ring notebook.

HOW SUPPLIED: 3.5-in. or 5.25-in. diskettes or CD-ROM.

MINIMUM HARDWARE REQUIREMENTS: PC-compatible 386SX, 2MB RAM, 18MB hard disk space, Microsoft Windows 3.0, mouse.

MOUSE SUPPORT: Required.

TOLL-FREE CUSTOMER SUPPORT: Yes. 1-800-875-8355.

DEMONSTRATION DISKS: Yes.

MONEY-BACK GUARANTEE: Not specified.

RATING: Good (Useful, but pricey and buggy, with room for improvement)

AskRx is a Windows drug information program based on the *United States Pharmacopoeial Dispensing Information*, Volume I, Drug Information for the Health Professional (USP DI). *AskRx Plus* is a heavyweight, occupying more than 18MB of hard disk space. *AskRx Plus*

contains a patient database and a prescription writing feature not found in *AskRx*. A CD-ROM (compact disk-read-only memory) version is also available. I evaluated *AskRx Plus*, and all references are to it, unless otherwise specified.

The main screen of *AskRx* is typical Windows, with a title bar, a pull-down menu bar, and a toolbar consisting of 12 function-button icons. At the bottom of the *AskRx* window is a text bar that explains the function of any toolbar button that the mouse pointer rests upon. Many of the menu and toolbar functions are redundant, allowing user preference; in fact, using the edit menu, the toolbar can be eliminated if desired. Users may customize 8 of the toolbar buttons from 18 choices.

The program's features on the default toolbar include the USP DI table of contents, a search box, drug indications, drug contraindications, drug interactions, drug side effects, brand-generic drug name exchange, a "Patient Clipboard," and four others. Options of interest to family physicians that may be added to the toolbar include drug dosing information, values to monitor for the drug, basic information to provide to patients taking the drug, pregnancy precautions, breast-feeding precautions, pediatric precautions, and geriatric precautions.

Focusing on the use of *AskRx* for drug information, users would most likely click on the Search button, which opens a dialogue box and allows input. For example, to find the ingredients in Nyquil, the first few letters are entered ("nyq"), followed by a click on Search. Potential matches appear. A match is selected and a dialogue box opens listing 15 drug information options (indications, contraindications, side effects, generic name, precautions, dosing, etc). Selecting "generic name" retrieves the list of the four generic ingredients. For this first selection, the user must select from the dialogue box; the toolbar is inoperative. The selected USP DI monograph information appears in a standard Windows sizable and scrollable text box.

On my 486-25 laptop, the complete task, from the time of clicking on the *AskRx* icon, takes less than 30 seconds. After the first choice from the text box, clicking on a toolbar icon focuses the user rapidly on the new section in the USP DI. For functions not on the toolbar, information is accessible with a few

mouse clicks on the drop-down menus. Unfortunately, double clicking, which is more efficient than forcing one click to select and a second on the "OK" button, is only variably supported in *AskRx*. When users elect to "print" selected information to a file, the file created is not an ASCII file, unless the default printer is a generic ASCII printer.

Because the information is based on the USP DI, nonprescription drugs and drug combinations are included. Transdermal fentanyl was the only drug I could not find. Although in list form by drug, comparative information about drugs within a class may be obtained by selecting that class. However, no comparative pricing information is included.

The other elements of *AskRx* are less refined. The drug interactions feature is cumbersome, although usable with some practice. The prescription writer prints one prescription at a time; no option exists for multiple medications between one header and one signature line. The prescription writer provides no default suggestions: each line of the prescription must be entered by the user for each new patient. Once entered, there is no comparison of entry to the database's prescribing information to check for potential entry errors. The absence of linking between drug information and prescription writing is a major disappointment. One feature is well designed: drug interactions checking can be set to review the prescription list automatically when medications are added, or it can be set to be user-initiated with one click.

The Patient Clipboard allows users to save medication lists for future prescription refills and drug interactions checking. It also allows entry of problem lists and printing of current and historical medication and problem lists. When the Clipboard is printed, a prescription list prints with each element of the prescription on a new line, creating multipage printouts containing one narrow column. A "note" may be "attached" to each problem and each medication in the lists. On my system (486-25 laptop, Hewlett-Packard Laser Jet 4 printer), I was unsuccessful in printing the Clipboard after I added notes. Curiously, the DOS command "share.exe" must be in the user's autoexec.bat file for Clipboard to work, which, on my system, also required an increase in the number of files in my config.sys.

AskAdvice is a companion product available for \$345; it runs only from the

AskRx Plus version. It allows the printing of drug information handouts for patients from within the program. It was not supplied or evaluated.

From the advertisements for *AskRx*, I had high expectations: an integrated drug information, drug interactions, patient handout, and prescription writing program. Additionally, problem lists could be entered, so chart "face sheets" could be produced—all accomplished with single entry of the prescription. The drug information component delivers.

Physicians who have ready access to Windows computers during clinical time and would benefit from a rapid drug reference should consider purchasing this program. The concept of bundling multiple related tasks with single entry is sound. Unfortunately, the remaining components of *AskRx* are added cost add-ins or suffer from programming or design flaws. However, with the solid drug information foundation, this program has excellent potential in future versions. As a window to the future, I would also recommend *AskRx* to residency programs.

Gary N. Fax, MD
Toledo, Ohio

THE ONLINE JOURNAL OF CURRENT CLINICAL TRIALS, Version 1.1 (1993). The Online Journal of Current Clinical Trials, 1333 H St NW, Room 1155, Washington, DC 20005. (202) 326-6446. New subscription, \$120.00 per year; renewal, \$95.00 per year; online charges vary according to connection used, from none with Internet access, to approximately \$10.00 per hour using the 800 number.

DOCUMENTATION: Loose-leaf manual including telecommunications access directory; getting started; Internet access guide; user guide.

HOW SUPPLIED: Online service plus telecommunications software consisting of two 720K (3½-in.) or two 360K (5¼-in.) diskettes.

HARDWARE REQUIREMENTS: 80386 running Windows (or OS/2), modem (9600 baud highly recommended); 1.5MB hard disk space.

MOUSE SUPPORT: Yes.

TOLL-FREE CUSTOMER SUPPORT: Yes. (US) 1-800-848-5800; (CANADA) 1-800-848-5878; (Int'l—not toll-free) 1-614-793-8682.

DEMONSTRATION DISKS: Yes.

MONEY-BACK GUARANTEE: On a pro-rated basis.

The Online Journal of Current Clinical Trials (CCT) is an electronically published journal providing prompt access to therapeutic trials, studies of procedures effectiveness, meta-analyses, reviews, letters, editorials, and methodology. *CCT* is delivered not through the traditional mail but to your computer via modem and telephone line.

Are we ready for electronic journals? Will online journals, or some derivative, become familiar clinical information sources? A few moments with *CCT* provides a glimpse into the possibilities.

Starting from the Windows program manager, I clicked twice on an icon called Guidon ("guide on"). About a minute later, Guidon had logged on to *CCT* and a search screen appeared. Beneath the title bar on the program window were buttons: Searching, Terms, Figures, Tables, Print, Back, and Alert. A box to the left identified my location in an article. The syntax used to retrieve articles was straightforward. Using one or a combination of 15 identifying fields for each article, I could search *CCT*'s contents with either search terms or text words. For example, entering "bi:mammogram" ("bi" for basic index of each article) retrieved "Breast cancer screening in younger women."² While the document was downloading and simultaneously appearing on the screen, the Alert button notified me that there were related documents in *CCT* that I might also want to read. A few mouse clicks brought up a list of five. The Back button returned me to the article, which I navigated using the mouse and scroll bars. Clicking the Terms button located consecutive occurrences of "mammogram" in the article. Figures and tables were not printed in the text, but their intended locations were identified. I could retrieve them either by clicking the mouse on the figure or table number or by using a list displayed by clicking the Figures or Tables buttons.

Possibly the most useful feature of *CCT* is hypertext, which enabled me to bring up a citation by clicking the reference number while reading (Figure). If the reference had a published MEDLINE abstract, it was identified as a "MEDLINE Reference." A few mouse clicks, and the abstract was displayed in a

Guidon 2.0: Current Clinical Trials - [Perineal Repair Following Childbirth]

File Edit Tools Services View Options Window Help

Citation

Roberts M, Richardson L, Johnson D, Coleman S, Michael EM. A randomized trial of perineal repair following childbirth: a comparison of subcuticular polyglactin 910 (vicryl) and interrupted black silk for perineal skin closure [article]. Online J Curr Clin Trials [serial online] 1993 Sep 15;1993(Doc No 90);[1971 words; 33 paragraphs]. 5 tables.

A RANDOMIZED TRIAL OF PERINEAL REPAIR FOLLOWING CHILDBIRTH

A COMPARISON OF SUBCUTICULAR POLYGLACTIN 910 (VICRYL) AND INTERRUPTED BLACK SILK FOR PERINEAL SKIN CLOSURE

Mark Roberts, Lesley Richardson, Doris Johnson, Sally Coleman, Enid M. Michael
Department of Obstetrics and Gynaecology, Leazes Wing, Royal Victoria Infirmary, Newcastle upon Tyne, NE1 4LP, United Kingdom

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ABSTRACT

(1) **Objective:** Previous trials have suggested polyglycolic acid (PGA) derivatives (Vicryl [Ethicon brand of polyglactin 910] and Dexon [Davis & Geck brand of poly-

Figure. Example of a screen accessed through Guidon in *The Online Journal of Current Clinical Trials*. Reprinted, with permission, from Document 90, *The Online Journal of Current Clinical Trials*, copyright 1993, The American Association for the Advancement of Science.

window; another click returned me to the point in the document at which the reference was cited.

Printing entire documents, tables, figures, or individual references was easily accomplished. On a laser printer, all but the figures were printed with almost typeset clarity. The program also allows documents to be downloaded or faxed, or typeset copies to be delivered through traditional mail. Software installation is straightforward, and the program easy to use, although an article's text takes a number of seconds to appear on screen—a 9600 baud modem is required. I used the *CCT* access software under Windows and OS/2 without difficulty. Access numbers are included in the comprehensive manual, and password information is provided in an introductory letter. Each of these is entered in the setup program.

CCT is only 1 year old. As of mid-October, 1993, it had published approx-

imately 94 documents, 36 of which were reprinted from *MMWR*. Publication timeliness in *CCT* is likely without rival, and the journal maintains a high degree of clinical relevance. Some articles relevant to family practice examine breast cancer screening, diabetes control and complications, episiotomy use, and urinary tract infection prevention. Elegantly conceived and implemented, *CCT* brings to the user's fingertips information that previously could be accessed only with considerable effort.

Although many physicians may be unaccustomed to reading from a computer monitor, I found the design of *CCT* to be extremely intuitive, remarkably capable of following a line of thought. However, it would be helpful if the various medical information services—MEDLINE and its relatives, including *CCT*—adopted a uniform search scheme with common field identifiers and implementation.

Only time will tell if the medical community is ready for electronic publishing and *CCT*. If, however, other journals adopt or even add a similar electronic publication to their traditional ones, we might someday find medical literature accessible to an extent only imagined just a few years ago.

Mark Grant, MD, MPH
 LaGrange Memorial Hospital
 LaGrange, Illinois

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2. Elwood JM, Cox B, Richardson. The effectiveness of breast cancer screening by mammography in younger women. Online J Curr Clin Trials [serial online] 1993; 1993:[23,227 words; 195 paragraphs]. 1 figure; 15 tables.