

## Reviews of Books and Software

*PowerStop: Nicotine Patch Support Program* (1992). JS Consumer Products, LLC, 305 West Magnolia #376, Fort Collins, CO 80521 (303-482-8617). 6 audiocassettes and program workbook. \$39.95.

Ever since nicotine patches flooded the consumer market 2 years ago, interest in smoking cessation has increased for patients and providers. Unfortunately, the great increase in prescription nicotine patches has not resulted in great success for patients, and as a consequence, prescriptions for new nicotine patches declined precipitously last year. Still, there are certain smokers who can benefit from nicotine patch replacement therapy, especially when the patches are an adjunct to extensive behavioral advice and support.

There are many self-help materials available for patients who desire to quit smoking, including those from the National Cancer Institute, American Heart Association, American Lung Association, American Academy of Family Physicians, American Medical Association, and more. These materials educate smokers about why they smoke, encourage them to quit, provide social support for successful quitting, emphasize relapse prevention and stress management, and assist in the development of other behavioral skills to keep smokers from smoking once they have decided to quit. Physicians clearly must be aware of the availability of self-help materials to augment their own smoking cessation messages. These materials are available at most family physicians' offices, and for smokers who need more comprehensive assistance with quitting smoking, community programs are available across the country.

*PowerStop, Nicotine Patch Support Program* is a new resource to assist smokers who want to quit smoking. It is designed as an adjunct to nicotine patch use, although the materials can stand alone for the vast majority of smokers who can quit without using the patches. The *PowerStop* program, which consists of a series of six cassette tapes along with a program workbook, combines the approaches of a self-help module with the comprehensiveness of more intensive classes. For this reason alone, the program has a place in the smoking cessation field: to help smokers who would like to quit smoking and need more assistance than their physician

or the shorter self-help manuals can provide and also to help smokers who cannot attend or do not have access to a smoking cessation class.

Each tape has two sides, the first side of which focuses on different approaches to and rationales for quitting smoking along with encouragement and a host of strategies. The plans generally follow the outlines of courses conducted by voluntary health organizations. The second side of each tape involves imagery and relaxation exercises, designed to teach the former smoker ways to relax. Listening to these six tapes while driving to and from work during a 4-week period made me aware of several things:

1. Materials designed for smoking cessation are often directed at upper-middle class, white, Anglo-Saxon smokers. As with many other smoking cessation materials, the language in these tapes could be more culturally sensitive and include fewer "new age" terms.

2. We really do not know the optimal length for self-help materials in smoking cessation. I do not know how many people would spend 4 to 5 hours listening to six cassette tapes. I doubt, however, that many family physicians would listen to them all, and as a result might be recommending audio self-help materials that they have never actually heard.

3. The value of stress relaxation and meditation should not be underestimated. Listening to the meditation exercises on these tapes alone is well worthwhile and provides an opportunity to use the tapes for conditions other than smoking.

At a cost of \$40.00, the advantages of this program over others provided free by voluntary health organizations are unclear. Nevertheless, physicians who are truly interested in smoking cessation counseling may want to have a *PowerStop* support program available in their offices, along with other resources, that patients can borrow and return. This might be a cost-effective way of disseminating important support resources to those who otherwise might not have access to them.

Despite the millions of Americans who have successfully quit smoking, 3000 new adolescents are enticed each day by the tobacco industry to begin smoking. As long as society tolerates such practices, there will be a continuing need

for cessation support services, including self-help materials.

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*Wolff's Headache and Other Head Pain* (6th Edition). Donald J. Dalessio, Stephen D. Silberstein. Oxford University Press, New York and Oxford, 1993, 529 pp, \$65.00. ISBN 0-19-508250-8.

Headaches are at least as old as written history. Some 2000 years ago, Aretaeus of Cappadocia described "heterocrania," a condition whose symptoms would suggest the diagnosis of a migraine headache. Today, headaches represent one of the most common medical conditions and one of the most frequent reasons for patients seeking medical care. Thus, it is not surprising that the medical literature has numerous articles, monographs, and textbooks on the diagnosis and treatment of headaches.

However, much of the management of headache seems anecdotal and ill defined. Even so-called experts in the field have a difficult time agreeing on "the facts." This is, at least in part, why some 128 basic types of headaches were classified and enumerated by the International Headache Society in 1988 (*Headache Classification Committee of the International Headache Society. Classification and diagnostic criteria for headache disorders, cranial neuralgias and facial pain. Cephalalgia* 1988; 8(suppl 7):1-96). Unfortunately, many myths, embraced by patients and physicians alike, still prevail about headaches. For example, many believe any "bad" or severe headache is, by definition, a migraine headache.

*Wolff's Headache and Other Head Pain* is a compendium of medical facts. It stands above others of its kind as one of the most definitive and comprehensive medical textbooks about headache diagnosis and management. The 1800-plus references and numerous tables, figures, and photographs span an enormous period of medical history, from 1684 (recounting Dr Willis's description of a migraine headache) to 1993 (demonstrating serotonin's unmitigated role in the pathophysiology of migraine headaches). The textbook's well-written style and logical organization makes it as easy

to read as a novel with a developing and intricate plot. The textbook's completeness and extensive index make it a formidable reference for specific questions (eg, what is "carotidynia"?). The book epitomizes the continuing scientific effort to document, legitimize, study, and propagate the rational treatment of headache pain.

This new sixth edition is worth the purchase price and the time required to read it. A vast amount of medical knowledge has been gained since its first edition in 1948 and even since the previous edition in 1987. The new edition includes recent epidemiological studies on the prevalence of various types of headaches and incorporates the 1988 Headache Classification Committee of the International Headache Society. Finally, and perhaps most important, it includes an extensive summary of "cutting-edge" medical science on the pathophysiology of migraine headaches and the role of the serotonin analogue sumatriptan in its treatment.

However, this book is perhaps not for the average family physician, as it is filled with facts and details probably of little interest and importance to the average clinician. For example, who among us has lost sleep over such information as "receptors on the cerebral arteries are mostly 5-HT<sub>1</sub>-like and those on the temporal arteries are predominantly 5-HT<sub>2</sub>" (page 69). *Wolff's Headache and Other Head Pain* is more suited to clinicians who specialize in headache management, including family physicians who see the majority of these patients. Similarly, the book is well suited to be a valuable asset to any moderate-sized reference library in a hospital or training program.

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*Physical Assessment of the Newborn: A Comprehensive Approach to the Art of Physical Examination.* Ellen P. Tappero and Mary Ellen Honeyfield (eds). NICU-Ink, Petaluma California, 1993, 218 pp, \$39.95. ISBN 0-9622975-4-2.

With great frequency, house officers spend little or no time observing the child before starting auscultation, palpation, and percussion. It was, therefore, with pleasure that we read this text, which strongly emphasizes the often neglected

art of observation, an art less neglected by nurses than by physicians.

A single one-time total reading is not recommended, as each chapter requires hands-on practice for the development of technique and learning. The book is applicable to the neonatal staff (nurses and physicians) as a review that can emphasize some forgotten or mislaid skills. In addition, the text has value for nursing students as well as residents in family medicine and pediatrics. It is strengthened by the approach that physical assessment is a continuing and ongoing process that can be helpful in the identification of multiple problems in the neonate "long before electronic monitors or other equipment record them."

The book makes liberal and meaningful use of photographs and illustrations that further enhance important concepts, techniques, procedures, and findings. The only chapter that does not use photographs for illustrations is the chapter on behavioral assessment. Such materials are available and could have markedly strengthened this somewhat weak chapter. On a positive note, the authors of this chapter frequently report how behavioral assessment data can be used for parent teaching.

The final chapter on the dysmorphic infant is well presented. It is recognized that fragile X syndrome does not present with marked early dysmorphic features. However, considering that fragile X is the most commonly known cause of inherited mental retardation, its inclusion can well be deemed appropriate.

The excellent glossary of terms and the crossed-referenced index enhances utility of the book. Course objectives and a 255-item multiple choice test are included for readers wishing to ascertain their knowledge or for nursing personnel interested in obtaining continued education units.

Readers should be cautioned that the syndrome or disease entities used as examples for abnormal findings are certainly not all inclusive. *Smith's Recognizable Patterns of Human Malformation*, 4th ed (Jones KL. Philadelphia: WB Saunders, 1988) reports that congenital heart defects are found "frequently" in 46 syndromes and "occasionally" in over 50 syndromes. *Physical Assessment of the Newborn* lists only 20 syndromes associated with congenital heart defects.

In summary, this book is a valuable asset to the literature dealing with the

physical assessment of the newborn. It is comprehensive yet succinct and includes photographs and illustrations where applicable. The book can be well utilized in the training of nurses, family physicians, and pediatricians. It can also serve as an excellent review and update for practicing clinicians. Well-worn copies should be available in newborn nurseries.

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## Software Reviews

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CALMPUTE, Version 1.1 (undated). Thought Technology Ltd, 2180 Belgrave Ave, Montreal, Quebec, H4A 2L8, Canada (800-361-3651). \$99.95 plus \$6.95 shipping and handling (US).

DOCUMENTATION: 19-page pamphlet.  
HOW SUPPLIED: Galvanic Skin Response attachment for serial port, 1 floppy diskette containing 177K of uncompressed files.

MINIMUM HARDWARE REQUIREMENTS: IBM-compatible PC with 640K RAM (512K available), CGA (EGA/VGA "highly recommended") monitor, serial port, floppy drive. Is incompatible with some TSRs (terminate and stay resident). Also Apple II-plus, IIE, IIC, IIGS versions and hand-held version.

MOUSE SUPPORT: For some versions (not needed).

TOLL-FREE CUSTOMER SUPPORT: No.  
DEMO DISKS: For some of company's products, but not *Calmpute*.

MONEY-BACK GUARANTEE: Unconditional 30-day trial.

RATING: Good (interesting, novel, useful; a "must" for some).

Thought Technology produces a series of biofeedback and physiologic monitoring software products and hardware devices. These include multithousand-dollar multichannel input devices and software capable of simultaneously monitoring electromyogram (EMG), electroencephalogram (EEG), temperature, skin conductance, and so on. *Calmpute*, the simplest and least expensive of the series, is a biofeedback stress-monitoring system aimed primarily at the home market. It is the type of product a physician may use personally or prescribe to patients for

stress reduction. The *Calmpute* input device attaches to the serial port of an IBM-compatible computer and operates in conjunction with software, much like a modem or other "peripheral" device. Thought Technology markets another version that is a stand-alone, hand-held piece of hardware (not reviewed). The company also sells audio and videotape programs, such as "stress control," "pain control," "stop smoking," and "sleep well," which can be used with biofeedback.

The software can be run from a floppy disk or copied to the hard disk. The software must be run from DOS or as a full-screen DOS program under Windows. The *Calmpute* hardware looks like a computer "mouse" except for two metallic strips running its length instead of buttons. The user places a finger along each metallic strip. These strips connect to the device's internal circuitry, which senses the user's galvanic skin response (GSR).

In use, changes in the user's stress (GSR) are viewed on the computer screen. Through simple, straightforward, drop-down menus, users select their preferred view of their stress level changes. One view is a graph of stress change on the vertical axis vs time on the horizontal axis. The graph continuously updates every half second, moving left to right, and then wrapping back to the left-most edge to begin overwriting previous tracings. The stress scale (vertical axis) indicates only increases and decreases in stress (GSR) level. The scale on both axes is easily modifiable and redefinable during use without loss of data. The time axis, for example, can be set to show 30 seconds across the screen or incrementally compressed to show up to 60 minutes at a time. One can view the moment-to-moment changes using the 30-second scale, and periodically switch to a longer-term view to see changes during the last 10 or 20 minutes. The other visual option is flashing circles in stressed (hot, red) and relaxed (cool, blue) colors. A minitime/stress graph can be superimposed on the star images.

Other sensors, such as the temperature sensor, also can be purchased. The temperature sensor attaches to the *Calmpute* GSR device. As the skin temperature rises, the stress graph rises, indicating higher stress.

Fax machines, scanners, VCRs, computers, and microwave ovens no longer amaze me. However, I remain amazed

when gadgets like *Calmpute* work. As I relaxed, the graph indicated such. As a colleague stood by and recited stressful workplace incidents, the stress readings increased (uncontrollably). My teenagers were also able to obtain substantial levels of relaxation, but were unable to induce relaxation while doing homework. I preferred the GSR to the temperature probe. My hands generally become cool when I am nervous or stressed (or in a cool environment). The visual aids erroneously indicated rising stress as my hands warmed and my tension decreased. (There was no way to reverse settings.)

*Calmpute* is simple and inexpensive. If one experiences dis-stress and could use some biofeedback, *Calmpute* is a fun and clever way to do it. I admit it—my job is stressful. This review involved one of those return-the-product-when-you're-done deals. Instead, I bought it.

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**MICROEKG, 12-lead EKG Trainer; Version 1.0 (1992).** Mad Scientist Software, 13422 North Bayberry Circle, Alpine, Utah 84004 (801-756-6027). \$69.95 (site license available for \$498).

**HOW SUPPLIED:** One 3.5-in. low-density diskette; not copy-protected; also available in 5.25-in. format.

**DOCUMENTATION:** 58-page bound manual, written as separate, small textbook; not required to run program.

**HARDWARE REQUIREMENTS:** IBM-compatible. Requires DOS 2.0 or higher, 500K RAM, graphics card (Hercules, CGA, EGA, VGA). Separate version available for Macintosh.

**MOUSE SUPPORT:** Supports but does not require mouse input.

**TOLL-FREE CUSTOMER SUPPORT:** No.

**MONEY-BACK GUARANTEE:** Not addressed.

*MicroEKG* is an offering from Mad Scientist Software, a group that has found a niche for publishing inexpensive software for training in medical emergencies. This program, designed by a practicing emergency physician, is "a 12-lead EKG [electrocardiogram] interpretation trainer for desktop computers" developed as a "result of many requests received from emergency-care personnel."

*MicroEKG* was tested both on a 486DX system with color VGA graphics and a 386SX laptop with monochrome VGA display. The program was tested both from hard and floppy disks in CGA

# 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.



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and EGA. It performed well in all configurations, although some of the rhythms were difficult to interpret in CGA graphics.

*MicroEKG* is DOS-based with EGA color graphics (EGA/VGA monitor) or CGA monochrome graphics (Hercules or CGA monitor). The program installs easily. The interface is simple and easy to use but has a rather dated appearance. The program may be run under Windows in a DOS window. The screen consists primarily of a low-medium resolution graphical representation of an EKG portion with a small text window at the bottom where explanatory information is presented. Different portions of the program are accessed and answers to questions supplied by typing a number or clicking on a number on the screen.

The program may be used to review different parts of EKG interpretation or may be followed in sequence to give a full overview of the subject. It follows a programmed learning format in that it presents information about a particular subject and then usually asks a question about the subject a few screens later as a quiz.

My overall reaction to *MicroEKG* was mixed. I enjoyed both *Cardiac Arrest!* and *Trauma One!*, two other offerings by the same publisher, but *MicroEKG* is a little too fast and not in-depth enough for students starting EKG interpretation. To be useful, it requires some knowledge of EKG interpretation. It appears better suited as a review rather than a trainer. Personally, I find it more difficult to "read" on a computer than in a textbook. The manual is well written as a text, but it is related to the program only by way of using the graph-

ical EKGs. Because the EKGs presented are graphically somewhat rudimentary, the value of such an exercise is limited. The use of high-resolution graphics and representation of actual EKGs would have enhanced this program. Additionally, using different EKGs for the lesson and the quiz would have been helpful.

Another criticism relates to the "ranking" assigned after completion of a rhythms quiz within the program. The user's skill is graded according to the manufacturer's assessment of what could be expected of various educational levels and medical specialties, with Cardiologist as the highest rank. Although probably intended as light humor, I found it somewhat insulting, and I suspect others would also. Additionally, most cardiac call unit (CCU) nurses are much more adept at EKG interpretation than many physicians, including emergency physicians.

In spite of these reservations, I found that the program provided me with a decent review of EKG interpretation and that the time spent was worthwhile.

The intended audience for *MicroEKG* was never stated although the manual implies that it is for emergency department personnel. It is inexpensive and it concisely reviews a complex subject. I would recommend it for physicians who are looking for an overview of EKG interpretation, enjoy working on a computer, and do not mind reading text on a computer screen. For those looking for a comprehensive review and for students just starting out, a text might be a better choice.

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### Tips from Practice

Do you have a practical solution to a common problem faced by family physicians? If so, share it with fellow readers of *The Journal of Family Practice*.

"Tips from Practice," a regular feature in *The Journal*, is a forum for the exchange of practical tips from family practice. "Tips" should be 250 to 500 words in length, typed, and double spaced. Authors of "Tips" that are accepted for publication will receive a copy of *Current Medical Diagnosis & Treatment*, an annual publication of Appleton & Lange.

"Tips from Practice" should be addressed to *The Journal of Family Practice*, 519 Pleasant Home Road, Suite A-3, Augusta, GA 30907.

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