Reviews of Books and Software

Book Reviews
Len Scarpinato, DO, Section Editor

Handbook of Headache Disorders, (2nd Edition). Arthur H. Elkind. Essential Medical Information Systems, Inc, Durant, Oklahoma, 1994, 170 pp, $14.95 + $2.95 S&H. ISBN 0-929240-62-6.

The *Handbook of Headache Disorders* by Arthur H. Elkind, MD, is a concise and thorough reference for clinicians managing headache. It is ideally suited for primary care physicians treating headache within the context of general practice.

The book is well organized and provides key information about headache care. There are clinically relevant distillations covering headache prevalence, classification, diagnoses, pathogenesis, and treatment. The book reviews pharmacologic interventions, encompassing appropriate indications and precautions for most headache therapies. Newer headache drugs such as sumatriptan and valproic acid are described, as are updated reviews of established headache medications such as dihydroergotamine. The book integrates pharmacologic therapies with important nonpharmacologic interventions including diet, physical therapy, biofeedback, and psychology. Several tables are provided that organize information practically and succinctly. Of special interest is a table listing foods that may precipitate migraine, and another table summarizing medications frequently abused by headache patients.

This book is ideally suited for physicians in active practice who need a resource that provides quick access to concise therapeutic information. For those who desire a more in-depth review of a particular subject, the book is annotated with key references on many headache topics. This book would be extremely useful to physicians treating patients with headache in the context of many other medical conditions.

The only drawback I find in reading Dr Elkind's book is that the important role of the family physician in headache management is not clearly defined. Although the pieces necessary for headache management are available, the book does not provide a comprehensive overview of the role of family physicians in the ongoing management of this chronic disorder. Bearing in mind that family physicians are the specialists most often consulted for headaches, and that family physicians are the specialists who most often manage chronic disease, the biopsychosocial model of disease care needs to be reinforced. Overall, however, I believe the *Handbook of Headache Disorders* to be an excellent primer that would be an asset in the office library of any family physician treating patients with headache.

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Articulations: The Body and Illness in Poetry. Jon Mukand (ed). University of Iowa Press, Iowa City, 1994, 426 pages, $19.95. ISBN 0-87745-478-7.

Articulations is a rich anthology of poems covering a wide range of medical topics. Physicians, patients, and families will all find their experiences described and interpreted within this volume. There is at least one poem about every major disease as well as the most familiar, difficult, and rewarding clinical situations. Perhaps reflecting Mukand's own experience as a specialist in physical medicine and rehabilitation, entire chapters are devoted to the body, physical disability, and social issues. But there are chapters on other topics of particular interest to family physicians, such as physicians' perspectives, patients' perspectives, women's health, mental illness, and death.

Over the years, I've observed that physicians read poetry for lots of reasons. Some are truly gifted in this area, as either poets or interpreters of poetry, or both. Others read for the pleasure of it: seeing a clever turn of phrase or a provocative juxtaposition of images. A third group appreciates the economy of poetry, where penetrating insights are usually compressed into a few lines of a single page. A busy cardiologist tells me he does not have time to read books but that every day he takes a couple of minutes to absorb a poem, which invariably gives him enough insights and ideas to chew on in the little lulls that come while waiting for an elevator or walking from one patient to the next. Physicians from all three levels will value this collection. The best contemporary poets and physician-poets are represented here, from James Dickey and Sharon Olds to Jack Coulehan and John Stone. There are striking images and memorable phrases that challenge one's perspective. And there is a lot to chew on.

A patient getting a cardiogram worries that "my number will be up before my kindergarten son even graduates from high school." One patient confesses to a private ritual in the bathroom of his doctor's office—"You lift the chalice and toast the long life of your friend there in the mirror"—before handing the urine specimen to the nurse and marveling that the doctor will try to foretell his future from such a lowly source. Another patient sadly describes his bed as "a garden where nothing grows." Some patients and family members cope with fear of the unfamiliar by correlation to the familiar. A woman whose father has just undergone major surgery takes solace that "the roads to my father's heart are newly paved." A woman who has just undergone ultrasound chooses to see it this way: "They slather my breast with jelly the way I've buttered a lifetime of sandwiches."

Many poems capture the sights, sounds, and smells of the hospital. A visitor complains that "the hospital smell combs my nostrils." A patient with AIDS declares that "we all hate hospitals," from "the pretense of order" to "the urgent, joyless footsteps of nurses." A visitor wonders how nurses carry so much pain on their slender waists. Another visitor is haunted by the sound of a barking dog that echoes in the corridor around the clock. The source of the sound is a patient: "The nurses know it's the sound of her lungs going." Yet another describes "the ancient rusted-grey radiator" in the ICU waiting room that has been "wailing all night: a pounding squall, followed by high-pitched shrieks." With surgeon-like efficiency, a mechanic eventually "kneels . . . before the ailing radiator, and then, with a wrench, reaches in."

Many poems focus on the stresses, strains, and temptations of the medical profession: "with the hours they keep, they need the drugs more than anyone." One poem describes a surgeon proudly polishing his Craftsman tools. Another admonishes doctors to "fear arrogance more than cardiac arrest." Doctors are trained to speak a language no one else can understand and are asked to give answers that neither they nor their patients

want to hear: "the question might be so simple, so clear that you're unprepared to answer."

Physicians who like poetry will love this book. Those who do not like poetry might even like it. Mukand has selected poems that cut to the chase of the experience of being a physician. Every physician will recognize here the challenges, joys, and sorrows that make medicine such a difficult and rewarding profession.

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Manual of Clinical Problems in Pediatrics, 4th Edition. Kenneth B. Roberts (ed). Little, Brown & Co, Boston, Mass, 1995, 578 pp, $28.95. ISBN 0–316–75006–9.

When I was a resident, I must have owned a ton of the spiral manuals published by Little, Brown, & Co. How could I have survived the internal medicine rotation without the *Washington Manual of Medical Therapeutics*? And, of course, I started the next month on labor and delivery by taking the "Wash" out of my lab coat pocket and replacing it with the *Manual of Obstetrics*. Such was the life of a resident, a manual for all seasons.

I bought the first edition of the *Manual of Clinical Problems in Pediatrics*. Now in its fourth edition, it continues to be a well-written, up-to-date source of information on common and not-so-common problems a family physician might encounter in the care of patients less than 21 years old. Organized into 14 different sections (Emergencies; Growth, Development, and Behavior; The Neonate; and others covering body systems) and 123 chapters, this compact volume covers everything from abdominal masses to zinc, from the mundane (otitis media) to the esoteric (the Wilson-Mikity syndrome). The textually challenged reader will be at a disadvantage; there's nothing but words here; no tables, no pictures, no figures.

The niche this *Manual* occupies lies somewhere between the one-paragraph disease summaries in a medical encyclopedia and the multipage treatises in a major pediatric text. I am tempted to call it a pediatric *Cliffs Notes*. Each chapter runs two or three pages, covering the problem's basic pathophysiology, assessment, and *general* treatment plan. This is not the text you want to pick up between patients in the middle of a busy afternoon. It will not conveniently outline a

workup or therapy for a specific illness. I suppose this is why Little, Brown, & Co. publishes the *Manual of Pediatric Therapeutics*.

A very helpful feature is the reference section that closes each chapter. Organized by topic subheadings, these sections provide a quick method of finding an article to expand the reader's understanding of that topic. Most references are accompanied by a one-sentence précis to help the reader evaluate the reference's content. The references include recent citations and classic review articles. Frequently, there are more pages devoted to the references than to the actual text.

Who would want to buy this book? It could prove invaluable to the family practice resident who is on a pediatric rotation and trying to prepare for morning report. The practicing family physician, cramming for a recertification examination, could use this as a low-cost refresher in pediatrics. The practitioner, reviewing charts after a hectic day, could quickly answer the question, "Did I miss anything major in my evaluation of this child?"

A caveat: family physicians are nearly invisible in this manual. Except for the rare mention of primary care physicians and an occasional reference to *American Family Physician*, the reader might assume that the only physicians who take care of children are pediatricians. Unless you have trouble swallowing your pride, this should be only a minor demerit.

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Software Reviews
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C.P.R. SYSTEM. Future Tech, PO Box 391111, Kailua-Kona, Hawaii 96739 (808-322-0190). $295 for each physician user, plus $5 shipping/handling.
DOCUMENTATION: Initialization instructions (printed), plus "Electronic Manual" accessed from floppy or hard drive (110+ printed pages).
HOW SUPPLIED: Two 5.25-in. 1.2MB, five 5.25-in. 360KB, two 3.5-in. 1.44MB, or three 3.5-in. 720KB diskettes.
HARDWARE REQUIREMENTS: IBM PC compatible (8088 to Pentium processor), 512KB RAM, hard drive 20MB minimum (2MB occupied by system), MS-DOS 3.2 or higher or Windows 3.1

(DOS-compatibility window). Display requirements are not specified, but VGA-compatible displays are supported. Major LANs (local area networks), including Novell and LANtastic, are supported for remote file and printer access. The system appears to be incompatible with the QEMM386 memory manager. It had no problems, however, operating under HIMEM and EMM386 as supplied with MS-DOS 6.2.
MOUSE SUPPORT: Yes (using HyperFace interface).
TOLL-FREE CUSTOMER SUPPORT: No.
DEMONSTRATION DISKS: No.
TRIAL ARRANGEMENTS: Fully functional program allowing up to 20 patients, $75 + shipping/handling (price applied to purchase of unlimited system). No returns.
RATING: Marginal.

C.P.R. (Computerized Patient Records) System (CPR) is a computer-based medical record program intended for use by physicians. Designed for use in an office or other outpatient setting, this software provides the capability to create and maintain text-based patient records entirely in electronic form. Each patient record is stored as an individual longitudinal ASCII (a generic standard "plain" or "DOS" text) file, allowing considerable flexibility and not requiring the use of a database management system.

Installation of the program is fairly straightforward by following the printed instructions and menu options. The software layout on the hard disk is a little unusual, with portions of the *CPR* residing in five different directories with somewhat obscure names. The program can be run using either a command-line interface or a menu-driven interface (Hyperface), which provides windowed text menus and mouse support. The program ran properly under MS-DOS 6.2, Windows 3.1, and the MS-DOS subsystem of Windows NT 3.5.

Using the menu interface, the user is initially presented the Patient Care menu. One of the multiple options from this menu may be selected by pressing a key letter, using the cursor keys plus Enter, or clicking the mouse. A patient file must first be selected, either by searching for an existing patient or by adding a new patient. The patient file can then be edited, viewed, or deleted. Since all patient information is stored as ASCII text, the general text-editor function can be used to edit any portion of the patient file as de-

sired at any time. A self-training spell-checking function is provided. Predefined templates are provided for entering history and physical examinations and visit (SOAP) notes. Predefined templates are also provided for visit note entry for 20 clinical problems and 15 postcare patient instructions, plus a few additional templates of various types. The reminder function has pre-created templates for mammograms and yearly examinations. Lists of these patients can later be retrieved by date, month, and year. Reminders for other services, which may be created by the user, require a specific entry for each recall, such as 12 reminders per patient for monthly monitoring of warfarin therapy. Additional templates can be defined by the user for any of the categories.

A laboratory result filing system is provided, with templates for 53 types of test results. For multiple results, the system prompts the user to enter the date and each individual value, and automatically completes the template, which is then appended to the patient file. Because laboratory values are appended to each note, there is no flowsheet-type overview of trends and no means of quickly obtaining a laboratory history overview.

The menu also provides options for examination room management, and archiving and restoring patient files. The examination room management function provides a list of available rooms and allows users to assign a particular patient to a particular room. The patient record can be accessed directly from the room function after selecting a room that has an assigned patient.

Once a patient file has been selected, a note for a new or return patient visit can be created. Most commonly this is accomplished by selecting Edit from the Patient Care menu. The Templates/Chart-stamp command is then used to select an appropriate predefined template. The new information is modified as required using the editor. From the Editor menu, the Codes option can be selected, providing access to predefined codes for a variety of ICD-9 and CPT codes, as well as predefined codes for prescriptions, advice, symptoms and signs, and orders. Reminders, laboratory results, and patient information (postcare) notes can also be charted. Once the new visit note is complete, a discharge slip can be created for the front desk, including billing information, printed prescriptions, and patient information.

Utilities are provided for searching

patient files, accessing DOS commands and the Electronic Manual, retrieving reminders, reviewing and printing discharge summaries at the front desk, and several other useful functions, including a calendar and calculator. Maintenance options are provided for backing up and restoring files and for customizing the codes and templates.

CPR does have some significant limitations. The learning curve is fairly steep. The menu interface is a definite improvement over the command line, but the level of functionality and intuitiveness that it provides are clearly inferior to state-of-the-art graphical user interfaces (eg, Windows). The predefined templates and codes are limited, and would need to be expanded by most users. A true drug database is not provided. Codes for a fairly small number of common medications and dosage schedules are included. There is no capability for checking drug interactions or for providing other clinical decision-support functions. A completely paperless office using this software could potentially run into some medicolegal problems concerning record reliability, because previous notes may be edited at any time, with no audit trail or other security measure. There is no provision for interfacing to an electronic billing or other office management system, other than having the billing information reentered. Multiuser simultaneous access to the patient files may be available via the file-sharing features of a network, but I was unable to test this possibility. A final concern is the lack of toll-free technical support, compounded by the company's Hawaii location.

CPR may fill a niche in the market for office-based computerized medical record systems. Currently, I would recommend it for a solo practice or possibly a small office, and for physicians who are comfortable with DOS-based programs and desire a flexible way to create and maintain simple patient record files in ASCII text format, with reasonable searching and simple reminder capability. This functionality may be all that is required for some office practices, and it definitely provides some advantages over paper records. However, potential users of *CPR* should be aware of its limitations and should fully investigate its suitability for their particular situation before making a purchase decision.

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DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, FOURTH EDITION (DSM-IV), Electronic Edition (1994). American Psychiatric Press, Inc, 1400 K Street, NW, Suite 1101, Washington, DC 20005. (800) 368-5777. $94.95.
HOW SUPPLIED: Three 1.44MB (3.5 in.) diskettes.
DOCUMENTATION: 8-page pamphlet.
MINIMUM HARDWARE REQUIREMENTS: DOS Version: PC-compatible 386, VGA Monitor, DOS 5.0 (or higher), 4MB RAM, 7MB hard-disk space; Windows Version: Windows 3.0 (or higher); Macintosh Version: Macintosh computer, 4MB RAM, Macintosh System Software 6.0.7, 7MB hard-disk space.
MOUSE SUPPORT: Yes for Windows and Macintosh versions.
TOLL-FREE CUSTOMER SUPPORT: 800-755-7828.
DEMONSTRATION DISKS: No.
MONEY-BACK GUARANTEE: Yes, 15-day, unconditional.

The electronic version of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (*Electronic DSM-IV*) is a computer-based version of their text-based *DSM-IV*. *DSM-IV* is the American Psychiatric Association's manual that provides a description, diagnostic criteria, and a numeric coding system for mental disorders. This disk version consists of the full text and tables of *DSM-IV*, providing comprehensive information. The rationale behind a computer-based version is that it is intended to provide greater ease and increased speed in searching for the diagnostic criteria of a particular mental disorder and its appropriate code.

The Windows version of *Electronic DSM-IV* was tested on an IBM-compatible Pentium PC with a SVGA monitor. Installation was straightforward using the Windows "run:setup.exe" command. *Electronic DSM-IV* is accessed by double-clicking the DSM-IV icon created by the setup program. When users start the program, the Search window appears. In this window, the user specifies the information to be searched for and the type of search to be conducted.

To conduct a search, the user first directs the program to search particular chapters of the *Electronic DSM-IV* or, by choosing the "select all" option, to search the entire manual. Next the user must type in the search term(s). The user then chooses one of five precision levels for the search, varying from all instances

in which any of the defined terms appear to those in which the defined terms must appear next to each other. Finally, users must select one of two types of searches: "Match Summary" or "Smart Match."

A Match Summary search, which is similar to searching for topics by looking through a table of contents, lists all the chapters in which the search term or terms were identified. Following each chapter listing is a number indicating how many matches occurred under that heading. Each chapter listing is the highest level of an expandable-collapsible outline, the lowest level of which provides individual citations. Text for a citation is retrieved by fully expanding the relevant outline heading, then double-clicking on the individual citation. To illustrate, searching for the terms "menstruation" and "anxiety" for any instance in which both terms appear in the text results in a referral to the "Appendixes." Sequentially expanding the outline, users encounter "Appendixes," "Criteria Sets and Axes . . . ," "Premenstrual Dysphoric Disorder," and "Features." Double-clicking on this lowest outline level provides the user with the entire text of *DSM-IV* describing this disorder, including diagnostic criteria and diagnostic code.

A Smart Match search, which is similar to searching for topics by looking through an index, provides a list, ranked in order of anticipated relevance, of specific citations in which a match was found. Each match shows the chapter and section where the match occurred. Text may be retrieved directly by double-clicking on the citation of interest. Smart Matches retrieve a maximum of 20 citations, whereas Match Summary retrievals are unlimited.

An additional feature of the *Electronic DSM-IV* is its capacity for accessing the table of contents in three ways: alphabetical, numerical (by code), and an outline of the classification. This feature allows the user to search for information on a particular disorder by typing in its name, diagnostic code, or general classification. Again, text is retrieved by double-clicking on the heading.

Most of the operations in this program are invoked by clicking on an icon. The "Help" icon is context-sensitive. The "Print" function, represented by the print icon, allows printing of the full section of a retrieved text or a selected portion of the text. The "Bookmark" icon allows marking of frequently used sections. The "Sticky Note" icon places a window on the text that allows users to attach personal notes that stay in place until the user deletes or modifies them. The "Table of Contents" icon displays the Table of Contents window. A "Search Results" icon returns the user to the Match Summary or Smart Match window where the results of the search are displayed. The "Search History" icon displays the previous 20 searches. The "Search" icon returns users to the Search window, allowing modification of the previous search or a new search.

Electronic DSM-IV is extremely easy to use and is particularly well suited for those who are unfamiliar with the terminology associated with psychological diagnoses. Those already familiar with the text version of *DSM-IV* or *DSM-III-R* will likely find using a computer-based version more arduous than referring to familiar sections of the book. This program also may have limited usefulness with respect to coding for physicians who rely on ICD-10 rather than *DSM-IV* codes; this program does, however, provide a cross-reference table between *DSM-IV* and *ICD-10* codes. One advantage of the computer version is that it occupies no additional shelf space and, if loaded on a laptop computer, is portable. This program provides the family physician with quick access to a broad spectrum of information, while allowing for the easy printing of text as needed.

I would recommend *Electronic DSM-IV* for the family physician who deals with psychological disorders on an irregular basis. It would be of particular value to the physician who practices in relative isolation without immediate access to a psychiatrist or psychologist to consult with or refer to. When installed on a laptop computer, the portability of this program is particularly advantageous to the family physician who may practice at more than one site. I would recommend the program also to group practices that use a central computer for database information. Its cost ($94.95) is comparable to the purchase of just two paperback versions of *DSM-IV* ($85.90). I would not recommend this program for those who regularly work with psychological disorders. The experienced practitioner's working knowledge of psychological disorders combined with a familiarity with the text version of *DSM-IV* would make the text version faster and easier to use.

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Tips from Practice

Knee-Jerk Humor

For new pediatric patients who are school age and who are being seen for a well-care visit, I try to interject some humor into the physical examination by taking advantage of the involuntary knee-jerk reflex. Following the history-taking, I ask the child if he or she is good at following directions. Many children hesitate to answer initially, but I persist with this question while I am doing the physical examination until I get the child to say either yes or no. Most say yes. I then explain that I have a simple test to determine whether they are good at following directions, and I invite them to take the test. With some coaxing, most children agree to take the test.

By this time, I have usually finished the majority of the physical examination. I ask children to sit upright with feet dangling. I explain that the test requires them to hold their feet still, and I ask if they can do this. Most children, even the ones who have admitted that they are not good at following directions, answer affirmatively. Then I tap on the patella tendon. When the leg moves, I remind them that the test requires holding the foot still. Then I tap again. When the leg moves again, I remind them about saying they are good at following directions.

After a couple of repetitions of tapping the patella tendon, the child is giggling, the parent is laughing, and I am having a thoroughly enjoyable time.

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