

BOOK REVIEWS

The Medical Care of Women.

Phyllis L. Carr, Karen M. Freund, Siyata Somain. W.B. Saunders Co, Philadelphia, Pa, 1995, 846 pp. ISBN 0-7216-3779-5.

The Medical Care of Women is a well-organized and comprehensive resource for primary care clinicians. This text is 846 pages that is divided into 15 sections, which include preventive medicine, gynecology and reproductive medicine, general medicine, psychological and psychosocial issues, and a special issues section. The chapters are short, inclusive, and reasonably up to date. The words used are at a level that allows quick reading and good comprehension, while still maintaining an appropriate technical level for physicians and nurse practitioners. The information included is pertinent without being esoteric. The tables are very useful, notably those in chapters on health screening, adolescent medicine, immunization, and in the special issues section. These tables are well thought out and designed for quick and easy reference.

The special issues section focuses on caring for disabled patients, mentally retarded patients, homeless women, and lesbian women, as well as on sports medicine and occupational and environmental health. This section provides an overview of care guidelines for patients who are sometimes difficult to evaluate because of mental or physical disabilities. Also discussed are problems encountered in history-taking, examinations, and follow-up of these patients. Helpful advice for dealing with these problems is provided. Especially important points to remember in history-taking, ordering screening tests, and patient follow-up and compliance are

reviewed for homeless women and lesbian women. The authors have provided several sample cases that deal with difficult patient case situations, recommended interventions, and subsequent outcomes.

The Medical Care of Women is a comprehensive "user-friendly" guide to the complete medical care of female patients. This book would be a good resource for family practitioners and other health care providers who see female patients with a broad range of ages and socioeconomic backgrounds.

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SOFTWARE REVIEWS

Nutrition DISCOVERY.

Mead Johnson & Co, PO Box 14676, Baltimore, MD 21298-9057. \$6.95 to health care professionals.

DOCUMENTATION: The software includes a brief paper insert that explains installation and use of the program by health care professionals for the purpose of recording and storing a patient's dietary analysis. Four text files are included with the software to provide comprehensive documentation of the program.

HOW SUPPLIED: 1 CD-ROM disk.

HARDWARE REQUIREMENTS: *Minimum:* Intel 386/20 MHz PC-compatible 8MB RAM, 8 bit (256 color) graphics card, 13-in. monitor (640 X480 minimum resolution), double-speed CD-ROM, Windows-compatible audio card with headset or amplified speakers. *Recommended:* Intel 486/33 MHz PC-compatible 8MB RAM, 8 bit (256 color) graphics card, 13-in. monitor (640 X480 minimum resolution), double-speed CD-ROM, 16-bit audio card with headset or amplified speakers.

SOFTWARE REQUIREMENTS: *Minimum:*

Windows 3.1, MS-DOS 5.0.

Recommended:

Windows 3.1 MS-DOS 6.22.

MOUSE SUPPORT: The program is mouse-driven, and would not work well without it.

TOLL-FREE ORDERING AND CUSTOMER SUPPORT: No.

DEMONSTRATION DISKS: Not applicable.

MONEY-BACK GUARANTEE: No.

RATING: Good

Nutrition DISCOVERY (DISCOVERY) is a Windows multimedia CD-ROM complete with audio and video segments. This program is designed to do four things: (1) help patients make dietary assessments; (2) teach patients basic nutritional information; (3) support health care professionals in analyzing their patients' diets; and (4) sell vitamins. *DISCOVERY's* installation, which is standard for Windows programs, loads two programs and four text files. One program runs the dietary assessment and educational modules and the other is used for recalling previously completed dietary assessments. The text files explain the scientific basis and research uses of the program, provide references, and list possible hardware and software compatibility problems. *DISCOVERY* uses a mouse-based point-and-click graphical interface. The main screen (Figure 1) is a supermarket with four doors, one for nutritional assessment and three representing patient education modules.

The heart of *DISCOVERY* is the patient dietary assessment. *DISCOVERY* asks the patient-user to estimate dietary intake for many food

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FIGURE 1

Main screen of *DISCOVERY*.



items in each food group (Figure 2). A pleasant voice asks users questions such as, "About how many times did you eat pizza at a restaurant this month?" This section is thorough, covering sources of fats and fast foods, including intake of french fries, ice cream, cakes, and cookies. *DISCOVERY* concluded that I ate too much fat, too much salt, and not enough fruit (Figure 3), and that my intake of vitamins A, B₆, and zinc was low. The program, however, has some bugs in the data analysis. It suggested that my vitamin B₆ intake is inadequate, that I need 2 mg a day to reach the "excellent" range of dietary intake, but that I am eating 2 mg per day. The program takes about one half hour to complete. A major drawback is that *DISCOVERY* must be completed in one sitting.

The dietary recall sequence is based on the work of Gladys Block, PhD, a professor of epidemiology and public health nutrition at the University of California-Berkeley. One of the text files includes an extensive discussion of her methodology and a comparison of the advantages and shortcomings of various methods of collecting a diet history. An interesting aspect of *DISCOVERY* is that the nutrition assessments scored

by *DISCOVERY* can be sent to Dr Block to be used in her national diet research.

The other three main user choices lead to various patient education modules. There is a primer titled "The World of Food," which provides basic information on fats, carbohydrates, proteins, vitamins, and minerals. The "Arcade" area leads to a simple quiz about nutrition. The "Science Center" has a video clip explaining folic acid,

neural tube defects, sources of folic acid, including—surprise—vitamin supplements. It also has a quiz that assesses need for vitamin supplementation. This quiz doubles as an advertisement for the sponsor's multivitamin product. In the educational modules, I felt *DISCOVERY* did not sufficiently emphasize the importance of dietary fiber. However, the dietary recommendations include sufficient amounts of fruit, vegetables, and grain products to assure sufficient fiber consumption without labeling it as such. The dietary analysis module compares the user's dietary fiber intake with recommended fiber intake guidelines.

My recommendation to the producers would be to review their algorithms regarding vitamin adequacy and minimize commercial bias. In my own nutritional analysis, the advice on vitamins was inaccurate: *DISCOVERY* suggested that I needed more zinc and vitamins A and B₆. I was ingesting 4957 IU of vitamin A, 2 mg of B₆, and 12.4 mg of zinc per day. These amounts corresponded to 99% (5000 IU/day vitamin A), 100% (2 mg/day B₆), and 83% (15 mg/day zinc) of the recommended daily

FIGURE 2

Questions designed to assess user's dietary intake of fruit juices.

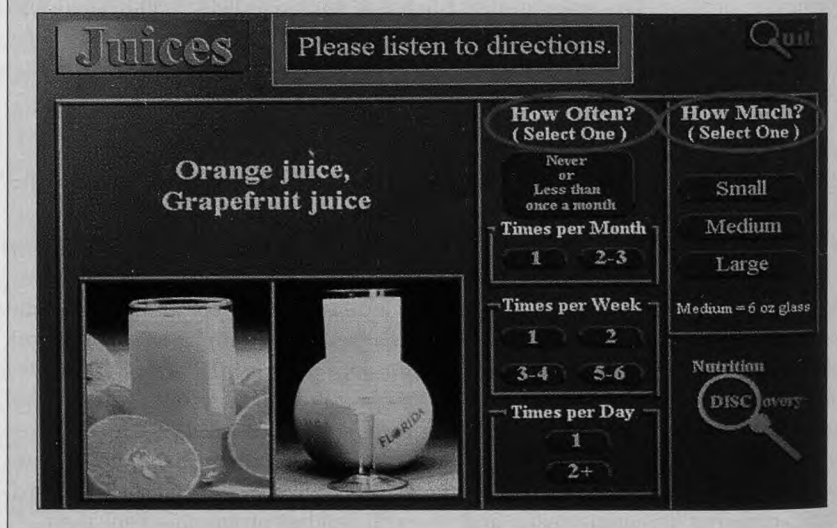
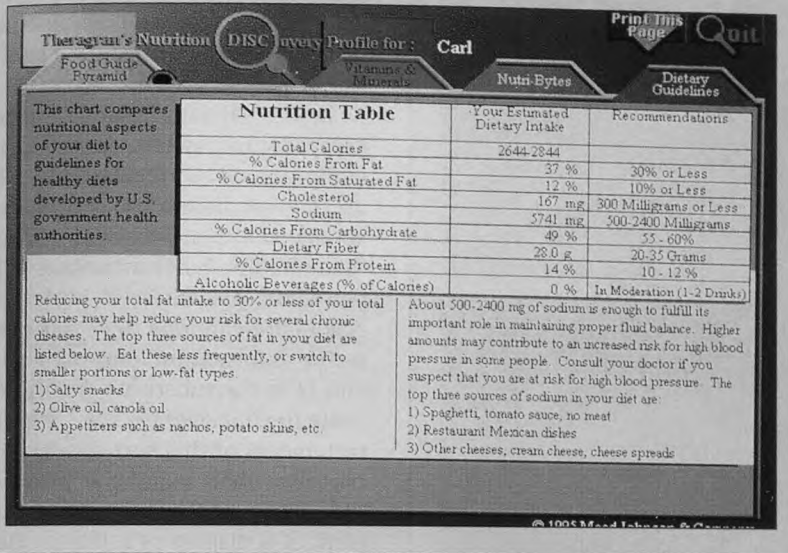


FIGURE 3

DISCOVERY's individualized dietary intake profile for the reviewer.



allowances (RDA). RDA have a built-in "safety" factor, an intake greater than 66% of the RDA is generally considered adequate. To be fair, however, I should add that the education module entitled "Should I take a vitamin supplement?" did not suggest that this would be appropriate for me.

From an esthetic viewpoint, this software leaves much to be desired. The patient education sequences use the CD-ROM multimedia tools of video, audio, and simple color graphics. Unfortunately, the video relies too heavily on old, boring clips. I was transported down memory lane to my 9th grade health class, where USDA propaganda films gave the teacher a break from teaching and the students a break from learning. In addition to the USDA, the California Prune Board and the Idaho Bean Commission, among others, are listed as the sources for the video material. The best visuals in the program, a series of images of woods and mountain-top vistas, are displayed in a "hike up the mountain," a questionnaire designed to find out if users need vitamin supplements. Naturally, this segment also has the most advertising of the sponsor's vitamins.

This program is designed for physicians and nutritionists to help them make dietary assessments. *DISCOVERY* is simple to use; patients who are familiar with a computer and mouse (and have 30 minutes of uninterrupted time) should have no problem completing the dietary analysis. The results can be printed and are easy for physicians and patients to view. Despite advertising and retread visuals, *DISCOVERY* helps obtain and analyze patient nutritional profiles.

At \$6.95, you cannot beat the price or complain too much about the advertising. To use *DISCOVERY*, a patient must have access to a computer. This is not yet a common occurrence in physicians' offices, but it soon will be. I recommend this program to health care professionals who are interested in nutrition and can make a PC available to their patients.

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The Family Doctor, 4th Edition (1995). Creative Multimedia, 225 SW Broadway, Suite 600, Portland, OR 97205. (503) 241-4351. \$49.95 retail.

DOCUMENTATION: Help menu in program.

HOW SUPPLIED: one CD-ROM.

MINIMUM HARDWARE REQUIREMENTS: PC with a 486/33, Windows 3.1, 4MB RAM (8MB for Windows 95), 5MB hard disk space, double-speed CD-ROM drive, 256 color SuperVGA monitor, SoundBlaster or compatible sound card.

MOUSE SUPPORT: Microsoft-compatible mouse required.

TOLL-FREE ORDERING: No.

TOLL-FREE CUSTOMER SUPPORT: No. Technical support by voice Mon-Fri 8:00am-5:00pm Pacific Time), 24-hour bulletin board, CompuServe or via Internet E-mail.

DEMONSTRATION DISKS: No.

MONEY-BACK GUARANTEE: Not specified.

RATING: Marginal.

Creative Multimedia's *The Family Doctor*, 4th Edition (*Family Doctor*), like the *Mayo Clinic Family Health Book* (previously reviewed, *J Fam Pract* 1995; 40:94-5), is multimedia (text, pictures, animations, sound) CD-ROM software featuring medical information aimed at the home market. Billed as "an all-encompassing medical reference guide," *Family Doctor* contains information on drug interactions, first-aid techniques, symptom diagnosis suggestions, alternative medicine, a medical dictionary, and over 2300 commonly asked questions and answers from the nationally syndicated medical column, "The Family Doctor." The large storage capacity of the CD-ROM format allows *Family Doctor* to contain the complete text of several paper volumes, including the National Safety Council's *First Aid Handbook*, the *Random House Health and Medicine Dictionary*, and *The Alternative Health and Medicine Encyclopedia*.

Family Doctor was tested on a fast system (120 MHz Pentium, 16MB RAM, six-speed CD-ROM drive) and a system with the minimum configuration (486/33, 8MB RAM, double-speed CD-ROM), both running the Windows

FIGURE

Nurse Lorraine Francis greets you in the opening screen of *Family Doctor*. Clicking on any of the three doors sends the user into the "Library," "First-Aid," and "Examination" sections of the program.



95 operating system. On the slower system, *Family Doctor* had occasional problems of breakup on voice narrations, and transitions between sections of the program dragged a bit (slower CD-ROM drive), but this was not a serious annoyance. *Family Doctor* ran smoothly and flawlessly on the Pentium system.

Installation of *Family Doctor* was simple: inserting the CD-ROM invokes the Windows 95 autoplay feature, and an installation screen immediately appears. (Printed instructions give straightforward installation procedures for Windows 3.1 or 3.11.) From that point, the user merely clicks the mouse on a few menu choices, selecting either a "full install" (18MB of hard disk space needed) or the slower-access minimal install (2MB). After the installation is completed, the user is invited to register the software electronically by filling out an on-screen registration card and dialing a toll-free number to transmit this information to Creative Multimedia by modem—a nice touch, and much easier than mailing a card! The

only disappointment with the install routine was that it did not leave a *Family Doctor* program icon in plain view: to start the program I had to find the newly installed program and create a desktop icon to run it.

The user interface for *Family Doctor* is a depiction of a traditional physician's office, with doors representing the "Exam Room" (symptom diagnosis suggestions, drug information, anatomy atlas), "First Aid" (simulated video of what to do in emergency situations), and the "Library" (hypertext versions of eight volumes, including the *USPC Drug Guide* and *Random House Medical Dictionary*). The user merely clicks on a door to enter the appropriate "room" (Figure). If the user wishes to search for a particular term and does not know quite where to begin, a search feature is accessible by means of a pull-down menu or by clicking on an image of a computer terminal located in all the rooms as well as the main reception area. In the reception area, you will also meet and be greeted by Nurse Lorraine Francis, whose soothing

voice explains how things work. She is also available to help you by a clickable "intercom" in the offices, although the very intuitive interface makes it unlikely that you will have to ask her for assistance.

In the "Exam Room," you are greeted by white-coated and stethoscoped Dr Nakamura, who greets you pleasantly, if a bit nervously, and then proceeds with the "examination." Before asking "Can you show me where it hurts?" Dr Nakamura cautions that "this exam is for information purposes only, and is not a substitute for regular visits to your own doctor." Warning statements of this sort appear periodically when using the program. The diagnostic routine takes the form of a display of a human male or female, with body parts identified and highlighted. The user clicks on, for example, "leg," and then responds to a series of questions or a list of descriptions that eventually narrow down to a possible diagnosis of the problem. The diagnosis is qualified by stating, "Your symptoms are consistent with..." In some cases, the diagnosis routine ends with instructions to "Please see your doctor."

Family Doctor offers an impressive quantity of information. The "Library" section of the program alone is the equivalent of several printed volumes, and the hypertext links and illustrations allow for easy searches. *Family Doctor* even includes a small set of World Wide Web addresses for more medical information, useful for users with Internet access.

As a piece of multimedia software, where audio, full-motion video, and text should be tightly integrated, *Family Doctor* falls short. While Nurse Francis and Dr Nakamura are well-done pieces of video, these clips are brief, and that is about all the video there is. The "First Aid" room initially appears to offer a variety of video on seven topics, but these turn out to be dis-

appointingly crude slide shows with voice-overs. While accurate, they are as dull as my 8th-grade health class. The "Library" section of *Family Doctor* suffers from similar limitations: while all the information is there, the program does not use multimedia in a way that makes the information more accessible than from a set of printed books (eg, hypertext). The section on anatomy, while displaying 2-and 3-dimension-

al views of male and female anatomy, and employing some nice "morphing" effects to journey down through the body's different systems, is basically a picture book, with little real information.

In exploring *Family Doctor*, I never saw anything that made me want to purchase this CD-ROM in lieu of a couple of good layman's books on medicine and drugs. *Family Doctor* provides no more insight or informa-

tion than printed text. While easy to use, accurate, and competent, *Family Doctor* is ultimately a dull program. The only reasons to consider purchasing the *Family Doctor* CD would be if it were less expensive than purchasing several home medical references, or if the user preferred a CD format.

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Women's Health

The U.S. Public Health Service's Office on Women's Health is pleased to announce the convening of its first minority women's health national conference, "**Bridging the Gap: Enhancing Partnerships to Improve Minority Women's Health.**"

This milestone conference will be held on January 27-28, 1997, at the Omni Shoreham Hotel, Washington, DC. The main mission of the conference is to create and expand partnerships to improve research, disease prevention, health promotion, health care delivery, consumer and health care provider education impacting minority women.

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