

■ BOOK REVIEWS

Cardiac Drug Therapy, Fourth Edition. M. Gabriel Khan. W. B. Saunders Co, Philadelphia, Pa, 1995, 426 pp, \$41.00. ISBN 0-7020-1996-8.

Cardiac Drug Therapy is a handbook of drug use for problems related to the heart. The first 4 chapters are devoted to the pharmacology of ACE inhibitors, beta blockers, calcium antagonists, and diuretics. The chapter on ACE inhibitors is the most extensive, and the chapter on calcium antagonists is the shortest. The next 10 chapters are devoted to therapy for specific cardiac problems, eg, hypertension, myocardial infarction, and congestive failure. The final chapter discusses some drug interactions. The book attempts to cover its subject throughout the entire field of cardiology, including inpatient and outpatient management.

This edition was created at a time of transition in cardiology. Outcome studies that followed clinical variables such as longevity began to replace clinical studies based on proxy variables such as blood pressure control, as the basis for clinical decision-making. Since only the thiazide diuretics and beta blockers have been shown to be effective in improving clinical outcomes in hypertension, they are now the agents of first choice. ACE inhibitors are indicated for diabetic hypertensives since they have a renal protective effect. The popular calcium antagonists have as yet had no clinical studies that show that they are as effective as the other agents, and are not recommended for first-line use. Such changes in recommendations are reflected in the book in some sections but not in others. The chapter on hypertension accurately recommends diuretic and beta-blocker

therapy, but incorrectly recommends short-acting nifedipine as acceptable monotherapy for some patients. The use of "sublingual" nifedipine is recommended for hypertensive crisis, which never was an acceptable treatment.

The discussion of congestive heart failure accurately reflects the use of ACE inhibitors and diuretics as the primary therapy, with digoxin in a secondary role. The book does not address the new angiotensin II antagonists, which may prove to be the best therapy for heart failure.

The text attempts to cover inpatient management of everything from acute myocardial infarction and cardiac arrest to infectious endocarditis. The discussion of thrombolytic agents in acute myocardial infarction is excellent and up to date. Many of the other sections are, however, superficial and not very useful.

Generally well written and extensively documented, *Cardiac Drug Therapy* is a good source of reference on most of the topics covered. It is well illustrated with graphs and tables that make the text easier to use and understand. Since many of its recommended therapies are out of date, however, it is not a good choice for medical students or residents. More appropriately, it is a useful review for the practitioner who has other sources of up-to-date information on the current recommendations for cardiac drug therapy.

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Complementary Medicine: An Integrated Approach. George Lewith, Julian Kenyon, and Peter Lewis. Oxford Medical Publications & Oxford University Press, Oxford, England, 1996, 277 pp, \$39.95. ISBN 0-19-262565-9.

"Doc, is there anything such as acupuncture or herbs that I can use to help my asthma? I am getting pretty tired of these inhalers." "Doctor Jones, my mother has cancer and wants to try using some shark cartilage and essiac tea. Do you think that might be worthwhile or will she just be wasting her money?"

With increasing frequency, patients are asking their physician these types of questions. How do we reply to such questions on topics about which we may know very little and have little time or interest to learn more? Now available to help us answer these types of questions is *Complementary Medicine: An Integrated Approach*. It was written by three practitioners who work at The Centre for the Study of Complementary Medicine located in Southampton, England. Their purpose was to introduce physicians to complementary, or alternative, medicine, and they have done a good job of doing just that.

This well-organized, easily read book has three major strengths that make it recommended reading for every physician. First, it discusses 16 different diseases and tells which alternatives work and which do not. Second, there is an excellent overview of the more commonly used alternatives. Third, the authors present over 500 references from books and journals that will help readers who want to do further reading regarding these topics.

The last 16 chapters succinctly discuss 16 different diseases, ranging from asthma and migraines to cancer and chronic fatigue syndrome. For the practicing physician, the key element to these chapters is a summation at the end of each that rates from 1 to 5 the accuracy of the studies and research available on the alternative modalities, as follows:

5—A rating of 5 means that there

is good evidence with clear randomized controlled trials in the literature

4—There are randomized controlled trials showing on balance a positive result, but more research is needed

3—There are descriptive studies only

2—There is some clinical evidence, with poorly controlled research

1—There is no evidence that the modality in question is effective.

For example, after a discussion of alternatives used with patients with asthma, the chapter concludes with a chart indicating that when used for asthma, acupuncture is rated 4, homeopathy 3, environmental medicine 4, mind-body modalities 5, nutritional therapies 3, and herbs 4. Those numbers indicate that for treatment of asthma, there are multiple alternative modalities that have been proven to be quite successful. For some other diseases, such as chronic fatigue syndrome, the authors conclude that there is little research proving that alternatives are helpful.

The book also presents an excellent overview of seven major alternative therapies used by many patients. One chapter each is devoted to acupuncture, environmental medicine, herbs, homeopathy, manipulation, mind-body therapies, and nutritional medicine. In just 10 to 15 pages, the reader can learn a great deal about each treatment category.

Through the 500 references from the medical literature documenting studies on the topics discussed in the book, physicians may be surprised to discover the volume of research that already exists on the alternative therapies discussed in the book. No longer can physicians claim a lack of available information and sound research on these therapies.

Complementary Medicine can be used as a quick and easy reference to help physicians answer patients' questions about alternative treatments. In addition, many will find

the book interesting reading from cover to cover.

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SOFTWARE REVIEWS

ECG-Challenger, Aug 1996. Challenger Corp, 5530 Summer Ave, Memphis, TN 38134. Telephone: (888) 242-5536; \$149.95.

DOCUMENTATION: 15-page hard copy and online help.

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

SOFTWARE REQUIREMENT: Windows 3.1 or Windows 95.

HARDWARE REQUIREMENT: 4MB RAM; 15MB hard drive space for complete installation or 2MB hard drive space for the CD-ROM installation; 256 color display.

ORDERING/TECHNICAL SUPPORT: Toll free, (888)242-5536.

DEMONSTRATION DISKS: No.

MONEY-BACK GUARANTEE: Yes, 30 days.

RATING: Marginal.

ECG-Challenger is an electrocardiogram (ECG) reference atlas and tutorial. The software, supplied on both CD-ROM and 3.5-in. disks, was easily installed on my Pentium 100 MHz with 16 MB RAM and 2× CD-ROM. There is a tutorial that demonstrates the various features included in the package. Most of the icons, however, are self-explanatory and I found the package fairly intuitive to use. The software also includes an "uninstall" feature, a thoughtful feature.

ECG-Challenger is divided into chapters dealing with basic electrophysiology, ECG abnormalities including arrhythmias, ST-T wave abnormalities, pacemakers, and artifacts. Finally, there are several case presentations and rhythm strip reviews.

The initial chapters begin with cardiac anatomy and electrophysiology on the supposition that a thorough understanding of these are necessary to understand ECG interpretation.

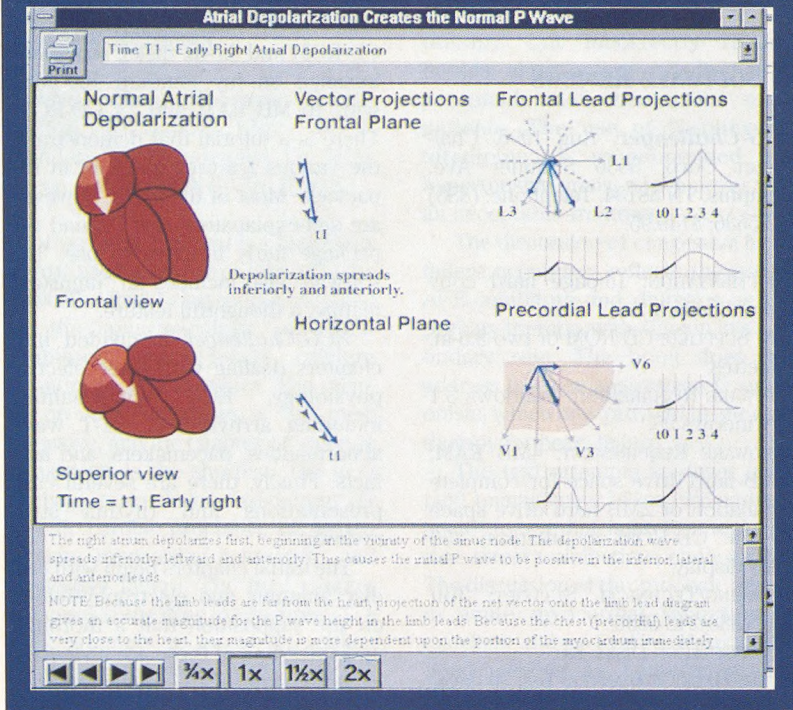
FIGURE 1

Illustration of a typical "case" in review mode, including the patient history, multiple choice questions, and discussion. The rhythm strip and interpretation have been superimposed in another window.

The screenshot shows the 'Review: ECG Quick Cases: Conduction Defects & Pacemakers - 1 of 10' window. At the top, it shows 'Session Score: 0%', 'Topic Score: 0%', and 'Total Score: 31.81%'. The main text area contains a case description: 'A 50-year-old male is admitted to the hospital. According to family members who visit, the patient was wearing his seat belt. The patient reports that something on the dashboard struck him during the accident. He complains of low back pain, left arm and hand numbness, and a swollen, tender, and painful left wrist. On exam, the patient has several facial lacerations on the left side of the face. X-rays confirm closed fractures of the left radius and ulna. What does this show?' Below the text is a multiple-choice question with five options: 'first degree AV block' (checked), 'sinus arrhythmia', 'sinus bradycardia', 'second degree AV block', and 'ectopic atrial rhythm'. A secondary window titled 'RS: First Degree AV Block' is overlaid on the right, showing an ECG rhythm strip and a text box stating: 'Rhythm strip findings include: > Prolonged PR interval (greater than 0.20 seconds) > First degree AV block. Contributor: Courtesy of Marquette Electronics'. At the bottom of the main window are buttons for 'Next Question', 'References', and 'Help'. A footer note says: 'Click "Next Question" to proceed. Click "Help" for additional instructions.'

FIGURE 2

Diagram and accompanying caption, which requires user to scroll to read its entirety.



found distracting (Figure 2).

The package allows users to search for topics and allows "bookmarks" to easily refer back to chosen topics. Users may add their own notes or annotations. Included with each topic is an extensive list of references. Students, residents, and practicing physicians may find this package helpful whether learning or reviewing ECG patterns. The package that I reviewed was not yet approved for CME credit, although it suggested that this approval would be forthcoming.

Although I found the information presented to be clear and accurate, it was somewhat awkward to toggle between screens with diagrams and the questions. I was disappointed at the lack of "multimedia" (use of sound, animation, and video in addition to text and figures), which has become the standard in educational software. There are sound effects to indicate whether users have answered the questions correctly, but there is no animation, video, or narration to enhance *ECG-Challenger's* value as a learning tool.

ECG-Challenger focused on basic, as opposed to advanced, ECG interpretation and dealt exclusively with diagnosis, not therapy.

As it stands, I personally do not find that this software offers any advantages over available well-done printed ECG references. I would recommend it only for those who prefer to have their references on computer rather than in hard copy form and for those who find they learn better from computer-based modules than from comparable books.

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Each chapter consists of a series of diagrams, most of which are ECG tracings, with accompanying multiple choice questions (Figure 1). The questions generally have multiple correct answers, and users receive credit only if they choose all the correct answers.

The material can be viewed in the "review mode" or in the "test mode." In the review mode, the correct answers and explanations of them are provided immediately after each user-supplied answer. In the test mode, the correct answers and their critiques are not provided until after the user has completed all answers to the question. Each

question appears in the test mode until the user has correctly completed all answers to it. This allows return to and review of material several times. For convenience, the diagrams along with the captions may be printed.

Unfortunately, the diagrams and questions appear in cascading windows and are not both fully visible on the screen at the same time. This makes it difficult to refer to the diagram while reviewing the possible answers to each question. Also, diagram captions were sufficiently long to require users to scroll through the captions, which I