

## BOOK REVIEWS

***Psychiatry for Primary Care Physicians.*** Larry S. Goldman, Thomas N. Wise, David S. Bordy, eds. American Medical Association, Chicago, Ill, 1998. 402 pp, ISBN 0-89970-892-7. \$49.95.

The title of this book should be *Adult Outpatient Psychiatry for Primary Care Physicians*. The absence of sections on children and inpatients will be a disappointment to family physicians looking for a reference that covers the wide scope of their practices. However, this book does treat the full range of adult outpatient psychiatry. There are the obligatory opening discussions on assessment and diagnosis, followed by chapters on addiction, depression, anxiety, psychosis, delirium and dementia, violence, sleep disorders, sexual disorders, and somatiform disorders. Psychiatric aspects of medical illnesses are also covered.

The best chapter is on difficult cases. The authors delineate a useful classification system and make practical recommendations for dealing with those patients with multiple somatic complaints, personality disorders, and so forth.

Another interesting chapter is entitled "Particular Mental Health Concerns of the Elderly, Gay Patients, and Women." This chapter acknowledges the need to have a flexible approach to different populations, but it leaves out the crucial discussion of culture, race, and religion and makes no mention of heterosexual men.

The chapter on pharmacology is cursory but acceptable. The chapter on psychotherapy is well focused for use by the generalist.

The information presented is accurate and generally up to date. Like any textbook that captures a snapshot of some part of the fast-moving world of medicine, at least some of it is out of date by the day it is printed. This book, for example, describes the phentermine/fenfluramine option for weight loss and does not discuss sildenafil for impotence.

Representation of mental health professionals, besides psychiatrists, is sorely lacking throughout the text, reflecting the background of the editors (2 psychiatrists and an internist). Psychotherapists, social workers, psychologists, neuropsychologists, counselors, and care coordinators, important partners to family physicians in treating psychiatric and emotional problems, are barely mentioned. This is a book by and for internists and psychiatrists, not family physicians, nurse practitioners, or physician assistants.

Marc Ringel, MD  
Archipelago Enterprises  
Greeley, Colorado

***The Everyday Gourmet Diabetes Cookbook: Simple and Healthy Recipes and Menus for People with Diabetes and Those Who Love Them.*** Mary Donkersloot. 1998, 384 pp, ISBN 0-51770-848-5. \$25.00.

Diabetes is a major issue in every family physician's practice. Unfortunately, diabetes education may have limited coverage under managed care. I found a solution to this problem with *The Everyday Gourmet Diabetes Cookbook*. The first 116 pages of the book contain the best, most concise, patient-friendly explanation of diabetes and its management I have read. Without any wasted words, Donkersloot covers the new guidelines for nutrition, the differences between type 1 and type 2 diabetes, carbohydrate counting, weight loss, exercise, and cholesterol. In the remaining pages, she has written a complete cookbook from breakfast foods to desserts. A very helpful appendix contains the traditional exchange system values for common foods, a guide to reading the new nutrition labels, and lists of lean, medium-fat, and high-fat meats, along with "free" foods.

The writing and formatting are clear, and there are many well-organized tables. For people with type 1 diabetes, the chapter on carbohydrate counting explains how to maintain a consistent caloric intake and match insulin requirements for any changes. Advice on compensating for sweets like occasional desserts (the author includes a variety of recipes) should be very helpful. Recipes for various ethnic foods like burritos, quesadillas, and enchiladas, and information on eating out at restaurants and fast-food chains, should be useful as well. For patients with type 2 diabetes, the chapters on weight loss and exercise are superb.

The recipes are varied and well organized. They all contain 10 ingredients or less; most have just 3 steps; and they are easy to make. Each recipe lists total calories, percent of fat, sodium, carbohydrate choices, and food exchanges for easy calculations.

The cornerstone of good diabetes control is consistent caloric intake, and this book tells patients how to accomplish that goal. It contains everything I want my patients to know. After informing patients of their diagnosis, the first question they usually ask is, "What should I eat?" From now on, I'm going to recommend this book to answer their questions.

Gil L. Solomon, MD  
West Hills, California

**BooksNow**

To order these books (24 hrs, 365 days)  
please call (800) 962-6651 (ext.7600)  
or visit us at <http://www.booksnow.com>

**Handbook of Obstetrics, Gynecology and Primary Care.** Frederick Zuspan and Edward Quilligan. Mosby-Year Book, Inc, St Louis, Mo, 1998. 703 pp, ISBN 0-8151-9931-7 \$39.95.

This text is meant to be a portable quick reference for selected problems in obstetrics, gynecology, and primary care. It is written entirely by specialists with no contributions from family practitioners. This is a fundamental weakness.

The book is divided into 3 subsections: obstetrics, gynecology, and primary care. The choice of topics in the primary care section was far from comprehensive, and the material has little relevance to actual primary care practice. For example, the chapter on pharyngitis goes into great detail on the microbiology of sore throats, but it provides little practical advice on management of anything other than the most basic cases. The chapter on headache presents the usual lengthy list of diagnostic possibilities but does a poor job outlining treatment options for migraines. The chapter on nutrition has a prolonged discussion of parental feeding but nothing on simple weight loss.

The other sections on obstetrics and gynecology have better content. However, the writing style is vague and disorganized. Details of diagnosis, for example, were brought up in a subsection on treatment.

All chapters include decision tree diagrams, but they are confusing and did not easily augment the explanations in the text. I often needed to return to the main body of the text to ensure that I followed a diagram correctly. Some important information seems to be missing entirely, such as a discussion of premature rupture of membranes at term or detection and management of Group B streptococcus infection in obstetric patients.

Overall, I was disappointed with this book. I think most readers would be better served by buying 2 separate texts, one on obstetrics and gynecology and another on primary care.

John Haggarty MD, CCFP  
Orillia, Ontario, Canada

SOFTWARE REVIEW

**Atypical Manifestations of Gastroesophageal Reflux Disease: A Multimedia Experience.** Digestive Disease Center, Medical University of South Carolina, 171 Ashley Avenue, Charleston, SC 29425. (843) 792-2300.

PRICE: \$129.95

DOCUMENTATION: Monograph

WORLD WIDE WEB SITE: www.ddc.musc.edu

HARDWARE REQUIREMENTS: A Windows-based 486 machine with a 2X CD-ROM and multimedia capabilities

CUSTOMER SUPPORT: Not included with material

CONTINUING MEDICAL EDUCATION: 2 category 1 hours for \$15.00

RATING: Marginal

Do not reach for your wallet. *Atypical Manifestations of Gastroesophageal Reflux Disease* is not a program that you would want to invest in.

The goal of this program is to bring the physician up to date on gastroesophageal reflux disease (GERD), including information on atypical presentations, diagnosis, and treatment. The program has some difficulty attaining that goal.

The CD-ROM program opens with a commercial for the Digestive Disease Center at the University of South Carolina, and the product goes downhill from there. The educational portion consists of "talking heads" (Figure 1) discussing GERD, with short clips of patients being prepared for esophagogastroduodenoscopy. The lecture con-

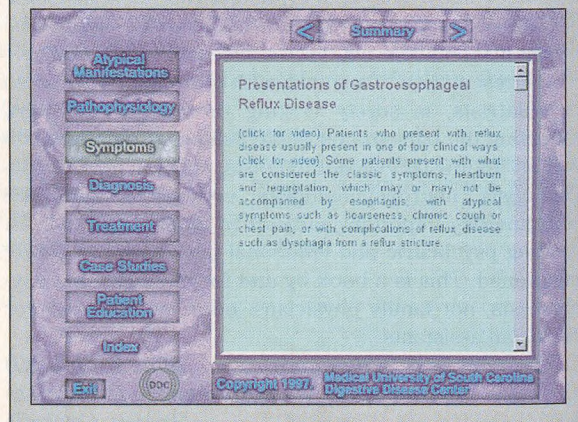
FIGURE 1

An example of the use of "talking heads," a mode that is better suited to the videotape format.



FIGURE 2

A screen of the text material that is presented without maximizing the multimedia and hypertext capabilities of CD technology.



tent is available in text form within the program (Figure 2) and in an included monograph. The information takes approximately 30 minutes to read. The CD-ROM adds little to the written information, and the lectures are prolonged and less than inspired. The information presented is basic and will not add much to the knowledge of an up-to-date practitioner. To summarize (and save you some money): GERD can present as asthma, sore throat, esophageal stricture, hoarseness, and noncardiac chest pain. The program also discusses diagnostic modalities including 24-hour ambulatory acid monitoring, manometry, endoscopy, and an upper gastrointestinal series. A discussion of treatment is also included.

*Atypical Manifestations of Gastroesophageal Reflux Disease* is not a good use of CD-ROM technology. The program is not interactive, and the user is just a passive observer. This type of presentation is better suited for videotape technology. The World Wide Web link is also a disappointment and manages to contain no information, except a link to the Medical University of South Carolina home page and a link to information about the city of Charleston. There are links within the text to other portions of the program, but these are limited, and

most of them bring you to the same animation. Unfortunately, if you follow the links, there is no way to get back to the portion of the lecture to which you were listening. You are always returned to the beginning of the lecture. You can fast-forward, but fast-forwarding to a point toward the end of the lecture repeatedly locked up my machine.

The program includes printable patient handouts that are reasonably well written and customizable. However, I was unable to get the program to print the handouts because I installed the program on my E drive, and the program's print utility defaults to C drive. There is no mechanism for changing the print path. You can, however, load the handouts into a word processor and print them from outside the program.

This is a basic tutorial on GERD with information that is written at a level appropriate for medical students or residents. The information is presented in a noninteractive manner, and I found myself wishing that the program would end.

Mark A. Graber, MD

University of Iowa Hospitals and Clinics  
Iowa City, Iowa