

In the Clinic: Practical Information About Common Health Problems From the Pages of *Annals of Internal Medicine*.

Christine Laine MD MPH and David R Goldmann MD. Philadelphia: ACP Press. 2009. Soft cover, 382 pages, \$59.95.

Many of us try our best to stay current with the latest journals and articles, especially when it relates to our daily work. I have been keeping a manila folder of various journal articles that I have every intention to read at some point. But every several months, as the folder gets ridiculously overfilled, its contents end up in the recycling bin. And then the process starts again. As a primary-care physician I accept the fact that I am never going to be able to keep up with the latest research on cancer treatments, but for common medical problems encountered on a daily basis, it is crucial to have the best information that will impact clinical care. The problem is that there is too much information. With the vast array of online and print media, where does one begin to look?

In the Clinic: Practical Information About Common Health Problems, as the title suggests, is intended to be a useful and practical resource for the busy clinic-based provider. Composed of 24 chapters, each covering a common primary-care problem, such as heart failure, migraines, low back pain, and asthma, it is a compilation of 2 years of review articles published monthly in the *Annals of Internal Medicine*. In the preface, the editors introduce **In the Clinic: Practical Information About Common Health Problems** as a way to “strengthen the connection between evidence and clinical practice” and “emphasize key knowledge that can readily be integrated into practice.”

The core material is from the Physicians’ Information and Education Resource (PIER), an online repository of evidence-based information for health-care providers at the point of care. Science writers and physician writers collaborated to adapt topics in PIER into a series of well written, easy to read, narrative reviews for **In the Clinic: Practical Information About Common Health Problems**. Each chapter was reviewed by outside experts for accuracy. It is meant for a range of training levels, with clinical students and new practi-

tioners benefitting the most. However, even veteran clinicians and teachers will undoubtedly pick up several pearls in each chapter and enhance their understanding.

Each chapter is standardized to 15 pages in length and organized into similar sections: prevention, diagnosis, screening (if applicable), treatment, improving practice, and, finally, a page of patient information, which is meant to be photocopied and reviewed with patients. The information is presented in a series of clinical questions and answers, a format that effectively focuses the discussion around patient care. It is not meant to be exhaustive, but, rather, a concise, high-yield review for reading in one sitting. The topics are well selected and touch upon a range of common out-patient conditions. But as a general medicine book with only 24 topics its usefulness is somewhat limited. Presumably, subsequent installments will be published every couple of years with more topics. Also, at first glance the chapters appear to be in no particular order, until one realizes that they are presented according to their initial publication date in the *Annals of Internal Medicine*. While most are focused and contained, a couple of the chapters attempt to tackle enormous topics. As an example, the chapter on heart failure is a good overview but unable to provide the same level of detail found in other more narrowly defined chapters. For instance, the information on B-type natriuretic peptide, one of the most widely used tests, is covered in a single short paragraph. With that said, just about every other chapter provides an excellent review of the condition, with enough detail to be immediately applicable to clinical practice.

One of the most useful chapters for me was on influenza. In addition to learning several points that changed my practice, I used it to prepare a teaching conference for residents in my clinic. The “Prevention” section starts with basic information on “What kinds of influenza vaccine are available?” and “Who should be immunized against influenza?” but quickly moves to more sophisticated discussions such as “What is the role of antiviral agents in preventing influenza?” and “In whom is intranasal live attenuated influenza vaccine contraindicated?” The authors do a good job of anticipating common or important scenar-

ios arising in clinic. In addition, the tables are helpful in summarizing the major points, such as the differences between 2 types of vaccine and the high-risk groups requiring annual flu shots.

The “Diagnosis” section similarly provides an important table on the frequency in which various symptoms and signs are present in patients with the flu. The one-page discussion on the appropriate situations to consider laboratory confirmation offers clear and practical advice. The “Treatment” section, which is two and a half pages, is an excellent overview of the pharmacologic treatment options, with references to the important studies. It also addresses when clinicians should consider hospitalization or when to obtain a consultation from an expert in infectious disease or public health. Avian flu is covered but, obviously, information about this year’s H1N1 outbreak was available only after the book’s publication. It should also be noted, however, that while the book’s publication date is 2009, some of the earlier chapters were written almost two years prior. Consequently, the first chapter, on diabetes, misses a couple of important studies (ACCORD and ADVANCE)^{1,2} published in 2008, on the effects of intensive glycemic control on vascular complications, and Chapter 2, “Smoking Cessation,” does not include the safety warnings for varenicline publicized last year by the Food and Drug Administration.³

Overall, readers will find the recommendations clear and practical. The number of references is not overwhelming, but kept fairly selective, to include only the most important studies. When the recommendations are based on weak evidence or expert opinion, the authors are careful to state this. One feature that I really liked was the one or two-paragraph summaries of the relevant studies, which are interspersed throughout the main text. Printed in a slightly smaller italicized font, these “evidence” paragraphs provide a layer of depth for readers who desire more detail, and, conversely, can be skipped by those wanting just the clinically applicable points. And those in a real hurry can jump to “the Clinical Bottom Line” box, which distills the preceding section into a few sentences. This multi-layered format makes for a versatile resource and illustrates

the thoughtful planning that went into this book. I also noted that the citations were listed in the margin of the page, next to the corresponding text, rather than at the end of the chapter. Though seemingly minor, this physical proximity between text and citation helped to strengthen the connection between the clinical information and research.

In the Clinic: Practical Information About Common Health Problems is intended for general clinicians and trainees, but, as the editors point out, specialists (and therapists) can easily update their knowledge on areas outside of their area of expertise. Published by the American College of Physicians, it is high-quality work, presented in a succinct, easily readable, and welcoming format. Clinicians of all levels will learn new aspects of diagnosis and management of common conditions in this valuable resource.

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Allergic Diseases Diagnosis and Treatment, 3rd edition. Phil Lieberman MD and John A Anderson MD, editors. (*Current Clinical Practice* series, Neil S Skolnik MD, series editor.) Totowa, New Jersey: Humana Press. 2007. Hard cover, illustrated, 484 pages, \$99.

Lieberman and Anderson, leading personalities in American allergology, have edited an excellent piece of work. Anderson

has written the chapters covering the difficult subjects of food and drug allergy, with a confidence that shows his complete mastery of the field. The book is characterized by the authors' clinical experience that allows them to make a balanced appraisal of new developments within the complex discipline of clinical allergology. All is written in a clear language with distinct advice as to treatment. Only parts, in particular some of the text on asthma, could have been updated more thoroughly.

The initial 3 chapters lay the foundation, with a survey of the pathophysiology and of available diagnostic techniques. Quite correctly, they emphasize the importance of the clinical history in the knowledge that a positive test (for example, for a certain allergen-specific antibody) does not justify the diagnosis of allergy, if there are no symptoms related to actual exposure. Like many of us, the authors use the time-honored acronym RAST (radio-allergo-sorbent test) for any test of allergen-specific immunoglobulin E (IgE), nowadays mostly enzyme-labeled assays, and they explain why. But we readers question their assertion that skin testing is more sensitive than RAST. The most recent generations of standardized in vitro tests, such as ImmunoCAP, do have a high sensitivity in respect of most allergens, and the assertion holds only for intracutaneous testing, which is not used in daily practice.

Anaphylaxis is an essential issue, most aspects of which are excellently covered in an extensive chapter. Well known facts, such as, "Penicillin and its derivatives are one of the most common causes of anaphylaxis," and "Any food has the potential to cause anaphylaxis, but some foods are more allergenic than others, and these include peanuts, tree nuts, crustaceans, fish, egg, and dairy products," are interspersed with descriptions of relatively new insights of importance for the frontline physician, such as the existence of food-dependent exercise-induced anaphylaxis.

Epinephrine is the crucial drug for treatment of anaphylaxis. Regrettably, there are a couple of errors as to concentration and dose. Table 9, on page 69, states 1:100,000 for intravenous use, but probably 1:10,000 is intended. In the text below the same table is correctly written that a 1:10,000 solution should be given intravenously in the rare case of severe refractory anaphylaxis, but wrongly that 0.1–0.2 mL should be injected every 5–15 min: it ought to be 1–2 mL to get the therapeutic dose of 0.1–0.2 mg!

These double errors, with regard to a condition for which it is literally vital to get the dosage right, are unfortunate. In addition, Table 9 contains a couple of spelling errors, which otherwise are few and far between.

Like the whole book, the anaphylaxis chapter is laudable for its pedagogic style. It contains well organized boxes with facts (eg, "Prevention Clinical Pearls"), where it is mentioned that after reaction to a medication, "a complete history is paramount in the prevention of prescribing a cross-reacting drug," and that, "all patients with food and insect anaphylaxis should carry an autoinjector of epinephrine on their body and not left in the car or at home." In "Treatment Clinical Pearls" it is stated that a patient with anaphylaxis should be placed in a supine position, with the legs raised in order to improve venous return.

The non-IgE reactions to radiocontrast media are dealt with briefly, but correctly, and it is, quite rightly, pointed out that there is no association to topical iodine solutions or to shellfish allergy, a long-lived misconception.

"Insect Sting Allergy" is one of many interesting chapters. There are some differences in relation to us working east of the North Atlantic: we have no aggressive Africanized honeybees and no fire ants, and, accordingly, rather seldom see toxic reactions from insect stings. Our experience with RAST (ie, ImmunoCAP) is that its sensitivity exceeds that of skin-prick test with insect venom. We almost never give life-long venom immunotherapy and definitely don't add epinephrine or steroid to the allergen to prevent local reactions. Here we as allergist colleagues would have liked to see references, and, overall, the value of the book would have been augmented if there had been more of these. This is only partly compensated for by the suggested reading at the end of each chapter, where, for instance, Bielory, who gives an excellent coverage of the pruritic eye diseases (allergic conjunctivitis and vernal and atopic keratoconjunctivitis) in "Diagnosis and Treatment of Ocular Allergy" suggests a further 6 articles by his own pen.

The chapter "The Child With Asthma" is well written and easy to follow. However, some points are lacking. In the diagnostic section the focus is to a large extent on the use of dynamic spirometry and reversibility testing. But many young asthmatics have a normal lung function and improve on neither short-acting bronchodilators nor oral