

Psychiatric Dimensions of Medical Practice: What Primary Care Physicians Should Know About Delirium, Demoralization, Suicide Thinking, and Competence to Refuse Medical Advice. By Phillip R. Slavney. 123 pp. Baltimore, Johns Hopkins University Press, 1998. \$15.95 (paper). ISBN 0-8018-5906-9.

As a consultation psychiatrist, the author is frequently asked to evaluate patients who are delirious, demoralized, thinking of suicide, or refusing to follow medical advice. His purpose in writing this book is to help colleagues in adult primary care deal with these four situations. He begins the book by reviewing a screening psychiatric history and mental status examination that includes a family psychiatric history, the patient's psychiatric history, the patient's premorbid personality, the patient's mood—evaluated both verbally and by the physician's observations, and the patient's cognition. This chapter ends with definitions of hallucinations, illusions, and delusions. A Mini-Mental State Examination and instructions for administration are included in the Appendix.

Each of the four situations is discussed in subsequent chapters. In fact, the chapter on delirium comprises more than one half the book, starting with a historical note and the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV) criteria for diagnosing this condition. These criteria are then addressed in separate sections, and a case study is described to illustrate the author's assertion that delirium is often unrecognized or undocumented by family physicians, internists, and surgeons. He states later that "most often, delirium is not recognized because it is not considered."

In discussing the cause of delirium, the author appropriately lists almost every organic cause known. The list of drugs that can cause delirium is also extensive. As physicians care for an increasingly aging population whose conditions are treated with greater numbers of high-potency medicines, they must become more knowledgeable of the possible harmful sequelae that occur. The author points out ways to make the diagnosis and to discover the cause of the patient's delirium. He also describes ways to differentiate delirium from other conditions with which it is frequently confused: depression, dementia, schizophrenia, and mania. In some cases treatment for the wrong condition can worsen a patient's delirium. Suggestions for treatment of delirium are included, such as preventing the syndrome, which is often the physician's responsibility by not overmedicating, then by making suggestions to the family to enhance the patient's environment, and finally by correcting the cause of the delirium.

The remaining chapters in the book address demoralization, suicidal thinking, and competence to refuse medical advice. The clinical case illustrations are mainly about hospitalized patients, but we can easily

find numerous examples in the ambulatory setting that relate to the advice given in the book. Many times the key to resolving the problem is the physician's communication skills. When the physician listens to the real needs of the patient and communicates his or her concerns and plans for treatment, the patient has a better mental health outcome.

For the family physician, the main value of this book would be the extensive chapter dealing with delirium. It is important to differentiate delirium from other causes of abnormal behavior so that we do not exacerbate the problem by prescribing inappropriate medications and making inappropriate recommendations. Because 90 percent of our patient care is in an ambulatory setting, psychiatric consultation is not readily obtained. By having a reference such as this available, we can better care for our patients.

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The Little Black Book of Primary Care. 3rd edition. Pearls and References. By Daniel K. Onion. 923 pp, illustrated. Malden, Mass, Blackwell Scientific, 1999. \$39.95 (paper). ISBN 0-632-04345-8.

Many medical students and residents have fashioned a personal resource book during their training experiences in patient care. These pearls-of-wisdom references affectionately labeled "peripheral brain," provide valuable assistance in situations where rapid recall of specific information is required in the absence of multi-text libraries, eg, guidelines for intravenous fluid and electrolyte orders. *The Little Black Book of Primary Care*, now in its third edition, was written as a starter notebook for students of primary care. The author has intended it, not as a comprehensive collection of facts, but as a framework for organizing clinical knowledge with additions and notes to be added by the learner.

The book itself is designed as a pocket portable with alphabetic topic organization by medical and surgical specialty, including obstetrics-gynecology, pediatrics, psychiatry, emergency medicine, and prevention and health maintenance. Each chapter references specific diseases, with such information as cause, epidemiology, pathophysiology, identifying signs and symptoms, course, complications, pertinent laboratory tests, and treatment. The discussions are replete with focused journal citations (more than 6000) and typically include references to recent review articles, most commonly from *The New England Journal of Medicine*, *The Annals of Internal Medicine*, *The Journal of the American Medical Association*, and *The Medical Letter*. More attention is paid to those areas of known controversy, such as the treatment of breast cancer or management of myocardial infarction. The use of literature references is a key feature of this work and is certainly critical to