Book Reviews


The continuing proliferation of new drugs over the years has led to such a large volume of information about beneficial and adverse outcomes of treatment that the clinician finds it increasingly difficult to make rational therapeutic decisions within the usual time constraints of a busy practice. This difficulty is a particular problem in family practice and primary care, where the spectrum of clinical problems seen in everyday practice is so wide.

Drug Therapy: Decision Making Guide provides a welcome response to this problem. Compiled and edited by clinical pharmacists and physicians at the University of British Columbia and Dalhousie University, this new book takes an unique approach to the need for rapid reference resources. The book has been organized around the important questions a clinician needs to answer when initiating, changing, or stopping drug therapy. Three different templates of such questions were developed for each of the three major sections of the book, as follows.

In “Drug Therapy for Disease States” are the following questions: What are my goals of treatment? What evidence is available to support drug therapy? When should I consider drug therapy? What drug should I use for initial treatment? What dosage should I use? How long should I treat with my initial regimen? What efficacy parameters should I follow and how frequently do I have to assess my patient? Should I add another drug or substitute therapy if my initial drug therapy fails? How long should I continue drug therapy?

“Drug-induced Adverse Reactions” addresses these questions: How do I determine whether this adverse reaction is drug induced? What drugs are most likely to cause this drug reaction? What are the characteristics of this drug reaction? How do I treat this drug reaction? How quickly should my patient respond, and what should I monitor with regard to efficacy of treatment? Do I have to stop the administration of the drug that is causing this adverse reaction? How long should I treat this adverse reaction?

In the section “Drug Monographs” (more than 300 drugs, listed alphabetically by generic name) are the following questions: When should I use this drug? When should I not use this drug? What contraindications are there? What drug interactions are clinically important? What route and dosage should I use? What should be monitored for efficacy and toxicity? How long do I treat patients with this drug? How do I decrease or stop administration of this drug? What should I tell my patient about this drug and what are therapeutic tips for use of this drug?

The first section of the book deals with drug therapy for 10 major categories of disease: cardiovascular diseases, endocrinologic disorders, gastrointestinal diseases, infectious diseases, illness related to acquired immunodeficiency syndrome, neurological diseases, obstetric and gynecologic conditions, psychiatric disorders, respiratory diseases, and rheumatic diseases. A section on drug-induced adverse reactions deals with anaphylaxis, as well as four common groups of adverse reactions: skin rash, diarrhea, constipation, and nausea and vomiting. Usual journal references are provided throughout the book.

With rare exceptions the contents of this book appear to be current; one exception is the case of metformin, listed as unapproved in the United States, as it became available when the book was in press. Although clinicians might disagree in some instances with some of the recommendations about drug therapy, this book provides a helpful reference structured in a logical and explicit way. It is highly recommended for family physicians and others in primary care, and I hope it is regularly updated beyond this first edition.

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I recommend enthusiastically this small book, both for its wisdom and as a superb reading experience. It is written beautifully. Each chapter is a coherent and thought-provoking essay within its 4 to 10 pages, making it ideal for bedside or break-time perusal.

The author aims at two audiences: “patients [who] clearly need some reassurance, a comfortable understanding that there are doctors out there who will care for them... both for their physical needs and their human ones,” and “doctors [who] need to be reassured that their current discontent is not permanent and that things can be done to regain the laurels once held by an honored profession.” Secondary, Dr. Felch hopes that some policy makers might read it to gain understanding of the healing relationship between patient and physician in the microworld of medical practice. He hits the mark; each of these audiences, as well as student-resident entrants into the medical profession, will enjoy and profit from the book. They can sample Dr. Felch’s thoughts on the career of the physician, the process of patient care, and both the inner workings of medical practice and the larger picture of medical education, research, and health care policy.

Dr. William Felch practiced medicine in the community for 40 years as a general internist, or in his