

### **AMA Guidelines for Adolescent Preventive Services (GAPS): Recommendations and Rationale**

by Arthur B. Elster and Naomi J. Kuznets, 191 pp, \$29, ISBN 0-683-02798-0, Baltimore, Md, Williams & Wilkins, 1994.

Caring for adolescent patients is a challenge that rivals any in the medical field. Any family physician who cares for adolescents would be interested in this compendium of recommendations for comprehensive clinical preventive care for patients, ages 11 through 21, who have historically been lost somewhere in the void between careful screening and prevention protocols for infants and young children and periodic health screening for adults. The pooled expertise of a multidisciplinary advisory board working with the American Medical Association (AMA) Department of Adolescent Health created Guidelines for Adolescent Preventive Services (GAPS), a framework for annual adolescent visits that extends beyond the preparticipation physical examination and tentative inquiry into school performance, sexual activity, and substance use that characterizes many well-adolescent visits.

The 24 GAPS recommendations regarding immunization, screening, health guidance, and system of health care provision, are well organized into 14 chapters, each addressing a specific health topic such as hyperlipidemia, parenting and family adjustment, or use of tobacco products. Each chapter presents a primary or secondary prevention strategy, supported by an interesting discussion of background epidemiology, conse-

quences, and risk factors. Scientific justification for the strategy, based on a review of clinical trials of various interventions, is appealingly organized by posing significant questions about the relationship between screening and outcome, such as "Does Early Identification Reduce the Risk of Adolescent Suicide?" The authors suggest practical clinical applications. There is an excellent extensive list of references following each topic.

Finally, the AMA GAPS offers a one-page table that summarizes the recommendations and their timing, along with clarifications of high-risk groups for specific interventions, similar to the US Preventive Services Task Force *Guide to Clinical Preventive Services*. Useful information on coding for reimbursement also is provided.

The GAPS recommendations are unique in that they focus on a prevention and modification of risk factor strategy that includes a collaboration among families, adolescents, and their physicians, a model that is familiar to family physicians. However, it presents readers with an enormous challenge: to be as effective at "screening and counseling adolescents regarding tobacco, alcohol and other drugs including anabolic steroids," for example, as we are at giving a hepatitis vaccination.

After reading the guidelines, the reader will surely be anxious to see the "materials to help physicians implement GAPS recommendations" promised "from the AMA at a future date." Many will find themselves with a lingering doubt as to their ability to successfully implement the recommendations owing to time constraints, although the visits are estimated by the authors at 30 minutes, or to a lack of training in effective lifestyle and behavior counseling techniques.

Meanwhile, the AMA GAPS offers us a wonderful opportunity to

evaluate the strategies we have been using and to compare them with interventions that have been shown to be effective. It is an important next step on the path to significant improvement in adolescent health care.

Nancy Eklund, MD  
South Miami (Fla) Hospital

### **Pediatric Orthopedics: A Guide for the Primary Care Physician**

by Richard J. Mier and Thomas D. Brower, 327 pp, \$45, ISBN 0-306-44796-7, New York, NY, Plenum Medical Book Co, 1994.

The authors of this book have "written it for generalists taking care of children and for trainees in pediatric and family practice residencies." It is organized functionally according to common problems involving the child's musculoskeletal system rather than anatomically. The first chapter reviews the pediatric orthopedic examination and defines terminology such as gibbus (a humpback deformity) as well as various gait patterns. Succeeding chapters review the differential diagnosis and management of pertinent problems, such as evaluation of the child with extremity pain or limp, skeletal defects and growth abnormalities, sports injuries or other musculoskeletal trauma, and developmental orthopedics.

The text is written in a straightforward manner, as if the authors were speaking to the reader. They emphasize the importance of "listening to the story" in evaluating the nature and extent of the child's complaint. They acknowledge that after serious conditions have been ruled out, some, such as growing pains, cannot be explained. They also advise that "humility, circumspection, and insecurity are impor-

tant emotions to harbor when making the diagnosis of transient synovitis of the hip" (page 53).

The book provides an excellent overview of pediatric orthopedics and can be read over the course of a month's rotation. It discusses a wide range of differential diagnoses along with their clinical clues. The section on congenital and related defects of the skeleton discusses talipes equinovarus as well as developmental dysplasia of the hip but may mention more syndromes than the average family physician wants to know. Descriptions of therapy are relatively brief and presume some general knowledge of injury management. This book does not instruct in casting or setting fractures. It does tell the physician when and how urgently the patient should be referred. Sometimes its orthopedic bias is evident, when, for example, the reader is told that serial radiographic examinations are "mandatory" every 6 months to determine whether a mild, idiopathic scoliosis curve is "static or progressive." Neither the use of a Scoliometer (Orthopedic Systems Inc, Hayward, Calif) nor the controversy surrounding the potential benefit of bracing moderate curves (between 20° and 40°) are mentioned. However, criteria for obtaining a magnetic resonance imaging scan in a patient with scoliosis are given (page 261).

The layout of the text deserves mention. At the beginning of each chapter is a mini-table of contents. For example, developmental orthopedics is divided into sections such as "Intoeing," "Bowleg," "Knock-knees (Genu Valgum)," "Flat Feet," and "Leg Length Discrepancies." Categories such as "Intoeing" are then further divided into subsections such as "Metatarsus Adductus," "Internal Tibial Torsion," and

"Femoral Anteversion." The text is complemented by a generous number of photographs and radiographs. The nonglossy paper makes the slightly small text easier to read but occasionally loses the fine details of the radiographs. The tables of physical findings and differential diagnoses are useful, but their type size is even smaller. References are not cited in the text but are presented in a bibliography preceding the index at the end of the book.

This book could also be used as a quick reference for identifying the important diagnostic and management issues to consider in evaluating a pediatric orthopedic problem. It does not substitute for a reference work that describes therapy and management in greater depth and detail. However, it admirably accomplishes its goal of being a work intended for primary care physicians.

Sanford R. Kimmel, MD  
Medical College of Ohio  
Toledo

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### **Breastfeeding: A Guide for the Medical Profession**

4th ed, by Ruth A. Lawrence, 878 pp, with illus, \$46.95, ISBN 0-8016-6858-1, St Louis, Mo, Mosby-Year Book, 1994.

This is *the* textbook on breastfeeding. From that perspective, it is a good reference book for family physicians. However, it has its pluses and minuses.

On the plus side, the author has reviewed over 15 000 references and has provided the most comprehensive source of information available. This book is about the only source that summarizes information on breast-feeding infants with special medical problems, such as

cleft lip or palate or tracheoesophageal fistula. Induced lactation and re-lactation and cross-nursing are well covered. There is a chapter on human milk-banking. In addition, there are lists of information sources. There is also historic and cross-cultural information that provides interesting reading, but is of little use in my practice.

As a breast-feeding mother at the time of this writing, I was particularly interested in the sections on practical "how-to-do-it" breast-feeding. The information provided is a compilation of what I have learned from handouts, lactation consultants, and articles. Personally, I did not learn anything new. The research on actual breast-feeding problems and how to fix them must, apparently, be woefully lacking. One example of this is the dogma that breast-fed infants have many stools; I have seen several with few stools, and perceive this situation is not uncommon, but the old axiom continues to give many mothers fits (this section unfortunately had no references).

The recitation of the literature also left some sections without a good summary of the author's opinion of the implication of the previous research. It is not the most readable text, and some sections are particularly difficult to plod through.

Overall, the middle sections of the book on management of the mother-infant nursing couple, growth in the breast-fed infant, and maternal employment are most important to read and understand for the family physician. The remainder of the book would be used primarily as reference when specific questions arise.

Marjorie A. Bowman, MD, MPA  
Bowman Gray School of Medicine  
Winston-Salem, NC