

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-