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Drug information handbook

Article in Canadian Medical Association journal · August 1983

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Richard Ian Ogilvie

University of Toronto Medicine & Pharmacology (emeritus)

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Drug information handbook

Handbook of Clinical Drug Data. 5th ed. Edited by James E. Knoben and Philip O. Anderson. 669 pp. Drug Intelligence Publications, Inc., Hamilton, Illinois, 1983. \$29.50 (US), paperbound. ISBN 0-914768-41-7

How many times a day do you wish you had instant access to drug information? This relatively slim book can be easily tucked away in your bag or drawer and provides information on some 350 drugs. Monographs are organized in general class chapters, such as cardiovascular drugs or anti-infective agents. There is also a generous number of charts to contrast specific properties of related agents. The drugs are presented alphabetically by generic name within each category, and an index is provided at the end of the book for more rapid access. The monographs provide brief reviews on pharmacologic aspects, dosage individualization, patient instructions, pharmacokinetics, biotransformation and elimination, as well as adverse reaction, precautions, contraindications and data to monitor during use.

The information provided on each drug is undoubtedly useful and probably in large part correct, although errata can be a large problem, even though this is the fifth edition. The reader is invited to

write to the publisher to acquire a "Corrections and new information" sheet.* There is, in addition, the usual information time lag that plagues all books. For example, it is suggested that diazoxide be administered as a bolus injection of 5 mg/kg over 30 seconds or less, whereas more recent work has demonstrated that smaller repeated bolus doses or a slow load administered by a constant infusion of 7.5 mg/min up to a total dose of 7.5 mg/kg is safer and just as effective in the treatment of hypertensive emergencies.¹⁻³

This book has been written by clinical pharmacists, and a certain bias comes through at times. For example, patients are admonished to report to a pharmacist if they suffer from sore throat, fever or oral lesions while taking propylthiouracil. In the first 240-page section "Data compilation", there are some useful outlines of drug use during pregnancy and breast-feeding, drug interactions and organ-specific adverse effects, but also some listing of drug therapeutic programs for emergencies such as anaphylaxis, cardiac arrest, poisoning and status epilepticus.

The practitioner will be disappointed in the therapeutic program lists, which are largely uncritical. For example, cathartics are recommended for overdoses, and phenytoin is suggested for status epilepticus only if control is not achieved

*One such correction appeared in the June 15, 1983 issue of *CMAJ* (128: 1357).

with diazepam. In my opinion, both practices are outdated. Nevertheless, this is a useful volume, if only to be used as a reminder to practitioners for areas in which they are unsure. Reference to standard textbooks is still desirable in certain instances.

I particularly liked the brief monographs on investigational agents. I am sure many practitioners find that their patients who have just returned from major centres have been receiving drugs not yet released for general use, and the practitioners have little access to information about them. The applicability of some of the chapters and information, such as schedules of control drugs and dosage forms, may be limited to the United States, but this should not be a major handicap for the Canadian practitioner.

R.I. OGILVIE, MD, FRCP[C]
Director
Divisions of cardiology
and clinical pharmacology
Toronto Western Hospital
Toronto, Ont.

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2. HUYSMANS FTM, THIEN T, KOENE RA: Acute treatment of hypertension with slow infusion of diazoxide. *Arch Intern Med* 1983; 143: 882-884
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The ageing nervous system

The Neurology of Aging. Edited by Robert Katzman and Robert Terry. 249 pp. Illust. F.A. Davis Company, Philadelphia, 1983. \$38 (US). ISBN 0-8036-5231-3

The editors of this 10-chapter mono-

graph, the chairmen of the departments of neurology and pathology at the Albert Einstein College of Medicine of Yeshiva University, New York, are eminently suited to compile an informative text summarizing normal and abnormal aspects of the ageing human nervous system.

Eleven of the 13 contributors are also American academics (the other 2 are from Helsinki and Vancouver).

Since the number of people over age 75 has grown from less than 1 million in the United States in 1900 to 10 million in 1980, the theme of