

no detailed coverage of problems specific to pediatric asthma. This chapter could have had a much more detailed discussion of issues such as patient education and environmental control specific to the pediatric patient. While the chapter cross-referenced many other chapters for further information, I found this chapter to be weak compared with most of the other chapters.

My only other criticism of the book was the lack of a chapter specifically addressing the issue of patient compliance. If a chapter with practical pointers had been written discussing the experiences of the authors in improving compliance, it would have made this book a must for all physicians involved in the care of asthmatic patients. However, the appendix of the book does include useful sources to contact for patient information as well as tables for dispensing asthma medication.

As a practicing family physician who is actively involved in the care of pediatric and adult asthmatic patients, I find this text to be an excellent addition to my library. I strongly recommend this text for the family physician who wants to understand the complex issues involved in the care of the asthmatic patient.

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Handbook of Prescribing Medications for Geriatric Patients

by Judith C. Ahronheim, 465 pp, \$30,
ISBN 0-316-02042-7, Boston, Mass,
Little Brown & Co, 1992.

Keeping current with information on the multitude of available

medications and their appropriate selection, doses, and potential adverse consequences is a challenging, ongoing task. Judith Ahronheim, MD, has met this challenge and produced a handbook that is an impressive collection of key information on prescribing medications for geriatric patients. The handbook provides factual information organized into 37 chapters on the major therapeutic agents in common use for geriatric patients and on therapeutic problems. However, this handbook is much more than a mere compendium of facts about drugs. Stuffed between the 448 narrative pages is a treasure trove of clinical experience: practical, direct advice (ie, "clinical pearls") to promote rational prescribing for geriatric patients.

The scope of topics covered is broad but very selective. Chapter topics range from the common therapeutic agents and medical problems (eg, "Nonsteroidal Anti-inflammatory Agents," "Antihypertensive Agents," and "Treatment of Urinary Bladder Disturbances") to more general areas such as "Ophthalmic Agents" and "Drugs Used in Dementia." Several chapters cover only one agent: for example, "Lithium" (six pages), "Pentoxifylline for Peripheral Vascular Disease" (three pages), and "Metoclopramide" (three pages).

Ahronheim intentionally presents conservative prescribing guidelines. These guidelines include the appropriate use and common misuses of medications. Established therapeutic agents with better-known safety records are generally preferred over newer agents. The reader may challenge some of Ahronheim's conclusions. The section on histamine (H₂) blockers provides an example, concluding: "until other firm evidence that other H₂ blockers are safer, ranitidine should

be considered the H₂ blocker of choice for the elderly." Controversial recommendations such as this are not referenced; however, the supportive narrative provides the basis for this statement. Each chapter has a selective bibliography for those seeking more information.

Dosing information is adapted to deal with situations commonly seen in geriatric patients. Information about adverse reactions and drug interactions selectively includes only those that are common or likely to result in serious consequences. Importantly, Ahronheim usually includes identified risk factors and/or the means to reduce risk for these serious situations. Chapters with multiple "therapeutic equivalent agents" have comparative information that will assist the prescriber in separating genuine therapeutic advantages from the exaggerations of advertisements. The index is organized primarily by nonproprietary drug name and medical problem/disease.

This handbook provides helpful, practical information that should improve prescribing for geriatric patients. Chapters contain factual information liberally laced with the author's clinical experience and therapeutic opinions. Conservative prescribers will agree with most of the author's recommendations, while others may challenge the scientific basis of some of them. If you seek consultation for common therapeutic situations in a very user-friendly format, then you may find Ahronheim's *Handbook of Prescribing Medications for Geriatric Patients* to be indispensable.

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