

International Suicide Rates and Preventive Strategies

Diego De Leo and Russell Evans; Hogrefe & Huber

In this era, the world has been reduced to a “global village” by advances in information and communication technology. As a result of this, more books with international perspective are required rather than books focusing on little segments of the global village. Besides, writing a book that discusses a subject across cultural and national boundaries enables an effective comparison to be made in different groups of people. This type of cross-cultural comparison is very pertinent in subjects of public and mental health concern, which must be discussed within the context of international health to be meaningful.

The present book entitled *International Suicide Rates and Preventive Strategies* in many ways fulfills the above criteria. The yearning of the contemporary readers must have been borne in mind by the authors of this book throughout the stages of its conception and production.

The present book focuses on specific aspects of suicidology—namely, rates and prevention. This is desirable, as information in the subject matter of suicidology has exploded in recent times. Attempting to cover the subject in a book will certainly result in a huge single voluminous textbook or will need to be split into numerous volumes. With the specific nature of this book, an interested reader can focus on materials that are relevant with minimal distraction from unwanted information.

The division of this book into four major sections—data, suicide trends, suicide prevention and facts impacting on suicidal behavior—is a highly organized approach and enhances readability. With this

arrangement, the reader can selectively focus on specific sections of interest.

This 150-page book contains a succinct and straightforward account in each chapter. The book is written in short sentences, and the vocabulary is kept simple. This style of presentation of material enables readers from diverse backgrounds to comprehend the information with minimal efforts.

The facts are presented in a way that easy reference is possible. By this arrangement, a reader could see at a glance the rate of suicide and its preventive strategies in different parts of the world.

Throughout this book, information is presented in both text and graphical/tabular form. The combination of data in narrative and illustrative manner makes comprehension easy. In fact, using different colors for the graphs and tables will not improve its readability and comprehensibility to any significant extent. The provision of a brief conclusion at the end of each chapter is innovative. It enables a cursory reader to benefit from the facts contained in each chapter without having to read the whole length of the chapter. This approach also helps retention of facts by those who read through the entire chapter, in that the conclusion serves as a succinct summary.

This book covers extensive geographic and cultural areas. Only developing cultures are not adequately covered. This is possibly because of dearth of data on rates and preventive strategies from those parts of the world. Hopefully, by the time the next edition is due, ample information from the developing world may be available for inclusion.

Typographical errors are minimal. They are unlikely to have any significant impact on the flow and understanding of the message conveyed by the text.

On the whole, this is a well-written book, designed to meet the needs

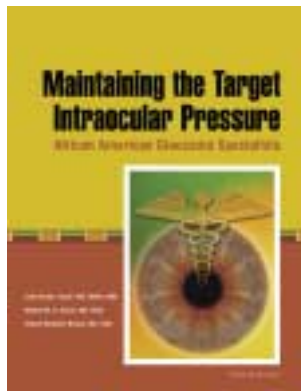
of general readers and those of professionals working in the area of suicide and attempted suicide. Medical students and students of psychology, sociology and social anthropology, as well as psychiatrists, psychologists, epidemiologists and policy-makers, will find it useful. Researchers in behavioral sciences and related disciplines will find this book an important tool in pursuing their specific scientific enquiries. I recommend it for individual and institutional libraries.

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Maintaining the Target Intraocular Pressure—African-American Glaucoma Specialists

Sade Kosoko-Lasaki, MD, MSPH, MBA; Mildred M.G. Olivier, MD, FACS; Edward Nathaniel Burney, MD, FACS ; SLACK Inc., Slackbooks.com; ISBN 1-55642-743-3; 150 pages

Dr. Lenworth N. Johnson, described as one of America’s top ophthalmologists, stated “We can see now, but later there is no sight.” This is the essence of a leading cause of blindness among those of African descent in the United States and worldwide—primary open-angle glaucoma. The main goal for the ophthalmologist is to prevent vision loss by maintaining a certain target intraocular pressure (IOP) to prevent optic nerve atrophy. “Maintaining the Target Intraocular Pressure—African-American Glaucoma Specialists” also captures the impor-



tant contributions African-American physicians have made in glaucoma research. The text explains the blinding eye disease in an academic fashion; however, both interested lay persons and medical students can comprehend the material with ease.

The book begins with a historical perspective of glaucoma research spanning from 1939–2004 and discusses four significant prevalence studies (St. Lucia Study, Baltimore Eye Survey, Barbados Eye Study and South African Zulu Study) that are incorporated into later chapters. It mentions risk factors and asks the question: “Blindness in blacks: how much do we really know?” The author of the chapter also states that randomized clinical trials were the best method to determine the efficacy of glaucoma therapies.

Chapters 2–4 explain the epidemiology of glaucoma. Furthermore, African-American patients have early-onset glaucoma and live longer with the disease as compared to Caucasians; thus, it is essential for primary care physicians and ophthalmologists to screen and diagnose patients early to maintain a high-level quality of life and reduce the financial and visual burden associated with delayed treatment.

Chapter 5 mentions the pathophysiology of glaucoma and optic nerve atrophy illustrating two key theories: 1) mechanical theory—direct compression of the axonal fibers and support structures in the anterior optic nerve resulting in distortion of the lamina cribrosa plates leading to apoptosis; and 2) vascular

theory—ischemic optic neuropathy due to decreased optic nerve perfusion due to an increase in IOP. The chapter also mentions a key study, the Ocular Hypertension Treatment Study (OHTS), which postulates that race is not as important as central corneal thickness (CCT) as a predictive value for developing open-angle glaucoma. This finding led to a newer research hypothesis such as: what are the sociocultural or environmental factors that promote a thinner CCT and a larger cup-disc ratio? It was noted that African Americans have a thinner CCT and large cup-disc ratio.

Chapter 6 discusses all the possible pharmacological treatment options that are preferred in the African-American population versus Caucasian population. It also explains any adverse reactions that affect patient compliance, which is a key to lower IOP (<21 mmHg) in patients.

Chapter 7 clearly illustrates the history of the surgical management of glaucoma. The Advanced Glaucoma Intervention Study (AGIS) states that the outcome of surgery depends on race. Furthermore, African Americans fared better compared to Caucasians with argon laser trabeculoplasty (ALT)—trabeculectomy–trabeculectomy (ATT) sequence.

Chapter 8 illustrates that treatment compliance is the leading cause of therapeutic failure due to: 1) patient age (frequency and technique of using medications), 2) cost of medications (patients on fixed incomes with Medicare/Medicaid), and 3) quality of life (feeling self-conscious when instilling drops in public).

The final chapters celebrate the accomplishments of African-American glaucoma specialists who have made important contributions to the field of glaucoma research in the United States.

Although a lot of progress has been achieved in the field of glaucoma research, Dr. Edward Nathaniel

Burney states, “We have identified some of the problems and differences; now we must address them.” The text clearly illustrates key concepts for physicians interested in the history of glaucoma research or interested in the field of glaucoma in general. Additionally, it is a valuable book for young physicians and medical students who are interested in pursuing a career in ophthalmology by giving insight on the management of African Americans with glaucoma.

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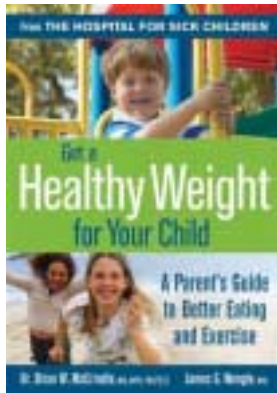
Get a Healthy Weight for Your Child. A Parent's Guide to Better Eating and Exercise

*Brian W. McCrindle, MD, and
James G. Wengle, MSc;
Toronto, Ontario, Canada:
Robert Rose, Inc., 2005; ISBN 0-7788-0114-4; \$18.95; 303 pages*

This book's focus on childhood and adolescent overweight and obesity is timely for both families and clinicians.

Most countries of the world are affected by an epidemic of childhood obesity.¹ Nearly one-half of children and adolescents in North and South America will be overweight by 2010. They will likely comprise the first generation with a diminished life expectancy due to this metabolic problem.

In their book intended for parents, McCrindle and Wengle set out to focus on a healthful lifestyle rather than a weight-loss program. They assert that each youth will find their healthy weight with this approach. This advice is brilliant in its simplicity: if your child begins to



eat a healthful diet and begins a healthful level of activity, a healthy weight will follow in a healthful amount of time. The authors' message is one that will inform and motivate rather than overwhelm and discourage readers and their children. This book is introduced using the life story of the second author who at the age of 17 years stood 5 ft. 11 in., weighed 210 pounds, and had a waist measurement of 38 in. due to indulgent parents, poor self-control in eating and a sedentary lifestyle. Largely through self-help in learning about health, nutrition and exercise and implementing his new insights, he achieved a healthy weight. This book will guide parents and youths to accomplish the same thing for themselves.

There are eight chapters:

1. How serious is the overweight problem?;
2. How do I know if my child is overweight;
3. Food, weight and health. Part 1: Energy balance and building blocks;
4. Food, weight and health. Part 2: Systems support and energy density;
5. Healthy weight food choices. Part 1: Fresh whole foods;
6. Healthy weight food choices. Part 2: Processed and preserved foods;
7. Physical activity, weight and health;
8. The healthy weight program.

The first seven chapters are edu-

cational, with the actual program described in chapter 8. There are case studies throughout the book that are composites based on actual children and their families encountered in the authors' clinics. These case studies as well as the authors' practical and realistic approach to achieving a healthy weight ensure that this book will benefit every reader.

General principles guided the authors in writing this book. Perhaps listing "pearls" encountered in the book will give parents a flavor of what may be gained in helping their child achieve a healthier lifestyle.

- Develop a healthy lifestyle during the first few years of life.
 - Type-2 diabetes mellitus accounts for almost half of all the new cases of diabetes mellitus developing during adolescence.
 - Depression may be caused or worsened by obesity.
 - Obese children as young as 3–5 years of age may find themselves unattractive by peers.
 - Mothers tend to feed themselves in healthier ways than they do their children.
 - Advertising for unhealthy foods is often aimed at children.
 - Schools are often financially dependent on vending machine profits.
 - Soft drink consumption may lead to caffeine addiction and insomnia.
 - Restaurant chains aim for high-fat diet on food items in children's menus.
 - Excessively large portions tend to be more profitable than smaller portions.
 - Obese children have slower metabolism and are more vulnerable to weight gain.
 - The greater the TV viewing, the more likely the child is to be fat.
 - Unsafe neighborhoods lead to reduced physical activity and childhood obesity.
 - Obesity tends to run in families.
 - Parents often do not know what
- school cafeteria foods are given to their children.
 - Controlling a child's weight does not affect their height.
 - Abdominal (central) obesity is most predictably linked to heart disease.
 - Assigned tasks about the house increase physical activity.
 - "Empty" calories are low in nutrients (chocolate or candy, bag of BBQ chips, can of pop/soda, french fries, etc.).
 - Plants use energy from the sun to manufacture macronutrient sugars, fatty acids and amino acids from which are derived carbohydrates, fats and proteins.
 - Micronutrients include vitamins, minerals and phytochemicals.
 - The higher the water and fiber content in food, the lower its energy density.
 - The lower the food energy density, the more filling and the less overeating.
 - Fruits and vegetables come in many colors, providing vitamins and minerals
 - Butter is fat and water, and it is recommended to not eat butter.
 - Manufactures often add sodium to even sweets to encourage more sales.
 - Use cooking oil sprays as a lubricant to replace margarine or oil.
 - Sports drinks are unnecessary unless the child is performing endurance activities lasting longer than one hour.
 - The Canadian Association for Health, Physical Education, Recreation and Dance recommends 30 minutes a day of physical education during school hours.
 - An overweight child may need or use more energy than a lean child to perform the same amount of physical activity.
 - If your child is living a healthful lifestyle, the body will find its own healthy weight—do not focus on weight loss but a

healthful lifestyle.

- The best plan for increasing your child's activity is to involve the whole family.
- Don't use punishment (or threats of punishment) to try and change your child's eating and activity habits.
- Don't use food as a reward.

In summary, McCrindle and Wengle provide an inexpensive, well-written, accurate, easy-to-read and easy-to-follow guide to get a healthy weight for your child. Whatever your child's current lifestyle is, implementing the principles described by McCrindle and Wengle will likely lead to a happier and healthier child and future adult.

REFERENCE

1. James WPT. The challenge of childhood obesity. *Int J Pediatric Obes.* 2006;1:7-10.

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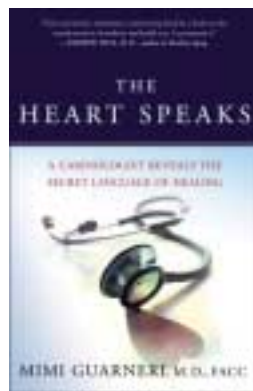
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**The Heart Speaks:
A Cardiologist Reveals
the Secret Language of
Healing**

Mimi Guarneri, MD; New York, NY: Touchstone, 2006; ISBN 978-0-7432-7311-4; 220 pages

The author is a cardiologist who seeks to impart the secret language of healing. She retraces her journey as a physician from childhood to the crowning point of her career as an interventional cardiologist and healer. She embraces not only the benefits of traditional medicine and its technological advances but also the healing wisdom of ancient cultures

and integrative medicine. Set in New York, the book begins with the death of her mother from heart disease and records her maturation through childhood, medical school, residency and clinical practice. She weaves into her story cardiovascular clinical trials and cultural anecdotal statements that are meant to expand the horizons of the reader. She challenges the reader to deepen their understanding of illness by acknowledging the physical, mental and spiritual planes of healing.

The book is lightly referenced. An index and more detailed reference list would have strengthened the impact of the message for the physician reader.

Striving to expose the reader to a global perspective of healing, the book is a worldwind tour of traditional and alternative medicine.

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