

**Anxiety Disorders:
Everything You Need to Know**

J. Paul Caldwell, MD, CCFP;
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This consumer guide to anxiety disorders aims to help patients, their family members and friends understand the nature of anxiety disorders and the range of available treatment options. This entry of Your Personal Health Series reviews *The Nature of Anxiety* and *The Biology of Alarm*. Altogether, half of the 167 pages are devoted to describing anxiety disorders, including panic disorder, specific phobias, posttraumatic stress disorder and obsessive-compulsive disorder. Chapter 8 focuses on anxiety in children and adolescents. The chapter on treatment for anxiety disorders offers psychological therapy options, herbal treatments and pharmacological approaches.

Several features of the book are especially user friendly. First, one chapter is devoted to anxiety in children and adolescents. Second, lists of drug names and further resources guide readers to organizations in the United States and Canada, on the Internet and related books. Third, the book offers several case studies that have been successfully resolved. Fourth, the author has successfully found a way to describe anatomical and physiological components of anxiety without burdening the reader unduly. Fifth, the brief glossary presents an opportunity for readers to clarify unfamiliar terms. Sixth, throughout the text, several boxes within the text offer brief reports such as “Common Types of Phobias” and “The Terror of September 11,” or recommend useful coping strategies for conditions such as panic attacks and needle phobia. This certainly makes for easier reading.

The last chapter of the book may be the most useful chapter for those

who are willing to take responsibility for self-care for anxiety disorders. In the “Taking Back a Sense of Control” chapter, seven self-treatment strategies to manage anxiety are described. The role of family and friends—an extremely useful section—is also explored.

There are two minor deficits of the book. First, there is no mention of the relationship between diet and mood. Second, there is no mention of the success rates of different treatment options for any type of anxiety disorder. Despite these two minor deficits, the book is guaranteed to be useful for the 68 million Americans who suffer from anxiety. As American consumers become increasingly bombarded by media advertisements which suggest that pharmacological approaches can treat chronic conditions, it is critical that consumer health books include non-pharmacological approaches. This book provides the options that consumers need to hear about—not only the pharmacological approaches but also psychological therapy and herbal supplementation options.

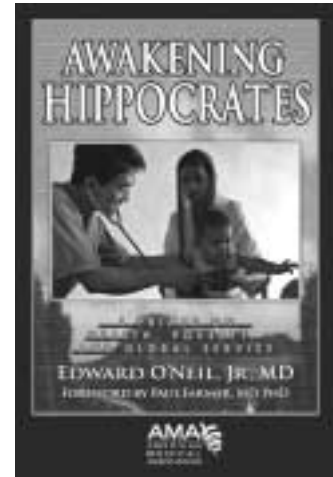
*Reviewed by
Marcia Magnus, PhD
magnus@fju.edu*

**Awakening Hippocrates:
A Primer on Health,
Poverty, and Global Service**

Edward O’Neil Jr., MD

There will be no peace without development, and there will be neither peace nor development without social justice.

These words of Mahatma Gandhi were intended to address inequities during his life, but they thoroughly apply to Dr. Edward O’Neil’s new book, *Awakening Hippocrates: A Primer on Health,*



Poverty, and Global Service. O’Neil’s groundbreaking study provides lucid insight into the “enormous disparities in health,” globally secondary to the endemic poverty that exists internationally. O’Neil views poverty as the “most important killer in the world,” a monumental impediment to achieving social justice. Addressing poverty without taking social justice into account is, according to his estimation, similar to placing a small adhesive bandage over a hemorrhaging artery. Without social justice, poverty and its multitude of associated ills will persist and, as a result, millions of citizens around the world will continue to be denied the most basic healthcare. How, he asks, can the enfeebled 17-year-old, AIDS-infected mother of three, living amidst the squalor of Tanzania’s slums, be expected to persevere? It is only through the achievement of social justice, O’Neil concludes, that adequate healthcare can be bestowed upon citizens around the world.

At a time when the United Nations Development Program estimates that nearly one-third of the people in the least-developed countries will die before reaching age 40, O’Neil boldly accuses “mainstream medicine” of averting its gaze by “concentrating on ... different priorities” and, in so doing, sharing culpability with wealthier nations for failing to use their resources to benefit

the less fortunate worldwide. O'Neil argues that the continued "lack of perspective" by wealthier nations and their resulting inability to address poverty in developing countries bodes ill for the future of the entire world. For example, according to the author, "the next plague, the one that will inevitably follow AIDS, is just one short airplane flight away. The sooner we embrace humanity, the better our prospects for long-term survival will be."

Philosopher George Santayana once postulated that "those who fail to heed history are condemned to repeat it." It is in keeping with this observation that O'Neil clings so vehemently to his belief that a continued indifference on the part of wealthy countries towards poverty and inadequate health globally will represent a future threat to people everywhere. The recent panic that struck citizens worldwide with the SARS outbreak was—if O'Neil's suggestion is accurate—just a taste of far more devastating health threats to come.

The frustrating issue, according to the author, is that "wealthy countries" have the resources to address rampant "disparities" in global health with their formidably "large cadre of healthcare providers whose healing powers now reach unprecedented levels." Unfortunately, as O'Neil laments, American and European healthcare institutions hoard this healing knowledge in a manner that remains "concentrated among those who can afford them," thus placing physicians in a situation where many of them are guilty of shirking the "lofty ideals" and responsibilities stipulated by their profession's creed—namely, the Hippocratic oath. O'Neil argues that physicians in particular have an "ethical imperative" to "understand the needs and desires of the poor" lest we become "complicit in maintaining orders of inequality."

The plethora of recent studies focused on global poverty have offered excellent analyses but the

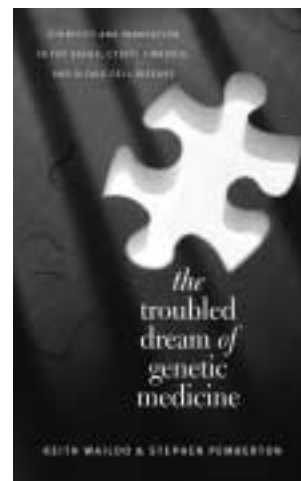
scale of international poverty and its relations to global health demand a finer study—specifically, a narrative so prolific and potent that it not only describes the injustices wrought by poverty but dares to explain those injustices with eloquence and grace. *Awakening Hippocrates* is just that work, insofar as it abounds with convincing evidence that forces the reader to genuinely contemplate the many constructive solutions he promulgates as a means of eliminating the many pestilences—health and otherwise—brought on by social injustices. Ultimately, *Awakening Hippocrates* is mandatory reading for interested physicians to use should they decide to take up the reins and fight poverty where wealthy nations have failed for so long.

Reviewed by
Ribhi Hazin, MD
Cambridge, MA
Hazin@fas.harvard.edu

The Troubled Dream of Genetic Medicine: Ethnicity and Innovation in Tay-Sachs, Cystic Fibrosis and Sickle Cell Disease

Keith Wailoo and Stephen Pemberton; Baltimore, MD: Johns Hopkins University Press, 2006; ISBN 0-8018-8326-1; \$21.95; 249 pages

This remarkable book should be required reading for all those interested in the relationship between genetic medicine and the social forces affecting its direction. The central topic is "the role of race in modern genetics and the sweeping cultural meanings attached to genetic medicine in our time" (p. 3), and, though the venue is American, the message and the method are widely applicable elsewhere (such as the United Kingdom; see my *JNMA* reviews of *Ethnicity and Screening for Sickle Cell/Thalas-*



*saemia*¹ and *Moments of Truth in Genetic Medicine*).²

The authors, Keith Wailoo and Stephen Pemberton, are historians at Rutgers University (the latter with a joint appointment at the New Jersey Institute of Technology). Wailoo may be known to the present readership though his works on the history and social context of blood disorder research, particularly sickle cell disease.³ However, sickle cell is only part of the story told here, and the African-American community just one of the players—the others being Ultra-Orthodox Jews and generic "whites" or Caucasians. Wailoo and Pemberton seek to demonstrate how "groups associated with certain diseases see themselves in the world" (p. 58) and how attempts to cope with these diseases represent "microcosms of very different kinds of ethnic politics" (p. 118).

Our authors chart the evolution of knowledge about Tay-Sachs, cystic fibrosis and sickle cell disease since their first identifications as discrete syndromes; they also document the modes of treatment that have emerged to deal with them and then faded away as their promise proved illusory or exaggerated. These cases—each "traveling its own road, buffeted by different debates over race, ethnicity and the promise of innovation" (p. 59)—therefore offer somewhat different lessons, "as the politics of identity collide with biological theory, and the promise of

genetic innovation becomes entangled with problems of justice, marketing, and hype” (p. 13).

The small and tightly knit Ultra-Orthodox community was in a position to take dramatic action once the prevalence of Tay-Sachs disease among Ashkenazi Jews was established and its genetics elucidated. This highly self-conscious group was able to establish perhaps the most successful program of medical eugenics in history, effectively purging symptomatic Tay-Sachs from its membership through systematic genetic testing and confidential monitoring of potential marriages by an organization specially created for that purpose. However, despite the success of the program in dealing with Tay-Sachs, our authors find that genetic testing opened up a “Pandora’s box,” as the risks of transmitting other genetic disorders with a more uncertain prognosis also became known (p. 59). How far would the eugenics program extend—to Gaucher’s disease, and what else? This kind of problem has become one of the central anxieties of the postgenomic age—“the fear that the more we learn about genetic diseases, the better we get at testing for genetic flaws . . . , and the more we embrace ‘preventive therapy,’ the more likely it becomes that even the best-intentioned methods of combating genetic disease will mutate into coercive control” (p. 58).

Cystic fibrosis differs, in that the “community of suffering” had to be actively created and defined as subject to a distinctly “white” disease, as a matter of racial equity requiring dedicated clinical support and research funding, just as sickle cell had been. Though the genetics of cystic fibrosis are complex and the populations at risk difficult to specify, even among Europeans and Euro-Americans, it nevertheless became the white genetic disease, and our authors note that, “what made the story particularly American was that the very idea of ‘whiteness’ remained unanalyzed” (p.

114). Cynicism seems justified; “the purveyors of cystic fibrosis gene therapy might allude to the whiteness of the disease, but their concern was to sell the idea of gene therapy . . . in the broadest possible market” (p. 159). Wailoo and Pemberton find that the various interventions proposed over the years—antibiotics, lung transplantation, gene replacement therapy—have been permeated with “the politics of entrepreneurialism, business innovation, and hype” (p. 65). Gene therapy, in particular, has been underwritten and promoted by biotech venture capital; under these circumstances, the boundaries between medical researcher and speculative entrepreneur became blurry—sometimes with fatal result, and always with unjustified optimism about the imminence of a ‘cure’ (p. 95, 101).

Sickle cell disease differs yet again, in that it was “racialized” almost from the start as a distinctly “black” affliction reflective of African heritage. It was easy to think of it in that manner because it elided so easily with other markers of race, whereas this was not true of the association between thalassemia and “white” immigrants from the eastern Mediterranean region. It is now known that sickle cell is not restricted to Africa, nor is it evenly distributed in Africa itself. Nevertheless, it remains a quintessentially African-American disorder, and our authors conclude that “the race question in SCD in America hinged, by and large, on political rather than scientific calculations” (p. 117). Once so defined, attempts to deal with it followed much the same troubled trajectory as the various innovative therapies proposed for cystic fibrosis. Like cystic fibrosis, sickle cell disease is chronic and intractable, though its prognosis not so bleak. There is no obvious single “cure,” but innovative therapies such as urea therapy and bone marrow transplantation have been tried, hyped and then abandoned as they proved ineffective or unjustifiably risky.

There was a flurry of enthusiasm for the promise of gene therapy, but that has thus far gone nowhere, while genetic screening has provoked skepticism because it “seemed to be part of a long history—beginning with slavery—of coercive reproductive practices and violations of . . . rights of self-determination by the white majority” (p. 120–121). Under these circumstances, suspicion about eugenic interventions runs strong. Wailoo and Pemberton find that the upshot has been a good deal of skepticism in the African-American community and among SCD clinicians and researchers about supposed “cures;” clinical management remains the dominant mode of treatment; “the history of race and therapy played a vital role whenever physicians, patients, and families considered the promise and the dangers of unproven therapeutic innovation” (p. 159). African-American experience of sickle cell disease therefore reflects a history of racial stigma, while political activity surrounding the disorder has been shaped in the context of the wider Civil Rights movement.

Obviously, I recommend this book very highly and would add that it is written with exemplary clarity and with a depth of analysis that I can scarcely do justice to here. If there is one single message to be drawn from *The Troubled Dream*, it is in the complex answer to a rhetorical question that the authors pose for themselves: “Why have such promises of breakthrough treatment played out so differently from one disease to the next? The answer, it seems, revolves around which America one inhabits” (p. 161).

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cell anemia and the politics of race and health. University of North Carolina; 2001.

Reviewed by
Michael G. Kenny
Professor
Department of Sociology
& Anthropology
Simon Fraser University
kenny@sfu.ca

The Troubled Dream of Genetic Medicine is a frustrating book. It is not terrible but it's also not very good, and a small increase in effort could have made it so much better. It deals with two fascinating and controversial topics that are frequently in the news: genetic medicine and the social interplay between ethnicity and medicine in American society. A book that discussed these issues in a broad context and in an informed yet literate style would probably be a best-seller. Unfortunately, Wailoo and Pemberton have not written that book.

The Troubled Dream of Genetic Medicine had its beginnings in a study funded by the Ethical, Legal and Social Issues Research Program of the National Human Genome Research Institute, at which Wailoo and Pemberton looked at issues raised by gene therapy. Unfortunately, the book betrays that origin: it resembles a literature review and summary which would normally be conducted prior to writing a book rather than being published as the book itself. It is too brief. Aside from references and a glossary, there are only 174 pages of text—to interest most scholars. It is too poorly written to attract most lay people.

The authors have spent most of the book recounting the recent history of three diseases that occur disproportionately among members of particular ethnic groups: Tay-Sachs disease (Ashkenazic Jews), cystic fibrosis (Caucasians) and sickle cell disease (African Americans). Their intention is to use these diseases as a framework to discuss major issues in genetic medicine and the social

and ethnic context of disease, but more often the histories are poorly organized and repetitious. Ethical and philosophical issues are often named in passing rather than being developed and integrated into a larger argument. The chapter on sickle cell disease is the best written, reflecting Wailoo's previous research in that area.

It is telling that the references section of 48 pages is the second longest chapter in the book. Anyone doing research on the history of Tay-Sachs disease, cystic fibrosis or sickle cell disease will want to consult this book, if only for the reference list, as will anyone doing research on issues related to ethnicity, medicine and genetics. No medical knowledge is necessary to understand the text, and the glossary is both clear and thorough, so researchers from the social sciences as well as lay readers with a strong interest in the subject may find this a useful book.

The book falls far short of delivering what it promises, and the reader will be left with regrets that Wailoo and Pemberton did not spend more time shaping the massive amount of information they collected into a coherent and clearly-expressed analysis. The authors are both history professors—Wailoo at Rutgers University and Pemberton in the Federated Department of History at the New Jersey Institute of Technology and Rutgers University. Wailoo's previous books are *Drawing Blood: Technology and Disease Identity in Twentieth-Century America*¹ and *Dying in the City of the Blues: Sickle Cell Anemia and the Politics of Race and Health*,² and Pemberton is currently writing *Passport to Normality: Hemophilia and the Ironies of Medical Progress in 20th-Century America* (forthcoming from the Johns Hopkins University Press).

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Reviewed by
Sarah Boslaugh, PhD, MPH
Washington University
School of Medicine
sboslaugh@yahoo.com

Food Choice and Obesity in Black America: Creating a New Cultural Diet

Eric J. Bailey, PhD, MPH

There has been a significant increase in overweight and obesity in the past 30 years, with African Americans disproportionately affected. *Food Choice and Obesity in Black America: Creating a New Cultural Diet* uses "a cultural and holistic analysis of African American food preferences to show how black Americans generally perceive health, body image, food, dieting, physical fitness, and exercise." The author addresses obesity in the African-American population by describing the problem through statistical descriptions, sociocultural perspectives and suggesting solutions that are culturally based.

Chapter 1 of the book uses both the author's own research on diabetes in addition to selected quantitative research and policies implemented to address overweight in African-American women. While the author's goal was to emphasize the impact of obesity on health, he did not discuss the impact of other equally important major comorbid diseases that affect African-American health, nor did he address major health beliefs generally held by African Americans (discussed hindrance to weight loss for African-American women). Given the book's title, a thorough review of cultural beliefs about health would be an innovative approach to developing interventions on fighting obesity.

Chapter 2 addresses "Overweight and Obesity among African

Americans.” This chapter summarizes the increasing prevalence of overweight and obesity among Americans in general and African Americans specifically. It does an excellent job of highlighting the obesity pandemic, citing multiple national prevalence studies. The chapter cites multiple definitions of obesity and overweight. If the author envisions this as a resource to health providers who treat African-American and lay people, he should be careful to use standardized definitions that are currently used in research and analysis of the topic.

It would have been beneficial to discuss specifically how the body mass index (BMI) cut-offs for overweight and obesity were determined in adult and children (increased risk for comorbid disease in all people, including African Americans). I think this concept is crucial for African Americans who may think the definition of overweight is strictly based on measurements, acceptance of a thin body type and disease risk within other cultural groups (primarily Caucasians).

Part II contains chapters 3–6. Chapter 3 examines “Body Preferences among African Americans” and introduces us to the African-American “flexible cultural definition of healthiness.” The chapter discusses BMI in more detail but fails to point out a huge pitfall of BMI, in that it does not consider the muscle mass of an individual. The author gives an example of how he disagrees with his own classification of overweight based on his BMI of 27. Although he alludes to a “history” of athleticism, he does not clearly state that people who have a high degree of muscle mass (and not excess fat) will have a high BMI and therefore not an increase in disease risk.

Chapters 4 and 5 examine “Food

Preferences” and “Exercise and Physical Activity Habits” among African Americans. These chapters serve as excellent historical perspectives that influence African-American food choices today. It reminds us of the condition under which “soul food” was perfected and integrated into African-American culture: from West Africa to contemporary food habits. The book also points out several studies that are specific to African Americans’ engagement in physical activity and the lack of resources targeted toward African-American to engage them in activity.

Chapter 6: “Adding African American Culture to Health, Physical Fitness, Diet, and Food Programs” discusses why culture is important to any diet and physical activity program. The author really keys in on the importance of considering an individual’s or group’s culture when attempting to create a successful program for weight management/loss. This is one reason why so many programs fail within diverse populations. One size does not fit all, as eloquently summarized by the author. Culture, the system of “shared beliefs, values, customs and behaviors that are transmitted from generation to generation through learning” strongly influences African-American perception of self, food preference and choice and physical exercise habits.

The last part of the book (chapter 7), introduces the “New Black Cultural Diet.” It reminds us that we need to consider how our culture influences perception of our bodies (and how we need to balance this with the known health risk of overweight), our food preferences/choices and physical activity habits. The author uses a series of culturally based models and questions for the reader to determine

the optimal program for him/herself. Instead of “customizing” a plan, African Americans can “culturalize” a plan for successful weight loss and management. I certainly agree with this approach; however, there is very little guidance for making adjustments within a cultural framework to help individuals successfully lose weight or maintain a healthy weight. As I have stated previously, I do not believe in a “one size fits all,” but people need the tools to carve out their own plan.

Overall, *Food Choice and Obesity in Black America: Creating a New Cultural Diet* is a very insightful, informative book—perhaps the first of its kind. It incorporates quantitative and qualitative data, national statistics, historical facts and anecdotal experience as the means to describe how culture is important to the key components of healthy weight among African Americans: disease burden, food choices and physical activity habits. I wish the book would have taken the reader one step further with a culturally based plan specifically to achieve weight maintenance, weight loss or healthy lifestyles for African Americans. The book does, however, help both lay people and professionals understand the importance of culture in “culturizing” a specific diet plan, which is just as important as an actual weight maintenance/loss plan.

Reviewed by
Sandra Moore, MD
Morehouse University
School of Medicine
Department of Pediatrics
720 Westview Drive S.W.
Atlanta, GA 30310
phone: (404) 756-1330
smoore@msm.edu