



First-Place Winners

Category: Health Care Professionals (Nonphysicians)

The Woman Who Walked into the Sea: Huntington's and the Making of a Genetic Disease

Alice Wexler

New Haven, CT: Yale University Press, 2008. 288 pp

The woman who walked into the sea was Phebe Hedges, in 1806. Hedges came from a family suffering from what was then known as St. Vitus' dance. Recognizing early signs of the disease in herself, she chose to take her life. As the book progresses, it becomes obvious the decision made by Hedges is not uncommon in families with this dreaded disease.



St. Vitus' dance is known today as Huntington disease (HD) or Huntington chorea. It is a genetically inherited (autosomal dominant) disease that leads to chorea

(rapid, irregular muscular spasms of the face and limbs) and dementia. It normally becomes symptomatic in a person's 3rd or 4th decade of life. Before genetic testing (including *in utero* testing) was available for HD, children who watched their parents deteriorate and die often lived in the purgatory of not knowing whether they were next.

The Woman Who Walked into the Sea traces the history, personal and social, of HD in the United States. It is a riveting account of a disease that often led to stigmatization and figured prominently in the eugenics movement in the early 20th century United States. Wexler weaves the social picture of HD with the personal histories of the people who lived it—as patients or caretakers, doctors, and government officials. Countless historical documents, from diaries to newspaper articles to government reports, back up her narrative and offer a fascinating look at how attitudes and perceptions have changed (or not) over the years.

The book has a detailed index, and the Notes section is worth pursuing on its own for further information. It makes clear the volume of meticulous research that went into the writing of a book that is equally personal and objective.

Alice Wexler watched her own mother die of HD. Her family is intimately involved with HD. Her sister Nancy's research led to the identification of a marker for the disease

The reviews included here are of the 7 books that received recognition in the 2009 AMWA Medical Book Awards competition; 3 books that earned First-Place honors, and 4 books that received Honorable Mention.

(which allowed for testing before symptoms occur) and, in 1993, the identification of the HD gene. Alice herself raises awareness of HD through writings and lectures. In the book's closing paragraph she eloquently explains: "Those of us at risk for this disease have learned to value our precarious relationship to the world, and the insights that it has given us...we have come to appreciate, not the disease, but the creativity and connections it has challenged us to pursue."

—Adi R. Ferrara, ELS

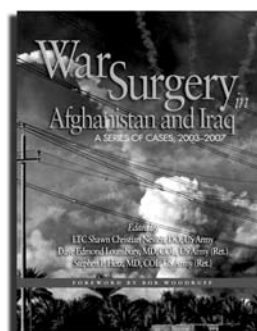
Adi is a freelance medical writer and editor who lives in Bellevue, WA.

Category: Health Care Professionals (Physicians)

War Surgery in Afghanistan and Iraq. A Series of Cases, 2003-2007

LTC Shawn Christian Nessen, DO, US Army; Dave Edmond Lounsbury, MD, COL, US Army (Ret); and Stephen P. Hetz, MD, COL, US Army (Ret), editors
Washington DC: Office of the Surgeon General and The Borden Institute, 2008, 441 pp

The ongoing conflicts in Iraq and Afghanistan have increased the incidence of war-related injuries and heightened the need for better understanding of the treatments



of these injuries. This volume is an update with case examples of experience gained by military surgeons in caring for those wounded during these wars. The book is divided into 9 chapters covering the military trauma care system; initial evaluation of patients; and specific clinical problems in different systems and anatomic regions. These problems include injuries to the

face, neck, and eye; the head and spine; and the thoracic and abdominopelvic regions. Soft tissue, orthopaedic, and vascular injuries are also covered. Cases are used as illustrative material in each chapter to reinforce current treatment recommendations. In particular, the volume emphasizes the common pitfalls seen in providing care to those with war injuries as well as the unusual nature of the injuries.

The volume also demonstrates how little has changed over time. Wounds illustrated in this volume are

similar to those documented during the Vietnam War and previous conflicts. Surgeons need to learn treatment techniques that have been documented from previous wars.

The volume does have some limitations. For example, one of the case examples provided was of a soldier who was involved in a rollover motor vehicle accident. Civilian trauma surgeons would find little difference in the injuries and care provided when compared with the care offered at a military trauma facility. This example does, however, serve as a reminder that blunt trauma commonly seen in the United States may occur in a combat zone as well.

The volume is meant to be current “expert advice” on decision-making management and not step-by-step illustrations of care. It complements the current edition of *Emergency War Surgery, Third United States Revision*, which does provide step-by-step illustrations of care.

During the development and writing of this book, concerns were raised about the graphic nature of the presented material. Indeed, the premise of the book was challenged because the case presentations would involve injured Americans. Some graphic images contained in the book are, indeed, disturbing. But none is used gratuitously, and all are in fact everyday scenes of severe trauma resulting from combat. The book's content is consistent with the book's title: *War Surgery*. More disturbing images have been published elsewhere in both public and military medical press. The chosen images enhance the educational value of the publication and make this a stronger, more compelling look at the present state of combat casualty care.

This volume should be read by anyone with an interest in war surgery. Surgeons of all specialties would benefit from this volume prior to deployment as an update of current thinking. It should also be read by surgeons who are part of nongovernment organizations that often provide care in the war-torn regions of the world. Lastly, a number of civilians and reservists have been wounded in combat zones and are now seeking care outside of the military and Veterans Administration Hospitals. Because of this, the book is also of interest to those in civilian practice.

—Paul J. Dougherty, MD

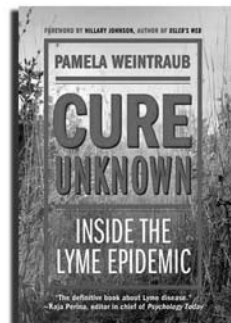
Paul is Associate Professor and Orthopaedic Surgery Residency Program Director at the University of Michigan.

Category: The Public or Health Care Consumers

Cure Unknown: Inside the Lyme Epidemic

Pamela Weintraub

New York, NY: St. Martin's Press, 2008, 408 pp



With *Cure Unknown*, Pamela Weintraub tells a story that will grip those affected by Lyme disease as well as anyone who has lived alongside chronic, debilitating illness and wondered why straightforward answers or acceptable treatment pathways were so hard to find.

After Weintraub, her husband, and 2 sons relocated to rural New York, progressive and painful symptoms developed in all of them that were eventually diagnosed as Lyme disease. Using this springboard, *Cure Unknown* tells the story of Lyme disease from multiple perspectives. The first is a subjective, painful narrative of what it is like to be ill, cope with your children being ill, and repeatedly seek a diagnosis and effective treatment. The second is an equally detailed but now objective account of 2 decades of work by clinical practitioners, academic researchers, and government organizations to identify the disease's source, diagnostic standards, and optimal treatment. This story encompasses not only breakthroughs but also competitive infighting that leads to data manipulation and suppression. *Cure Unknown* also provides a comprehensive discussion of the disease's presentation and progression. Last, it tells the story of activist individuals with Lyme disease and their efforts to gain a proper diagnosis and access to a controversial but effective treatment option.

There is no doubt that *Cure Unknown* is timely and relevant; surveillance data from the US Centers for Disease Control and Prevention indicate that reported cases of Lyme disease have doubled between 1992 and 2006 (www.cdc.gov/mmwr/preview/mmwrhtml/ss5710a1.htm). But from a reader's point of view—in particular, one who is a medical writer—*Cure Unknown* is the most exciting book of the year. It sets a new bar for the patient tell-all; it is laid out with superb intellectual rigor, does not spare on technical details, but is also crafted to be both objective and accessible to the layperson. Weintraub successfully navigates organizational and logistic challenges that would daunt many experienced authors, and the book's detailed notes and reference sections are a fact-checker's delight. But somehow, what I cannot overlook is that Weintraub managed to conceive and write this book while she was in the middle of a situation that threatened her entire family.

Last, but not least, *Cure Unknown* is a potboiler and page-turner, the kind of deeply addictive read that led many of us to begin writing in the first place. For a medical writer or journalist, *Cure Unknown* is not only worth reading but also worth studying.

—Caitlin Rothermel, MA, MPHc

Caitlin is a freelance medical and health economics writer and lives in Seattle, WA, with her family.

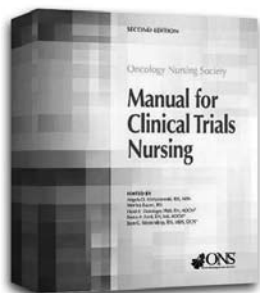
Honorable Mentions

Category: Health Care Professionals (Nonphysicians)

Oncology Nursing Society Manual for Clinical Trials Nursing

Angela D. Klimaszewski, RN, MSN; Monica Bacon, RN; Heidi E. Deininger, PhD, RN, AOCN; Bertie A. Ford, RN, MS, AOCN; and Joan G. Westendorp, RN, MSN, OCN

Pittsburgh, PA: Oncology Nursing Society, 2008, 535 pp



The complexity of clinical research in oncology is expertly translated into comprehensive yet clear content in the book *Manual for Clinical Trials Nursing*. Published by the Oncology Nursing Society, this second edition text provides essential and extensive information about clinical trials in

oncology. While the primary intended audience is nurses specializing in oncology clinical research, many other readers will benefit from this book, such as members of multidisciplinary clinical teams, the biopharmaceutical industry, academia, the nonprofit sector, and other institutions.

This well-organized book appropriately begins with the beginning—the history and background of clinical trials. This topic has already been widely covered in a general nature elsewhere; but thankfully, this manual interweaves the unique history of oncology clinical trials. The authors next explore study planning and start-up considerations. The protocol development portion covers regulatory and ethical considerations, such as assurance of compliance in the protection of human subjects and required elements of a protocol, as well as practical matters such as workload determination, resource allocation, and budgeting. Useful sample flow charts, planning maps, timelines, billing grids, and budget and schedule-of-events worksheets reveal the practical expertise of the authors and are a gift to the reader who may immediately employ these tools. A biostatistical section is particularly helpful, as it is focused on information that is unique to oncology such as trial endpoints (eg, toxicity criteria, response criteria, time to recurrence, relapse, duration of response, time to treatment failure, etc). Other study preparation topics include safety issues, various sponsoring agencies, potential accrual base, staff education, and clinical research/interdisciplinary teams.

The center of the book contains brief chapters on legislative and regulatory issues, such as institutional review boards, protocol modifications, informed consent, compassionate use of investigational drugs, conflicts of interest, legislative issues, and general publication and authorship policies. The publication chapter provides sound guidance for authoring manuscripts but could be incrementally improved in 2 ways: by expanding the content to address data dissemination through posters or presentations at professional meetings, and by refining the existing content to add emphasis to special considerations in developing publications on an oncology topic.

Next are sections on study promotion and patient retention, the active treatment period, ancillary studies, off-treatment follow-up, data management and reporting, and quality management. Again, the authors' greatest contributions are those that focus on oncology; eg, content on adverse events in oncology trials, designing a computerized tool to verify study eligibility of individuals with cancer, and study phase-specific informational needs of individuals with cancer and their families.

The book concludes with sections on professional development for oncology clinical trials nurses and international considerations. Advice on specialization, mentoring, and continuing education in the professional development section will appeal to both the novice and the expert. The country-specific chapters are among the most interesting in the book. Topics and the extent of detail vary among these chapters. For example, one can read about accident compensation in New Zealand, cooperative cancer groups in Japan, or clinical trial registration in Germany. In future editions, it may be interesting to include an overarching “global considerations” chapter, which could address benefits and challenges of multi-country clinical investigations and global collaboration and information sharing.

Clinical trials in the field of oncology are complex, highly regulated, and labor intensive, and can directly contribute to life-changing therapeutic approaches. This book is an essential resource for nurses who manage clinical studies in oncology and is an asset to many others.

—**Jeannette Tomanka, MS, NP-C, ELS**

Jeannette is Manager, Medical Communications, at Alcon Laboratories, Inc., Fort Worth, TX.

Category: Health Care Professionals (Physicians)

The Comatose Patient

Eelco F. M. Wijdricks, MD, PhD, FACP
New York, NY: Oxford University Press, 2008, 584 pp



This weighty book sets out to be a comprehensive overview of coma patients, including their evaluation, treatment, and prognosis. It is designed to serve as a textbook, starting with chapters surveying the history of knowledge about consciousness and comas, social and legal controversies in coma care, clinical evaluation of comatose patients, neuroimaging,

neuropathology, and clinical care for comatose patients and their families. The second section of the book comprises 75 clinical coma vignettes, structured as though each patient were being evaluated and treated by a resident physician in consultation with an attending physician. Brief discussions of the potential cause of the coma, recommended treatment plan, and prognosis are provided for each vignette, along with reproductions of relevant diagnostic images, such as angiograms, magnetic resonance images, and computerized tomography scans. The book comes with 2 extra pieces: a pocket-size instruction guide for the FOUR Score (a coma scale developed by Wijdricks and colleagues) and a DVD (English and Spanish versions), which includes narrated video clips of actual patients with impaired consciousness and instruction on use of the FOUR Score to grade comas, key features of the neurologic examination, and the clinical determination of brain death.

For medical students, residents, and other caregivers for comatose patients, this volume provides a wealth of information to guide understanding and practice. It would serve admirably as a textbook or a reference to use in clinical practice, although the volume's depth of information on any given topic is understandably limited, given the wide area covered. For curious readers and researchers of coma-related topics, the chapters on history, neuroscience, law and bioethics, and media and popular culture (along with their extensive lists of references) would be most useful. However, nonspecialists may have difficulty understanding some of the material presented because anatomic and medical terms are often used without definition, and no glossary is provided. Wijdricks' occasionally opinionated or eccentric writing voice adds flavor to his presentation of the serious topics related to coma; for example, "The term persistent vegetative state became transfixed in the medical vernacular" and "A recent documentary entitled *Coma* showed a surreal abundance of pity, sorrow, and loneliness in head injury survivors in a rehabilitation center."

This is an information-rich textbook that succeeds in covering the complex topic of coma in a manner that will be most useful to students and practitioners in medical fields. Nonspecialists may also find some of the information accessible, particularly those chapters dealing with the social and cultural aspects of care for coma patients.

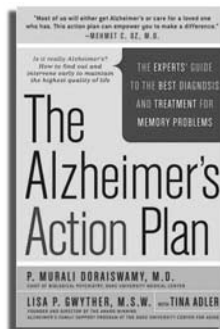
—Kathryn Wekselman, PhD, RN

Kathryn is Senior Director of Research Services at Camargo Pharmaceutical Services, Cincinnati, OH.

Category: The Public or Health Care Consumers

The Alzheimer's Action Plan: The Experts' Guide to the Best Diagnosis and Treatment for Memory Problems

P. Murali Doraiswamy, MD, and Lisa P. Gwyther, MSW, with Tina Adler
New York, NY: St. Martin's Press, 2008, 470 pp



"What would you do if she were your mother?" This question prompted Dr Doraiswamy, a physician who specializes in the treatment and research of Alzheimer disease, and Lisa Gwyther, a social worker with years of experience in working with individuals with Alzheimer disease, and their caregivers, to join forces and write this insightful handbook.

The resulting volume is more than a helpful resource. It's a "must read" for caregivers as well as every one of us who is showing signs of mild memory loss or may be at risk due to family history. The authors skillfully balance compassion and honesty, accessibility to lay readers, and scientific accuracy. And their advice is always practical. In a chapter on making the most of a diagnostic visit to the doctor, they recommend, "The appointment may take a few hours, so bring a snack, a bottle of water or juice, and reading material, plus a sweater in case the office is chilly. It's not unusual for older people and particularly people with Alzheimer disease to get cold easily."

The main chapters cover what tests can determine the diagnosis of Alzheimer disease, what course of treatments is thought to be most (and least) effective, how to maintain a high quality of life, how to cope with behavioral and emotional changes as the disease progresses, and how diet and exercise can help maintain a healthy brain. Helpful sidebars provide insight about the advantages and disadvantages of clinical trials, tips on traveling with people with Alzheimer disease, the effect of diabetes, questions to ask the doctor before starting treatment and at follow-up visits, and ways to treat depression and anxiety. A final chapter is entirely devoted to answering the authors' "top 40" questions. Web sites of organizations (including a few for memory disorders other than Alzheimer disease), hospitals by state, alterna-

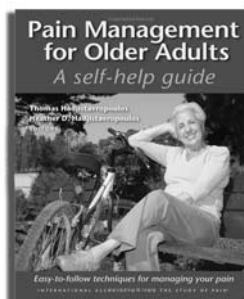
tive medicine, and recommendations for good, old-fashioned printed matter are some of the handy resources provided. Two appendices outline the stages of symptom progression and how to “read between the lines” of an informed consent form for taking part in a clinical trial. The index is thorough, the text is engaging, and although there are no illustrations, charts or other visual aids, the layout is reader-friendly, with numerous bullet points and checklists.

—**Dan Fernandez and Michele Vivirito**

Dan is a freelance copy editor in Seattle, WA; Michele is a Medical Writing Director at Amgen Inc., Thousand Oaks, CA.

Pain Management for Older Adults: A Self-Help Guide

Thomas Hadjistavropoulos, PhD, RD Psych, and Heather D. Hadjistavropoulos, PhD, RD Psych, editors
Seattle, WA: IASP Press, 2008, 200 pp



Most of the seniors I know believe chronic pain is a natural part of the aging process. *Pain Management for Older Adults* counters that belief, providing a comprehensive program of easy-to-follow techniques and strategies that address different aspects of pain management, including psychologic and situational. As the editors explain in the introduction, “Often, pain is poorly assessed and treated

among older adults, resulting in a great deal of unnecessary physical and emotional suffering. By developing a book specifically for older persons, we are emphasizing that it is possible to avoid having pain in old age and that older adults who have chronic pain can use various strategies to control their pain.”

Written by more than a dozen health care professionals and pain researchers, this book looks at the big picture, with chapters on pain and emotion; social support, loneliness, and pain; maximizing function and energy; sleep hygiene and nutrition; and medication and exercise. Given the limited time doctors are allotted for each patient, readers should find the chapter on effective communication with health care practitioners particularly useful.

The authors have included case studies that are easy to relate to; charts and checklists, including a daily pain diary, assist readers in identifying personal behaviors and trends and tracking changes as they integrate new pain management techniques.

The book also includes a chapter directed at caregivers of older adults with dementia, and a list of pain management resources in Australia, New Zealand, Canada, and the United Kingdom, as well as the United States.

Kudos to the book designer for using large type with extra leading and clear photographic illustrations that make this book easy to read, even for those with age-related vision problems.

—**Laura Singer, ELS**

Laura is a freelance editor based in Sunnyvale, CA.

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GRANTS Specialist

Jeremy Fields, Ph.D.

29 years experience as a funded
biomedical researcher

18 as a freelance medical writer

jzfields@suscom-maine.net

207-865-1478 (tel)

207-865-1479 (fax)

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