Ferri’s Clinical Advisor: Instant Diagnosis and Treatment, 2004

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It is a growing challenge in medicine to create reference tools able to satisfactorily compile and organize the immense quantity of information required for patient care. As diseases are discovered and defined, and new treatments developed, the requirement of physicians to be able to accurately and comprehensively determine diagnoses, explain laboratory results, and describe current management options becomes increasingly more demanding. As community health becomes progressively focused on prevention, patients rely on their primary care physicians to direct them in the protection of their health. Finally, as the locus of control for health has shifted from physician to patient, we are placed in care situations where patients choose their treatments, both mainstream and alternative, and physicians are expected to manage the interactions between these health modalities. Rising to this challenge is Dr. Fred F. Ferri, a clinical professor in the Department of Community Health at Brown medical school and chief of Internal Medicine at Fatima Hospital in Providence, Rhode Island. Best known for his Internal Medicine Companion, Dr. Ferri has written and edited several medical books in fields from physical examination to palliative care. In Ferri’s Clinical Advisor: Instant Diagnosis and Treatment, Dr. Ferri has created a set of reference guides that allow physicians and students to confidently meet the increasing expectations of patients. Although designed as a diagnostic and therapeutic reference for primary care physicians, this book can also be effective as a learning guide for students and a concise medical encyclopedia for specialists. As with all texts, the Clinical Advisor has weaknesses and cannot be used as a substitution for clinical skill and reasoning. However, the fact that it is complete, concise, reliable and organized makes it an invaluable reference tool.

The Clinical Advisor is divided into five smaller reference sections, each managing to organize and present key information relevant to the practice of medicine on a daily basis. Section One provides 1-2 page summaries of 675 diseases and disorders. Each summary includes a disease definition and subtype criteria, epidemiological data, clinical presentation, physical findings, etiology, a brief differential diagnosis, appropriate workup, expected laboratory and imaging results, and immediate and long-term treatment. Incorporated into the summaries are anatomy illustrations, images, photographs, electrocardiography strips, diagrams, nomograms, procedures, mnemonics, drug comparisons, commonly used questionnaires, management flow charts, and references for further reading. It is unfortunate that there are not more photographs and colour plates to present microscopic and dermatologic findings. Section Two of the Clinical Advisor summarizes the differential diagnoses of 472 common signs, symptoms, and imaging findings, each logically organized by organ system, pathophysiology, or etiology. When relevant, there are also methods to differentiate between diagnoses in the differential and further recommendations for testing and treatment. Section Three presents common clinical algorithms for presenting complaints. Simple flow charts guide the reader through appropriate physical examination maneuvers, laboratory testing and imaging in order to reach a firm diagnosis, and then provide a brief management plan. Section Four discusses each laboratory test in terms of normal ranges, conversion factors to SI units, cost, differential diagnoses for abnormal values and management algorithms. Section Five summarizes the recommendations for the periodic health review, and reviews immunizations, chemoprophylaxis, and post exposure prophylaxis. The Clinical Advisor concludes with appendices defining complementary therapies, outlining common relaxation techniques, recording potential benefits, adverse effects and medication interactions of common herbal remedies, and giving resources for obtaining further information regarding complementary medicine.

Although the Clinical Advisor is divided into five separately alphabetized sections, the organization does not always make finding answers to clinical questions easy. The presence of three indices in the book is confusing rather than useful. Indexing of topics according to specialty is non-intuitive. Many infectious disease organisms are acquired through the environment and have both dermatological and gastroenterological manifestations, which results in vast amounts of redundancy within these categories. Specifics of terminology make topics difficult to find. Emesis is not listed in the same specialty as vomiting, and cardiac arrest is not in the same section as myocardial infarction. In most cases the Clinical Advisor allows for instant access to information simply by the use of section divisions and alphabetization, but the presence of numerous indices complicates the searching process unnecessarily, and the summary index becomes the only one of consistent value.

Targeted as it is towards family doctors practicing in America, one would expect the Clinical Advisor’s content to include tests and diagnoses that are either common or severe in the United
States, and indeed these are very well represented. However, interspersed with the valuable information are topics that are not relevant to daily practice. The inclusion of high altitude sickness, trematode tissue infections, mushroom poisoning, marine envenomation, filariasis, motion sickness, snake bites, and leprosy gives the reader the false sense that this text is enough to conduct medicine in any country or setting. Some of the skill of family practice is the recognition of diseases that cannot be managed in the office, and the ability to accurately refer. The inclusion of the management of ARDS and acute refeeding syndrome suggests that either Ferri has a broad view of the necessary knowledge base of family doctors, or that this book is actually being targeted more broadly to include emergency physicians, specialists and students.

There are several areas of basic medical knowledge that are required for the directed use of this text. Many of the topics are defined solely by their eponyms, including DeQuervain, Friedrich, Meigs, and Peutz-Jegher. This requires the diagnosis before the appropriate section can be found. The differential diagnoses, though accurate, organized, and complete, require clinical experience to determine which diagnoses are common, which are rare but serious, and which are diagnostic zebras. Without knowing the incidence and significance of each disease, a physician may blindly try to rule out each diagnosis on the differential. In the same way, laboratory investigations such as factor assays ordered for bleeding disorders are given without pathophysiological reasoning and readers must know both what they are attempting to rule in or out and the sensitivities and specificities of their tests in order to avoid random or useless testing. Terms such as “red flags” for back pain, “vision screens” for elderly patients, and specific physical findings are present in clinical algorithms, but not defined under the assumption that they are part of the baseline required knowledge to practice medicine. All treatment modalities are listed, but again, physicians must provide their own experience to know the success rates and complications of each therapy. As with most reference guides, Ferri’s Clinical Advisor focuses on presenting complete lists of recommendations, leaving the physician the responsibility of using clinical experience, understanding of pathophysiology, and knowledge of statistics to add value to each item. This text is not a rulebook that would allow an untrained person to practice as a physician, and can only be used as a set of guidelines, supplements, and reminders to increase the reliability of baseline clinical knowledge.

The Clinical Advisor is based primarily on journal articles and is updated each year, allowing the management guidelines to be reliable and up to date, but there are deficiencies in the generalisability of the recommendations. The clinical algorithms are developed to apply to tertiary care centres and may not be feasible in rural settings. Furthermore, regional differences in drug resistance rates of bacteria are not addressed, and not all drugs mentioned are available in Canada. Although most of these incompatibilities are easily resolved, this is the kind of text that is best consulted with a pencil in hand to modify recommendations as necessary in order to make them more applicable to individual settings.

Although the Clinical Advisor provides information that would be useful to have in one’s pocket, the format of the text itself makes it too large to carry, and unfortunately the poor manufacturing makes the text unable to stand up to daily use. It therefore becomes most useful as a reference book to sit in an emergency department, hospital library, or office library. Reproduced individual pages would be useful for summarizing morning rounds or when managing patients with specific illnesses. As one critic suggests, this text is not a replacement for lectures or understanding of pathophysiology, but it is an invaluable guide for making quick decisions on call, preparing for morning report, or for use as a desk reference in an office.

The Clinical Advisor is also available on CD-ROM, and in that format includes printable patient education guides for many of the diseases in Section One. The PDA version includes only the diseases and disorders, differential diagnoses, and laboratory investigations, but would serve as a more complete version of the Five Minute Clinical Consult.

Ferri’s Clinical Advisor: Instant Diagnosis and Treatment provides fast and efficient access to accurate, up-to-date, concise, and complete diagnostic and therapeutic information. Although designed for use in family practice offices, its utility in emergency departments, as a review for medical students, and as a reference for specialists makes it universally valuable. Although the yearly revisions make this text reliable in its information, it is not practical to purchase the text each year. The development of the CD-ROM format may in time lead to a more useful format for this information. The recommendations in the text are written with confidence but not flexibility, and must be taken in consideration of individual settings, and tempered with clinical understanding and expertise. Ferri successfully designs this text to organize and present the ever-growing amount of knowledge required in medicine in a format that is complete and easy to use, and supplants the need for many other reference materials.