

BAD DIAGNOSIS FREE

HOLLY W. DAVIS

Improving Diagnosis in Health Care NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE, INSTITUTE OF MEDICINE, BOARD ON HEALTH CARE SERVICES, COMMITTEE ON DIAGNOSTIC ERROR IN HEALTH CARE, 2015-12-29 GETTING THE RIGHT DIAGNOSIS IS A KEY ASPECT OF HEALTH CARE - IT PROVIDES AN EXPLANATION OF A PATIENT'S HEALTH PROBLEM AND INFORMS SUBSEQUENT HEALTH CARE DECISIONS. THE DIAGNOSTIC PROCESS IS A COMPLEX, COLLABORATIVE ACTIVITY THAT INVOLVES CLINICAL REASONING AND INFORMATION GATHERING TO DETERMINE A PATIENT'S HEALTH PROBLEM. ACCORDING TO IMPROVING DIAGNOSIS IN HEALTH CARE, DIAGNOSTIC ERRORS-INACCURATE OR DELAYED DIAGNOSES-PERSIST THROUGHOUT ALL SETTINGS OF CARE AND CONTINUE TO HARM AN UNACCEPTABLE NUMBER OF PATIENTS. IT IS LIKELY THAT MOST PEOPLE WILL EXPERIENCE AT LEAST ONE DIAGNOSTIC ERROR IN THEIR LIFETIME, SOMETIMES WITH DEVASTATING CONSEQUENCES. DIAGNOSTIC ERRORS MAY CAUSE HARM TO PATIENTS BY PREVENTING OR DELAYING APPROPRIATE TREATMENT, PROVIDING UNNECESSARY OR HARMFUL TREATMENT, OR RESULTING IN PSYCHOLOGICAL OR FINANCIAL REPERCUSSIONS. THE COMMITTEE CONCLUDED THAT IMPROVING THE DIAGNOSTIC PROCESS IS NOT ONLY POSSIBLE, BUT ALSO REPRESENTS A MORAL, PROFESSIONAL, AND PUBLIC HEALTH IMPERATIVE. IMPROVING DIAGNOSIS IN HEALTH CARE, A CONTINUATION OF THE LANDMARK INSTITUTE OF MEDICINE REPORTS *To Err Is Human* (2000) AND *Crossing the Quality Chasm* (2001), FINDS THAT DIAGNOSIS-AND, IN PARTICULAR, THE OCCURRENCE OF DIAGNOSTIC ERRORS-€HAS BEEN LARGELY UNAPPRECIATED IN EFFORTS TO IMPROVE THE QUALITY AND SAFETY OF HEALTH CARE. WITHOUT A DEDICATED FOCUS ON IMPROVING DIAGNOSIS, DIAGNOSTIC ERRORS WILL LIKELY WORSEN AS THE DELIVERY OF HEALTH CARE AND THE DIAGNOSTIC PROCESS CONTINUE TO INCREASE IN COMPLEXITY. JUST AS THE DIAGNOSTIC PROCESS IS A COLLABORATIVE ACTIVITY, IMPROVING DIAGNOSIS WILL REQUIRE COLLABORATION AND A WIDESPREAD COMMITMENT TO CHANGE AMONG HEALTH CARE PROFESSIONALS, HEALTH CARE ORGANIZATIONS, PATIENTS AND THEIR FAMILIES, RESEARCHERS, AND POLICY MAKERS. THE RECOMMENDATIONS OF IMPROVING DIAGNOSIS IN HEALTH CARE CONTRIBUTE TO THE GROWING MOMENTUM FOR CHANGE IN THIS CRUCIAL AREA OF HEALTH CARE QUALITY AND SAFETY.

Overdiagnosed H. GILBERT WELCH, LISA SCHWARTZ, STEVE WOLOSHIN, 2012-01-03 AN EXPOS€ ON BIG PHARMA AND THE AMERICAN HEALTHCARE SYSTEM'S ZEAL FOR EXCESSIVE MEDICAL TESTING, FROM A NATIONALLY RECOGNIZED EXPERT MORE SCREENING DOESN'T LEAD TO BETTER HEALTH—BUT CAN TURN HEALTHY PEOPLE INTO PATIENTS. GOING AGAINST THE CONVENTIONAL WISDOM REINFORCED BY THE MEDICAL ESTABLISHMENT AND BIG PHARMA THAT MORE SCREENING IS THE BEST PREVENTATIVE MEDICINE, DR. GILBERT WELCH BUILDS A COMPELLING COUNTERARGUMENT THAT WHAT WE NEED ARE FEWER, NOT MORE, DIAGNOSES. DOCUMENTING THE EXCESSES OF AMERICAN MEDICAL PRACTICE THAT LABELS FAR TOO MANY OF US AS SICK, WELCH EXAMINES THE SOCIAL, ETHICAL, AND ECONOMIC RAMIFICATIONS OF A HEALTH-CARE SYSTEM THAT UNNECESSARILY DIAGNOSES AND TREATS PATIENTS, MOST OF WHOM WILL NOT BENEFIT FROM TREATMENT, MIGHT BE HARMED BY IT, AND WOULD ARGUABLY BE BETTER OFF WITHOUT SCREENING. DRAWING ON 25 YEARS OF MEDICAL PRACTICE AND RESEARCH ON THE EFFECTS OF MEDICAL TESTING, WELCH EXPLAINS IN A STRAIGHTFORWARD, JARGON-FREE STYLE HOW THE CUTOFFS FOR TREATING A PERSON WITH “ABNORMAL” TEST RESULTS HAVE BEEN DRASTICALLY LOWERED JUST WHEN TECHNOLOGICAL ADVANCES HAVE ALLOWED US TO SEE MORE AND MORE “ABNORMALITIES,” MANY OF WHICH WILL POSE FEWER HEALTH COMPLICATIONS THAN THE PROCEDURES THAT OSTENSIBLY CURE THEM. CITING STUDIES THAT SHOW THAT 10% OF 2,000 HEALTHY PEOPLE WERE FOUND TO HAVE HAD SILENT STROKES, AND THAT WELL OVER HALF OF MEN OVER AGE SIXTY HAVE TRACES OF PROSTATE CANCER BUT NO IMPAIRMENT, WELCH REVEALS OVERDIAGNOSIS TO BE RAMPANT FOR NUMEROUS CONDITIONS AND DISEASES, INCLUDING DIABETES, HIGH CHOLESTEROL, OSTEOPOROSIS, GALLSTONES, ABDOMINAL AORTIC ANEURYSMS, BLOOD CLOTS, AS WELL AS SKIN, PROSTATE, BREAST, AND LUNG CANCERS. WITH GENETIC AND PRENATAL SCREENING NOW COMMON, PATIENTS ARE BEING DIAGNOSED NOT WITH DISEASE BUT WITH “PRE-DISEASE” OR FOR BEING AT “HIGH RISK” OF DEVELOPING DISEASE. REVEALING THE ECONOMIC AND MEDICAL FORCES THAT CONTRIBUTE TO OVERDIAGNOSIS, WELCH MAKES A REASONED CALL FOR CHANGE THAT WOULD SAVE US FROM COUNTLESS UNNEEDED SURGERIES, EXCESSIVE WORRY, AND EXORBITANT COSTS, ALL WHILE MAINTAINING A BALANCED VIEW OF BOTH THE POTENTIAL BENEFITS AND HARMS OF DIAGNOSIS. DRAWING ON DATA, CLINICAL STUDIES, AND ANECDOTES FROM HIS OWN PRACTICE, WELCH BUILDS A SOLID, ACCESSIBLE CASE AGAINST THE BELIEF THAT MORE SCREENING ALWAYS IMPROVES HEALTH CARE.

Advances in Patient Safety KERM HENRIKSEN, 2005 v. 1. RESEARCH FINDINGS -- v. 2. CONCEPTS AND METHODOLOGY -- v. 3. IMPLEMENTATION ISSUES -- v. 4. PROGRAMS, TOOLS AND PRODUCTS.

Care Without Coverage INSTITUTE OF MEDICINE, BOARD ON HEALTH CARE SERVICES, COMMITTEE ON THE CONSEQUENCES OF UNINSURANCE, 2002-06-20 MANY AMERICANS BELIEVE THAT PEOPLE WHO LACK HEALTH INSURANCE SOMEHOW GET THE CARE THEY REALLY NEED. CARE WITHOUT COVERAGE EXAMINES THE REAL CONSEQUENCES FOR ADULTS WHO LACK HEALTH INSURANCE. THE STUDY PRESENTS FINDINGS IN THE AREAS OF PREVENTION AND SCREENING, CANCER, CHRONIC ILLNESS, HOSPITAL-BASED CARE, AND GENERAL HEALTH STATUS. THE COMMITTEE LOOKED AT THE CONSEQUENCES OF BEING UNINSURED FOR PEOPLE SUFFERING FROM CANCER, DIABETES, HIV INFECTION AND AIDS, HEART AND KIDNEY DISEASE, MENTAL ILLNESS, TRAUMATIC INJURIES, AND HEART ATTACKS. IT FOCUSED ON THE ROUGHLY 30 MILLION-ONE IN SEVEN-WORKING-AGE AMERICANS WITHOUT HEALTH INSURANCE. THIS GROUP DOES NOT INCLUDE THE POPULATION OVER 65 THAT IS COVERED BY MEDICARE OR THE NEARLY 10 MILLION CHILDREN WHO ARE UNINSURED IN THIS COUNTRY. THE MAIN FINDINGS OF THE REPORT ARE THAT WORKING-AGE AMERICANS WITHOUT HEALTH INSURANCE ARE MORE LIKELY TO RECEIVE TOO LITTLE MEDICAL CARE AND RECEIVE IT TOO LATE; BE SICKER AND DIE SOONER; AND RECEIVE POORER CARE WHEN THEY ARE IN THE HOSPITAL, EVEN FOR ACUTE SITUATIONS LIKE A MOTOR VEHICLE CRASH.

Gambling Disorder ANDREAS HEINZ, NINA ROMANCZUK-SEIFERTH, MARC N. POTENZA, 2019-01-05 THIS BOOK PROVIDES

AN OVERVIEW OF THE STATE OF THE ART IN RESEARCH ON AND TREATMENT OF GAMBLING DISORDER. AS A BEHAVIORAL ADDICTION, GAMBLING DISORDER IS OF INCREASING RELEVANCE TO THE FIELD OF MENTAL HEALTH. RESEARCH CONDUCTED IN THE LAST DECADE HAS YIELDED VALUABLE NEW INSIGHTS INTO THE CHARACTERISTICS AND ETIOLOGY OF GAMBLING DISORDER, AS WELL AS EFFECTIVE TREATMENT STRATEGIES. THE DIFFERENT CHAPTERS OF THIS BOOK PRESENT DETAILED INFORMATION ON THE GENERAL CONCEPT OF ADDICTION AS APPLIED TO GAMBLING, THE CLINICAL CHARACTERISTICS, EPIDEMIOLOGY AND COMORBIDITIES OF GAMBLING DISORDER, AS WELL AS TYPICAL COGNITIVE DISTORTIONS FOUND IN PATIENTS WITH GAMBLING DISORDER. IN ADDITION, THE BOOK INCLUDES CHAPTERS DISCUSSING ANIMAL MODELS AND THE GENETIC AND NEUROBIOLOGICAL UNDERPINNINGS OF THE DISORDER. FURTHER, IT IS EXAMINING TREATMENT OPTIONS INCLUDING PHARMACOLOGICAL AND PSYCHOLOGICAL INTERVENTION METHODS, AS WELL AS INNOVATIVE NEW TREATMENT APPROACHES. THE BOOK ALSO DISCUSSES RELEVANT SIMILARITIES TO AND DIFFERENCES WITH SUBSTANCE-RELATED DISORDERS AND OTHER BEHAVIORAL ADDICTIONS. LASTLY, IT EXAMINES GAMBLING BEHAVIOR FROM A CULTURAL PERSPECTIVE, CONSIDERS POSSIBLE PREVENTION STRATEGIES AND OUTLINES FUTURE PERSPECTIVES IN THE FIELD.

📖 MENTAL DISORDERS : DIAGNOSTIC AND STATISTICAL MANUAL COMMITTEE ON NOMENCLATURE AND STATISTICS AMERICAN PSYCHIATRIC ASSOCIATION,1952

📖 GABBARD'S TREATMENTS OF PSYCHIATRIC DISORDERS GLEN O. GABBARD,2014-05-05 THE DEFINITIVE TREATMENT TEXTBOOK IN PSYCHIATRY, THIS FIFTH EDITION OF GABBARD'S TREATMENTS OF PSYCHIATRIC DISORDERS HAS BEEN THOROUGHLY RESTRUCTURED TO REFLECT THE NEW DSM-5® CATEGORIES, PRESERVING ITS VALUE AS A STATE-OF-THE-ART RESOURCE AND INCREASING ITS UTILITY IN THE FIELD. THE EDITORS HAVE PRODUCED A VOLUME THAT IS BOTH COMPREHENSIVE AND CONCISE, MEETING THE NEEDS OF CLINICIANS WHO PREFER A SINGLE, USER-FRIENDLY VOLUME. IN THE SERVICE OF BREVITY, THE BOOK FOCUSES ON TREATMENT OVER DIAGNOSTIC CONSIDERATIONS, AND ADDRESSES BOTH EMPIRICALLY-VALIDATED TREATMENTS AND ACCUMULATED CLINICAL WISDOM WHERE RESEARCH IS LACKING. NOTEWORTHY FEATURES INCLUDE THE FOLLOWING: CONTENT IS ORGANIZED ACCORDING TO DSM-5® CATEGORIES TO MAKE FOR RAPID RETRIEVAL OF RELEVANT TREATMENT INFORMATION FOR THE BUSY CLINICIAN. OUTCOME STUDIES AND EXPERT OPINION ARE PRESENTED IN AN ACCESSIBLE WAY TO HELP THE CLINICIAN KNOW WHAT TREATMENT TO USE FOR WHICH DISORDER, AND HOW TO TAILOR THE TREATMENT TO THE PATIENT. CONTENT IS RESTRICTED TO THE MAJOR PSYCHIATRIC CONDITIONS SEEN IN CLINICAL PRACTICE WHILE LEAVING OUT LESS COMMON CONDITIONS AND THOSE THAT HAVE LIMITED OUTCOME RESEARCH RELATED TO THE DISORDER, RESULTING IN A MORE STREAMLINED AND AFFORDABLE TEXT. CHAPTERS ARE METICULOUSLY REFERENCED AND INCLUDE DOZENS OF TABLES, FIGURES, AND OTHER ILLUSTRATIVE FEATURES THAT ENHANCE COMPREHENSION AND RECALL. AN AUTHORITATIVE RESOURCE FOR PSYCHIATRISTS, PSYCHOLOGISTS, AND PSYCHIATRIC NURSES, AND AN OUTSTANDING REFERENCE FOR STUDENTS IN THE MENTAL HEALTH PROFESSIONS, GABBARD'S TREATMENTS OF PSYCHIATRIC DISORDERS, FIFTH EDITION, WILL PROVE INDISPENSABLE TO CLINICIANS SEEKING TO PROVIDE EXCELLENT CARE WHILE TRANSITIONING TO A DSM-5® WORLD.

📖 DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (DSM-5) AMERICAN PSYCHIATRIC ASSOCIATION,2021-09-24

📖 HOW TO BREAK BAD NEWS ROBERT BUCKMAN,1992-08-08 FOR MANY HEALTH CARE PROFESSIONALS AND SOCIAL SERVICE PROVIDERS, THE HARDEST PART OF THE JOB IS BREAKING BAD NEWS. THE NEWS MAY BE ABOUT A CONDITION THAT IS LIFE-THREATENING (SUCH AS CANCER OR AIDS), DISABLING (SUCH AS MULTIPLE SCLEROSIS OR RHEUMATOID ARTHRITIS), OR EMBARRASSING (SUCH AS GENITAL HERPES). TO DATE MEDICAL EDUCATION HAS DONE LITTLE TO TRAIN PRACTITIONERS IN COPING WITH SUCH SITUATIONS. WITH THIS GUIDE ROBERT BUCKMAN AND YVONNE KASON PROVIDE HELP. USING PLAIN, INTELLIGIBLE LANGUAGE THEY OUTLINE THE BASIC PRINCIPLES OF BREAKING BAD NEW AND PRESENT A TECHNIQUE, OR PROTOCOL, THAT CAN BE EASILY LEARNED. IT DRAWS ON LISTENING AND INTERVIEWING SKILLS THAT CONSIDER SUCH FACTORS AS HOW MUCH THE PATIENT KNOWS AND/OR WANTS TO KNOW; HOW TO IDENTIFY THE PATIENT'S AGENDA AND UNDERSTANDING, AND HOW TO RESPOND TO HIS OR HER FEELINGS ABOUT THE INFORMATION. THEY ALSO DISCUSS REACTIONS OF FAMILY AND FRIENDS AND OF OTHER MEMBERS OF THE HEALTH CARE TEAM. BASED ON BUCKMAN'S AWARD-WINNING TRAINING VIDEOS AND KASON'S COURSES ON INTERVIEWING SKILLS FOR MEDICAL STUDENTS, THIS VOLUME IS AN INDISPENSABLE AID FOR DOCTORS, NURSES, PSYCHOTHERAPISTS, SOCIAL WORKERS, AND ALL THOSE IN RELATED FIELDS.

📖 ATLAS OF PEDIATRIC PHYSICAL DIAGNOSIS HOLLY W. DAVIS,2007 MORE THAN 3,400 HUNDRED ILLUSTRATIONS -3,000 IN FULL COLOR- CAPTURE THE FULL RANGE OF GROSS ANATOMIC SIGNS AS WELL AS LABORATORY AND RADIOLOGIC FINDINGS FOR HUNDREDS OF PEDIATRIC DISORDERS. INCLUDES PERTINENT HISTORICAL FACTORS AND EXAMINATION TECHNIQUES TO VISUAL FINDINGS AND DIAGNOSTIC METHODS. THE TEXT/ATLAS OVERVIEWS CLINICAL DISORDERS WHICH LEND THEMSELVES TO VISUAL DIAGNOSIS.

📖 HYPERCALCEMIA OF MALIGNANCY FRIEDHELM RAUE,2012-12-06 HYPERCALCEMIA IS THE MOST COMMON LIFE-THREATENING METABOLIC DISORDER ASSOCIATED WITH CANCER. THE PATHOPHYSIOLOGICAL, EPIDEMIOLOGICAL AND CLINICAL ASPECTS OF HYPERCALCEMIA OF MALIGNANCY ARE PRESENTED IN THIS ISSUE, WITH A FOCUS ON THE RECENTLY DISCOVERED HUMORAL FACTOR RESPONSIBLE FOR THE DEVELOPMENT OF HYPERCALCEMIA. WITH A BETTER UNDERSTANDING OF THE PATHOPHYSIOLOGY OF THIS CONDITION AND THE DEVELOPMENT OF NEW POTENT DRUGS, CAPABLE OF INHIBITING BONE RESORPTION, ESPECIALLY BISPHOSPHONATES, THE CLINICIAN WILL BE MORE SUCCESSFUL IN CORRECTING HYPERCALCEMIA IN THE GREAT MAJORITY OF PATIENTS.

📖 PROBLEM-ORIENTED MEDICAL DIAGNOSIS HENRY HAROLD FRIEDMAN,1996

📖 GARETH AND LYNETTE LANCELOT AND ELAINE THE PASSING OF ARTHUR HOUGHTON MIFFLIN COMPANY,2019-03-16 THIS

WORK HAS BEEN SELECTED BY SCHOLARS AS BEING CULTURALLY IMPORTANT, AND IS PART OF THE KNOWLEDGE BASE OF CIVILIZATION AS WE KNOW IT. THIS WORK WAS REPRODUCED FROM THE ORIGINAL ARTIFACT, AND REMAINS AS TRUE TO THE ORIGINAL WORK AS POSSIBLE. THEREFORE, YOU WILL SEE THE ORIGINAL COPYRIGHT REFERENCES, LIBRARY STAMPS (AS MOST OF THESE WORKS HAVE BEEN HOUSED IN OUR MOST IMPORTANT LIBRARIES AROUND THE WORLD), AND OTHER NOTATIONS IN THE WORK. THIS WORK IS IN THE PUBLIC DOMAIN IN THE UNITED STATES OF AMERICA, AND POSSIBLY OTHER NATIONS. WITHIN THE UNITED STATES, YOU MAY FREELY COPY AND DISTRIBUTE THIS WORK, AS NO ENTITY (INDIVIDUAL OR CORPORATE) HAS A COPYRIGHT ON THE BODY OF THE WORK. AS A REPRODUCTION OF A HISTORICAL ARTIFACT, THIS WORK MAY CONTAIN MISSING OR BLURRED PAGES, POOR PICTURES, ERRANT MARKS, ETC. SCHOLARS BELIEVE, AND WE CONCUR, THAT THIS WORK IS IMPORTANT ENOUGH TO BE PRESERVED, REPRODUCED, AND MADE GENERALLY AVAILABLE TO THE PUBLIC. WE APPRECIATE YOUR SUPPORT OF THE PRESERVATION PROCESS, AND THANK YOU FOR BEING AN IMPORTANT PART OF KEEPING THIS KNOWLEDGE ALIVE AND RELEVANT.

📖 **COGNITIVE-BEHAVIORAL THERAPY FOR BODY DYSMORPHIC DISORDER** SABINE WILHELM, KATHARINE A. PHILLIPS, GAIL STEKETEE, 2012-12-18 PRESENTING AN EFFECTIVE TREATMENT APPROACH SPECIFICALLY TAILORED TO THE UNIQUE CHALLENGES OF BODY DYSMORPHIC DISORDER (BDD), THIS BOOK IS GROUNDED IN STATE-OF-THE-ART RESEARCH. THE AUTHORS ARE EXPERTS ON BDD AND RELATED CONDITIONS. THEY DESCRIBE WAYS TO ENGAGE PATIENTS WHO BELIEVE THEY HAVE DEFECTS OR FLAWS IN THEIR APPEARANCE, NOT A PSYCHOLOGICAL PROBLEM. PROVIDED ARE CLEAR-CUT STRATEGIES FOR HELPING PATIENTS OVERCOME THE SELF-DEFEATING THOUGHTS, IMPAIRMENTS IN FUNCTIONING, AND SOMETIMES DANGEROUS RITUALISTIC BEHAVIORS THAT ARE CORE FEATURES OF BDD. CLINICIAN-FRIENDLY FEATURES INCLUDE STEP-BY-STEP INSTRUCTIONS FOR CONDUCTING EACH SESSION AND MORE THAN 50 REPRODUCIBLE HANDOUTS AND FORMS; THE LARGE-SIZE FORMAT FACILITATES PHOTOCOPYING. SEE ALSO THE RELATED SELF-HELP GUIDE BY DR. WILHELM, *FEELING GOOD ABOUT THE WAY YOU LOOK*, AN IDEAL RECOMMENDATION FOR CLIENTS WITH BDD OR LESS SEVERE BODY IMAGE PROBLEMS.--

📖 **END OF HISTORY AND THE LAST MAN** FRANCIS FUKUYAMA, 2006-03-01 EVER SINCE ITS FIRST PUBLICATION IN 1992, *THE END OF HISTORY AND THE LAST MAN* HAS PROVOKED CONTROVERSY AND DEBATE. FRANCIS FUKUYAMA'S PRESIDENT ANALYSIS OF RELIGIOUS FUNDAMENTALISM, POLITICS, SCIENTIFIC PROGRESS, ETHICAL CODES, AND WAR IS AS ESSENTIAL FOR A WORLD FIGHTING FUNDAMENTALIST TERRORISTS AS IT WAS FOR THE END OF THE COLD WAR. NOW UPDATED WITH A NEW AFTERWORD, *THE END OF HISTORY AND THE LAST MAN* IS A MODERN CLASSIC.

📖 **THE AMERICAN PSYCHIATRIC PUBLISHING TEXTBOOK OF PSYCHIATRY** ROBERT E. HALES, 2008 ITS PREVIOUS EDITION HAILED AS THE BEST REFERENCE FOR THE MAJORITY OF PRACTICING PSYCHIATRISTS (DOODY'S BOOK REVIEWS) AND A BOOK THAT MORE THAN ANY OTHER, PROVIDES AN APPROACH TO HOW TO THINK ABOUT PSYCHIATRY THAT INTEGRATES BOTH THE BIOLOGICAL AND PSYCHOLOGICAL (JAMA), *THE AMERICAN PSYCHIATRIC PUBLISHING TEXTBOOK OF PSYCHIATRY* HAS BEEN METICULOUSLY REVISED TO MAINTAIN THIS PREEMINENCE AS AN ACCESSIBLE AND AUTHORITATIVE EDUCATIONAL REFERENCE AND CLINICAL COMPENDIUM. IT COMBINES THE STRENGTHS OF ITS THREE EDITORS -- ROBERT HALES IN CLINICAL AND COMMUNITY PSYCHIATRY, STUART YUDOFSKY IN NEUROPSYCHIATRY, AND NEW CO-EDITOR GLEN GABBARD IN PSYCHOTHERAPY -- IN RECRUITING OUTSTANDING AUTHORS TO SUMMARIZE THE LATEST DEVELOPMENTS IN PSYCHIATRY AND FEATURES 101 CONTRIBUTORS, 65 OF WHOM ARE NEW TO THIS EDITION. THE BOOK BOASTS A NEW INTERIOR DESIGN, WITH MORE FIGURES AND COLOR THROUGHOUT TO AID COMPREHENSION. EACH CHAPTER ENDS WITH 5-10 KEY POINTS, 5-10 RECOMMENDED READINGS, AND HELPFUL WEB SITES NOT ONLY FOR THE CLINICIAN BUT ALSO FOR PATIENTS AND FAMILY MEMBERS. THE BOOK ALSO INCLUDES COMPLIMENTARY ACCESS TO THE FULL TEXT ONLINE. ONLINE BENEFITS INCLUDE POWERFUL SEARCHING, ELECTRONIC BOOKMARKING, AND ACCESS BY USERNAME AND PASSWORD FROM WHEREVER YOU HAVE WEB ACCESS -- ESPECIALLY CONVENIENT FOR TIMES WHEN THE PRINT COPY OF YOUR TEXTBOOK IS NOT WHERE YOU ARE. THE ONLINE VERSION IS ACCOMPANIED BY A DOWNLOADABLE POWERPOINT PRESENTATION, WHICH CONTAINS A WEALTH OF MATERIAL TO ENHANCE CLASSROOM PRESENTATION, STUDY, AND CLINICAL USE. AMONG THE IMPROVEMENTS TO THIS EDITION'S CONTENT: • OF THE TEXT'S 44 CHAPTERS, 23 EITHER FEATURE NEW TOPICS OR HAVE NEW AUTHORS, MAKING THIS THE MOST COMPLETELY REVISED EDITION YET. • NEW BASIC-SCIENCE CHAPTERS ON CELLULAR AND MOLECULAR BIOLOGY OF THE NEURON AND ON NEUROANATOMY FOR THE PSYCHIATRIST CONVENIENTLY DISTILL ESSENTIAL INFORMATION ON THE BIOLOGICAL FOUNDATIONS OF PSYCHIATRIC DISORDERS FOR CLINICIANS. • A NEW CHAPTER ON HUMAN SEXUALITY AND SEXUAL DYSFUNCTIONS, AND ANOTHER NEW CHAPTER ON TREATMENT OF GAY, LESBIAN, BISEXUAL, AND TRANSGENDER PATIENTS, EQUIPS CLINICIANS TO ADDRESS THE ENTIRE SPECTRUM OF SEXUAL ISSUES AND THEIR ATTENDANT MENTAL HEALTH CONCERNS. • NEW CHAPTERS ON NONPHARMACOLOGICAL SOMATIC TREATMENTS, SUPPORTIVE PSYCHOTHERAPY, AND COMBINATION PSYCHOTHERAPY AND PHARMACOTHERAPY AUGMENT THE SECTION ON PSYCHIATRIC TREATMENTS. • A NEW CHAPTER ON THE ASSESSMENT OF DANGEROUSNESS -- AN INDIVIDUAL'S PROPENSITY TO COMMIT VIOLENT ACTS -- PRESENTS HELPFUL GUIDELINES FOR APPROPRIATELY EVALUATING AND MINIMIZING THE RISK OF VIOLENCE IN BOTH OUTPATIENT AND INPATIENT SETTINGS. WHY *THE AMERICAN PSYCHIATRIC PUBLISHING TEXTBOOK OF PSYCHIATRY* WILL BE YOUR FIRST CHOICE AMONG COMPREHENSIVE PSYCHIATRY TEXTBOOKS: • COMPLIMENTARY ACCESS TO THE FULL TEXT ONLINE -- ONLINE BENEFITS INCLUDE POWERFUL SEARCHING, ELECTRONIC BOOKMARKING, AND DOWNLOAD TO PDA. • POWERPOINT PRESENTATION -- ONLINE VERSION IS ACCOMPANIED BY A DOWNLOADABLE POWERPOINT PRESENTATION, WHICH CONTAINS A WEALTH OF MATERIAL TO HELP YOU ENHANCE CLASSROOM PRESENTATION, STUDY, AND IN CLINICAL USE. • SELF-ASSESSMENT -- AN INTERACTIVE ONLINE SELF-ASSESSMENT ALLOWS YOU TO ASSESS YOUR KNOWLEDGE OF EACH CHAPTER, WITH LINKS BACK TO THE TEXTBOOK WHEN MORE STUDY IS NEEDED. • SUMMARY POINTS -- EACH CHAPTER ENDS WITH 5-10 KEY POINTS, 5-10 RECOMMENDED READINGS, AND HELPFUL WEB SITES NOT ONLY FOR THE CLINICIAN BUT ALSO FOR REFERRAL TO

PATIENTS AND FAMILY MEMBERS. • Co-EDITOR GLEN O. GABBARD, M.D. -- AS THE THIRD Co-EDITOR, DR. GABBARD ADDS DEPTH AND PERSPECTIVE TO PSYCHOTHERAPEUTIC APPROACHES. • CHAPTER AUTHORS -- PARTNERSHIP OF SENIOR AND JUNIOR FACULTY BRINGS FRESH INSIGHTS TEMPERED BY WISDOM AND EXPERIENCE. • PEER-REVIEWED -- RIGOROUSLY PEER REVIEWED AND UPDATED TO REFLECT THE RAPIDLY CHANGING PROFESSION. • DISCLOSURE OF INTEREST STATEMENTS -- DISCLOSURE FROM EACH CHAPTER AUTHOR ASSURES YOU THAT POTENTIAL BIASES HAVE BEEN REMOVED. • COMPREHENSIVE BUT CONCISE -- INCLUSION OF ESSENTIAL INFORMATION EASES INFORMATION OVERLOAD. • BETTER LAYOUT -- LARGER TYPE FOR TEXT MAKES BOOK EASIER TO READ AND COLOR FIGURES ARE PROVIDED THROUGHOUT THE TEXT. IT'S NO WONDER THAT THIS TEXT HAS ESTABLISHED ITSELF AS BOTH A LEADING SCHOLARLY REFERENCE AND AN INDISPENSABLE CLINICAL RESOURCE. THE AMERICAN PSYCHIATRIC PUBLISHING TEXTBOOK OF PSYCHIATRY IS A PROVEN TEACHING TOOL AND AN ESSENTIAL COMPONENT OF EVERY PRACTITIONER'S LIBRARY.

📖 **MAYO CLINIC GUIDE TO FIBROMYALGIA** ANDY ABRIL, BARBARA K. BRUCE, 2019-09-24 FIBROMYALGIA IS A CONDITION THAT'S OFTEN MISUNDERSTOOD BY THE GENERAL PUBLIC AND DOCTORS ALIKE. THIS BOOK AIMS TO DISPEL MYTHS ABOUT FIBROMYALGIA AND OFFERS PRACTICAL STRATEGIES THAT CAN HELP ANYONE LIVING WITH THIS CONDITION MANAGE IT SUCCESSFULLY AND RETURN TO A FULFILLING AND ENJOYABLE LIFE. DRAWING ON DECADES OF EXPERIENCE IN TREATING FIBROMYALGIA, MAYO CLINIC GUIDE TO FIBROMYALGIA OFFERS RESEARCH-SUPPORTED, PRACTICAL STRATEGIES THAT CAN HELP ANYONE WITH FIBROMYALGIA LIVE THEIR BEST LIFE NOW. FROM PERSONAL STORIES OF PEOPLE LIVING WITH FIBROMYALGIA TO THE COMPASSIONATE EXPERTISE OF ITS MEDICAL EDITORS, THIS BOOK SEEKS TO FIRST CONNECT WITH PEOPLE WHO HAVE FIBROMYALGIA IN A WAY THAT THEY MAY NOT HAVE EXPERIENCED FROM LOVED ONES AND EVEN DOCTORS. FROM THERE, READERS WILL LEARN ABOUT WHAT FIBROMYALGIA IS – AND ISN'T – AND FIND SOLACE IN KNOWING THAT THEY'RE NOT ALONE IN THE CHALLENGES THAT THEY FACE. THE HALF OF THE BOOK SETS THE FOUNDATION FOR THE SECOND HALF, WHICH OUTLINES PRACTICAL STRATEGIES SHOWN TO BE EFFECTIVE IN MANAGING FIBROMYALGIA. ALONG THE WAY, WORKSHEETS WILL HELP GUIDE READERS TOWARD FINDING THE BEST MIX OF STRATEGIES FOR MANAGING THEIR SYMPTOMS. THE ENTIRE BOOK COMES TOGETHER IN THE LAST PART, WHERE READERS WILL PUT EVERYTHING THEY'VE LEARNED INTO AN ACTIONABLE DAILY PLAN THAT THEY CAN START USING RIGHT AWAY. THIS BOOK IS DIVIDED INTO 4 PARTS: PART 1 DEFINES FIBROMYALGIA, DESCRIBES WHAT CAUSES IT, AND LISTS THE CHALLENGES IT CAN POSE PART 2 OUTLINES TREATMENT OPTIONS PART 3 DESCRIBES STRATEGIES FOR MANAGING FIBROMYALGIA PART 4 OUTLINES STEPS TOWARD WORKING WITH YOUR HEALTH CARE TEAM AND FAMILY AND CREATING A DAILY ACTION PLAN FOR MANAGING SYMPTOMS FROM PUBLISHERS WEEKLY: COMING FROM ONE OF THE MOST RELIABLE, RESPECTED HEALTH RESOURCES THAT AMERICANS HAVE, THIS BOOK IS THE FIRST ONE A NEWLY DIAGNOSED PATIENT SHOULD CONSULT. (SEPT.)

📖 **THE IMMORTAL LIFE OF HENRIETTA LACKS** REBECCA SKLOOT, 2010-02-02 #1 NEW YORK TIMES BESTSELLER • “THE STORY OF MODERN MEDICINE AND BIOETHICS—AND, INDEED, RACE RELATIONS—IS REFRACTED BEAUTIFULLY, AND MOVINGLY.”—ENTERTAINMENT WEEKLY NOW A MAJOR MOTION PICTURE FROM HBO® STARRING OPRAH WINFREY AND ROSE BYRNE • ONE OF THE “MOST INFLUENTIAL” (CNN), “DEFINING” (LITHUB), AND “BEST” (THE PHILADELPHIA INQUIRER) BOOKS OF THE DECADE • ONE OF ESSENCE'S 50 MOST IMPACTFUL BLACK BOOKS OF THE PAST 50 YEARS • WINNER OF THE CHICAGO TRIBUNE HEARTLAND PRIZE FOR NONFICTION NAMED ONE OF THE BEST BOOKS OF THE YEAR BY THE NEW YORK TIMES BOOK REVIEW • ENTERTAINMENT WEEKLY • O: THE OPRAH MAGAZINE • NPR • FINANCIAL TIMES • NEW YORK • INDEPENDENT (U.K.) • TIMES (U.K.) • PUBLISHERS WEEKLY • LIBRARY JOURNAL • KIRKUS REVIEWS • BOOKLIST • GLOBE AND MAIL HER NAME WAS HENRIETTA LACKS, BUT SCIENTISTS KNOW HER AS HELa. SHE WAS A POOR SOUTHERN TOBACCO FARMER WHO WORKED THE SAME LAND AS HER SLAVE ANCESTORS, YET HER CELLS—TAKEN WITHOUT HER KNOWLEDGE—BECAME ONE OF THE MOST IMPORTANT TOOLS IN MEDICINE: THE FIRST “IMMORTAL” HUMAN CELLS GROWN IN CULTURE, WHICH ARE STILL ALIVE TODAY, THOUGH SHE HAS BEEN DEAD FOR MORE THAN SIXTY YEARS. HELa CELLS WERE VITAL FOR DEVELOPING THE POLIO VACCINE; UNCOVERED SECRETS OF CANCER, VIRUSES, AND THE ATOM BOMB'S EFFECTS; HELPED LEAD TO IMPORTANT ADVANCES LIKE IN VITRO FERTILIZATION, CLONING, AND GENE MAPPING; AND HAVE BEEN BOUGHT AND SOLD BY THE BILLIONS. YET HENRIETTA LACKS REMAINS VIRTUALLY UNKNOWN, BURIED IN AN UNMARKED GRAVE. HENRIETTA'S FAMILY DID NOT LEARN OF HER “IMMORTALITY” UNTIL MORE THAN TWENTY YEARS AFTER HER DEATH, WHEN SCIENTISTS INVESTIGATING HELa BEGAN USING HER HUSBAND AND CHILDREN IN RESEARCH WITHOUT INFORMED CONSENT. AND THOUGH THE CELLS HAD LAUNCHED A MULTIMILLION-DOLLAR INDUSTRY THAT SELLS HUMAN BIOLOGICAL MATERIALS, HER FAMILY NEVER SAW ANY OF THE PROFITS. AS REBECCA SKLOOT SO BRILLIANTLY SHOWS, THE STORY OF THE LACKS FAMILY—PAST AND PRESENT—IS INEXTRICABLY CONNECTED TO THE DARK HISTORY OF EXPERIMENTATION ON AFRICAN AMERICANS, THE BIRTH OF BIOETHICS, AND THE LEGAL BATTLES OVER WHETHER WE CONTROL THE STUFF WE ARE MADE OF. OVER THE DECADE IT TOOK TO UNCOVER THIS STORY, REBECCA BECAME ENMESHED IN THE LIVES OF THE LACKS FAMILY—ESPECIALLY HENRIETTA'S DAUGHTER DEBORAH. DEBORAH WAS CONSUMED WITH QUESTIONS: HAD SCIENTISTS CLONED HER MOTHER? HAD THEY KILLED HER TO HARVEST HER CELLS? AND IF HER MOTHER WAS SO IMPORTANT TO MEDICINE, WHY COULDN'T HER CHILDREN AFFORD HEALTH INSURANCE? INTIMATE IN FEELING, ASTONISHING IN SCOPE, AND IMPOSSIBLE TO PUT DOWN, THE IMMORTAL LIFE OF HENRIETTA LACKS CAPTURES THE BEAUTY AND DRAMA OF SCIENTIFIC DISCOVERY, AS WELL AS ITS HUMAN CONSEQUENCES.

📖 **NELSON TEXTBOOK OF PEDIATRICS** RICHARD E. BEHRMAN, ROBERT Kliegman, HAL B. JENSON, 2004 ACCOMPANYING CD-ROM CONTAINS: CONTENTS OF BOOK; CONTINUOUS UPDATES; SLIDE IMAGE LIBRARY; REFERENCES LINKED TO MEDLINE; PEDIATRIC GUIDELINES; CASE STUDIES; REVIEW QUESTIONS.

📖 **CDC YELLOW BOOK 2018: HEALTH INFORMATION FOR INTERNATIONAL TRAVEL** CENTERS FOR DISEASE CONTROL AND

PREVENTION CDC, 2017-04-17 THE ESSENTIAL WORK IN TRAVEL MEDICINE -- NOW COMPLETELY UPDATED FOR 2018 AS UNPRECEDENTED NUMBERS OF TRAVELERS CROSS INTERNATIONAL BORDERS EACH DAY, THE NEED FOR UP-TO-DATE, PRACTICAL INFORMATION ABOUT THE HEALTH CHALLENGES POSED BY TRAVEL HAS NEVER BEEN GREATER. FOR BOTH INTERNATIONAL TRAVELERS AND THE HEALTH PROFESSIONALS WHO CARE FOR THEM, THE CDC YELLOW BOOK 2018: HEALTH INFORMATION FOR INTERNATIONAL TRAVEL IS THE DEFINITIVE GUIDE TO STAYING SAFE AND HEALTHY ANYWHERE IN THE WORLD. THE FULLY REVISED AND UPDATED 2018 EDITION CODIFIES THE U.S. GOVERNMENT'S MOST CURRENT HEALTH GUIDELINES AND INFORMATION FOR INTERNATIONAL TRAVELERS, INCLUDING PRETRAVEL VACCINE RECOMMENDATIONS, DESTINATION-SPECIFIC HEALTH ADVICE, AND EASY-TO-REFERENCE MAPS, TABLES, AND CHARTS. THE 2018 YELLOW BOOK ALSO ADDRESSES THE NEEDS OF SPECIFIC TYPES OF TRAVELERS, WITH DEDICATED SECTIONS ON: • PRECAUTIONS FOR PREGNANT TRAVELERS, IMMUNOCOMPROMISED TRAVELERS, AND TRAVELERS WITH DISABILITIES • SPECIAL CONSIDERATIONS FOR NEWLY ARRIVED ADOPTEES, IMMIGRANTS, AND REFUGEES • PRACTICAL TIPS FOR LAST-MINUTE OR RESOURCE-LIMITED TRAVELERS • ADVICE FOR AIR CREWS, HUMANITARIAN WORKERS, MISSIONARIES, AND OTHERS WHO PROVIDE CARE AND SUPPORT OVERSEAS AUTHORED BY A TEAM OF THE WORLD'S MOST ESTEEMED TRAVEL MEDICINE EXPERTS, THE YELLOW BOOK IS AN ESSENTIAL RESOURCE FOR TRAVELERS -- AND THE CLINICIANS OVERSEEING THEIR CARE -- AT HOME AND ABROAD.

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