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U.S. PREVENTIVE SERVICES TASK FORCE

The U.S. Preventive Services Task Force, an independent panel of preventive health experts, was initiated by the U.S. Public Health Service in 1984 to systematically review the evidence of effectiveness of a wide range of clinical preventive services, including screening tests, counseling, immunizations, and chemoprophylaxis. Its efforts to rigorously evaluate clinical research in order to assess the merits of preventive measures culminated in the 1989 Guide to Clinical Preventive Services. In 1996 updated recommendations were published in an expanded second edition of the Guide.

In the upcoming months, the Task Force will evaluate four new prevention and screening measures that have not been previously reviewed: (1) chemoprophylaxis to prevent breast cancer, (2) vitamin supplementation to prevent cancer or coronary heart disease, (3) screening for bacterial vaginosis in pregnancy, and (4) developmental screening in children. The Task Force will also be updating the following topics: postmenopausal hormone therapy, counseling to prevent unintended pregnancy, chlamydial infection, screening for diabetes mellitus, skin cancer, high cholesterol, depression, and hearing in newborns.

1. THE ALLEGED ASSOCIATION BETWEEN INDUCED ABORTION AND RISK OF BREAST CANCER: BIOLOGY OR BIAS? Bartholomew, LL. *Obstet Gynecol Survey* 53:708-14, Nov '98.

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2. COST-SHARING AND THE UTILIZATION OF CLINICAL PREVENTIVE SERVICES. Solanki, G. *Am J Prev Med* 17:127-33, Aug '99.
3. HEALTH CARE PLAN DECISIONS REGARDING PREVENTIVE SERVICES. Merenstein, D. *Arch Fam Med* 8:354-6, July-Aug '99.
4. IRON OVERLOAD, PUBLIC HEALTH, AND GENETICS: EVALUATING THE EVIDENCE FOR HEMOCHROMATOSIS SCREENING. Cogswell, ME. *Ann Intern Med* 129:971-9, 1 Dec '98.
5. PHYSICIAN ADVICE AND INDIVIDUAL BEHAVIORS ABOUT CARDIOVASCULAR DISEASE RISK REDUCTION—SEVEN STATES AND PUERTO RICO, 1997. *MMWR* 48 (4):74-7, 5 Feb '99.
6. PREVENTION SERVICES IN PRIMARY CARE: TAKING TIME, SETTING PRIORITIES. Rafferty, M. *West J Med* 169:269-75, Nov '98.
7. PSYCHIATRIST' AND INTERNISTS' KNOWLEDGE AND ATTITUDES ABOUT DELIVERY OF CLINICAL PREVENTIVE MEDICAL SERVICES. Carney, CP. *Psychiatr Serv* 49:1594-1600, Dec '98.
8. SCREENING FOR COLORECTAL CANCER—UNITED STATES, 1997. *MMWR* 48:116-21, 19 Feb '99.
9. US PREVENTIVE SERVICES TASK FORCE WILL REVIEW NEW TESTS, RE-EXAMINE OTHERS. *Public Health Rep* 114:297, July-Aug '99.
10. VITAMIN E AND HEART DISEASE: A CASE STUDY^{1,2}. Kushi, LH. *Am J Clin Nutr* 69 (Suppl):1322S-9S '99.

CHILDHOOD DIABETES

Type 1 (insulin dependent) diabetes is the most common endocrine disorder of childhood. The literature indicates that most cases of type 1 diabetes are caused by an autoimmune process. In addition, excess body weight or obesity is commonly associated with the increased incidence of childhood diabetes. Research indicates that despite improvements in life expectancy for children with diabetes, there is still a significant mortality rate. Early diagnosis of diabetes can prevent long-term complications and death. NCHS has current data on childhood diabetes in their publication [Healthy People 2000](#).

11. AUTOANTIBODY APPEARANCE AND RISK FOR DEVELOPMENT OF CHILDHOOD DIABETES IN OFFSPRING OF PARENTS WITH TYPE 1 DIABETES. Ziegler, AG. *Diabetes* 48:460-8, Mar '99.
12. CAUSES OF DEATH IN CHILDREN WITH INSULIN DEPENDENT DIABETES 1900-96. Edge, JA. *Arch Dis Child* 81:318-23, Oct '99.
13. CHILDHOOD IMMUNIZATIONS AND TYPE 1 DIABETES: SUMMARY OF AN INSTITUTE FOR VACCINE SAFETY WORKSHOP. *Pediatr Infect Dis J* 18:217-22, Mar '99.
14. CIRCULATING SEMICARBAZIDE-SENSITIVE AMINE OXIDASE IS RAISED BOTH IN TYPE I (INSULIN-DEPENDENT), IN TYPE II (NON-INSULIN-DEPENDENT) DIABETES MELLITUS AND EVEN IN CHILDHOOD TYPE I DIABETES AT FIRST CLINICAL DIAGNOSIS. Boomsma, F. *Diabetologia* 42:233-7, Feb '99.
15. CONTINUOUS SUBCUTANEOUS INSULIN INFUSION. Boland, EA. *Diabetes Care* 22:1779-84, Nov '99.
16. DISEASE ASSOCIATED AUTOANTIBODIES AND HLA-DQB1 GENOTYPES IN CHILDREN WITH NEWLY DIAGNOSED INSULIN-DEPENDENT DIABETES MELLITUS (IDDM). Sabbah, E. *Clin Exp Immunol* 116:78-83, Apr '99.
17. GLYCAEMIC CONTROL AND FAMILIAL FACTORS DETERMINE HYPERLIPIDAEMIA IN EARLY CHILDHOOD DIABETES. Ab raha, A. *Diabetic Med* 16:598-604, July '99.
18. IMPROVING DIABETES CONTROL IN ADOLESCENTS. Wolsdorf, JI. *Diabetes Care* 22:1767-8, Nov '99.
19. INTENSIVE DIABETES THERAPY IN CHILDHOOD: IS IT ACHIEVABLE? IS IT DESIRABLE? IS IT SAFE? Becker, DJ. *J Pediatr* 134:392-4, Apr '99.
20. STAGING OF PRECLINICAL TYPE 1 DIABETES IN SIBLINGS OF AFFECTED CHILDREN. Mrena, S. *Pediatrics* 104:925-30, Oct '99.

DRUG ADDICTION TREATMENT

Drug addiction treatment has been found to be as effective as treatment for other chronic medical conditions such as diabetes or hypertension. The literature indicates that drug addiction treatment must be tailored to meet the needs of the individual. The best programs combine therapies and services, such as referral to other medical, psychological and social services. Research indicates that drug abuse treatment is cost-effective. For every \$1 spent on drug abuse treatment, there is a \$4 to \$7 reduction in drug-related crime. When savings related to health care are included in the equation, costs of drug abuse treatment can save over \$12 for every \$1 spent on drug abuse treatment. NIDA has recently published a science-based research guide to drug addiction treatment which outlines some of the essential principles of treatment based on thirty years of scientific research.

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| <p>21. BEST PRACTICE GUIDELINES FOCUS ON COLLABORATION BETWEEN CRIMINAL JUSTICE AND SUBSTANCE ABUSE TREATMENT SYSTEMS. <i>Psychiatric Serv</i> 50:717, May '99.</p> | <p>25. IMPROVING COST-EFFECTIVENESS IN A SUBSTANCE ABUSE TREATMENT PROGRAM. Francis, E. <i>Psychiatr Serv</i> 50:633-5, May '99.</p> |
| <p>22. DRUG ABUSE TREATMENT ENTRY AND ENGAGEMENT: REPORT OF A MEETING ON TREATMENT READINESS. Battjes, RJ. <i>J Clin Psychol</i> 55:643-57, May '99.</p> | <p>26. ORGANIZATIONAL CORRELATES OF ACCESS TO PRIMARY CARE AND MENTAL HEALTH SERVICES IN DRUG ABUSE TREATMENT UNITS. Friedmann, PD. <i>J Subst Abuse Treat</i> 16:71-80, Jan '99.</p> |
| <p>23. AN EXPENSIVE POLICY: THE IMPACT OF INADEQUATE FUNDING FOR SUBSTANCE ABUSE TREATMENT. Amaro, H. <i>Am J Public Health</i> 89:657-9, May '99.</p> | <p>27. PHYSICIANS SHOULD PLAY ROLE IN ADDICTION TREATMENT. <i>Subst Abuse Rep</i> 30:1-2, 15 Nov '99.</p> |
| <p>24. FOLLOW-UP CONTACT BIAS IN EVALUATION OF SUBSTANCE ABUSE TREATMENT PROGRAMS. Rohrer, JE. <i>Adm Policy Ment Health</i> 26:207-12, Jan '99.</p> | <p>28. PSYCHIATRIC COMORBIDITY MEASURES AS PREDICTORS OF RETENTION IN DRUG ABUSE TREATMENT PROGRAMS. Broome, KM. <i>Health Serv Res</i> 34:791-806, Aug '99.</p> |

29. A RANDOMIZED TRIAL COMPARING DAY AND RESIDENTIAL DRUG ABUSE TREATMENT: 18 MONTH OUTCOMES. Guydish, J. *J Consult Clin Psychol* 67:428-34, June '99.
30. RESEARCH-BASED GUIDE TO TREATMENT PUBLISHED BY NIDA. *Subst Abuse Rep* 30:1-3, 1 Nov '99.

LYME DISEASE

Lyme disease (LD) is a tick-borne infection caused by the spirochaete *Borrelia burgdorferi*. The literature indicates that LD is now the most common vector-borne illness in North America, with a reported 13,000 citizens being bitten each year in the United States. Research shows that medical experts differ on how to treat the very long bouts of the disease, a syndrome known as Chronic Lyme Disease. Although the first human vaccine has just been approved by the FDA, its long-term safety is unknown. AHCPR has recently supported a study of the incidence of LD cases in the state of Maryland.

31. EVIDENCE-BASED DIAGNOSIS OF LYME DISEASE. Davidson, MM. *Eur J Clin Microbiol Infect Dis* 18:484-9, Jul '99.
32. INCIDENCE OF LYME DISEASE IN MARYLAND IS ON THE RISE. *AHCPR Res Activities* 229:10, Sep '99.
33. INCIDENCE RATES OF LYME DISEASE IN MARYLAND: 1993 THROUGH 1996. Pena, CA. *Md Med J* 48:68-73, Mar-Apr '99.
34. LYME DISEASE AND RELATED TICK-BORNE ILLNESSES. Edlow, JA. *Ann Emerg Med* 33:680-93, Jun '99.
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36. LYME DISEASE SEROLOGY: PROBLEMS AND OPPORTUNITIES. Wormser, GP. *JAMA* 282:79-80, 7 Jul '99.
37. LYME DISEASE VACCINE. *Med Lett Drugs Ther* 41:29-30, 26 Mar '99.
38. NEW VACCINE TARGETS LYME DISEASE. NEW HOPE FOR DIMINISHING THE 'GREAT MASQUERADER'. Lewis, C. *FDA Consum* 33:12-7, May-Jun '99.

39. RECOMMENDATIONS FOR THE USE OF LYME DISEASE VACCINE. RECOMMENDATIONS OF THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP). *MMWR Morb Mortal Wkly Rep* 48:1-17, 21+, 4 Jun '99.
40. SYSTEMATIC REVIEW OF THE TREATMENT OF EARLY LYME DISEASE. Loewen, PS. *Drugs* 57:157-73, Feb '99.

REINVENTING GOVERNMENT

Since 1990, the management staff of the Parklawn Health Library has selected 10 journal articles per month on innovative management techniques to appear in each Bulletin. First entitled "Total Quality Management," this recurring bibliography was renamed "Reinventing Government" to reflect and support the Administration's efforts to create a government that works better and costs less.

41. ALTERNATIVES TO DOWNSIZING. Piturro, M. *Manage Rev* 88:37-41, Oct '99.
42. BEST BEHAVIORS. Tynan, SA. *Manage Rev* 88:58-61, Nov '99.
43. CASE STUDY TARGET COSTING AS A STRATEGIC TOOL. Shank, JK. *Sloan Manage Rev* 41:73-82, Fall '99.
44. COMPLACENCY—THE ENEMY OF QUALITY. Hagen, MR. *Qual Progress* 32:37-44, Oct '99.
45. DEVELOPING EFFECTIVE SELF-MANAGING WORK TEAMS IN SERVICE ORGANIZATIONS. Spreitzer, GM. *Group & Organ Manage* 24:340-66, Sep '99.
46. THE FIRST 30 DAYS: THE MOST CRITICAL TIME TO INFLUENCE EMPLOYEE SUCCESS. Mahaffey, C. *Employment Relat Today* 26:53-60, Sum '99.
47. IN THE BEGINNING, THERE WERE DEMING AND JURAN. Landesberg, P. *J Qual & Participation* 22:59-61, Nov-Dec '99.
48. SACRIFICIAL BEHAVIOR IN RELATIONSHIP MARKETING: A NEW PERSPECTIVE ON DELIGHTING AND RETAINING CUSTOMERS. Saunders, PM. *J Customer Serv Mark & Manage* 5 (2):55-70, '99.
49. TOTAL QUALITY REQUIRES SERIOUS TRAINING. Oppenheim, BW. *Qual Progress* 32:63-73, Oct '99.

50. UNDERSTANDING CUSTOMER DELIGHT AND OUTRAGE. Schneider, B. *Sloan Manage Rev* 41:35-45, Fall '99.

ST. JOHN'S WORT IN THE TREATMENT OF DEPRESSION

St. John's Wort (SJW) or *Hypericum perforatum* is a herbaceous perennial plant that is found in Europe, Asia, North America, and Australia. The literature indicates that it has been known for centuries to have medicinal properties. Recently, SJW has become popular in the U.S. as an alternative treatment for depression. Since SJW is not regulated by the FDA, many questions exist about its safety and efficacy. Research indicates that a recent meta-analysis of 23 randomized clinical trials concluded that SJW was effective in the treatment of depression. However, this meta-analysis allowed for a broad definition of depression and included many studies of questionable methodology. Continued research is needed to compare SJW to conventional antidepressants, discover its mechanism of action, and determine its effectiveness as a treatment for depression. NIMH is currently funding a study to test whether SJW is more effective than a placebo or a selective serotonin reuptake inhibitor in treating depression.

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| 51. <i>HYPERICUM PERFORATUM</i> EXTRACTS AS POTENTIAL ANTIDEPRESSANTS. Vitiello, B. <i>J Pharm Pharmacol</i> 51:513-7, May '99. | 54. ST. JOHN'S WORT: A NEW ALTERNATIVE FOR DEPRESSION? Josey, ES. <i>Int J Clin Pharmacol Ther</i> 37:111-9, Mar '99. |
| 52. <i>HYPERICUM PERFORATUM</i> (ST JOHN'S WORT) IN DEPRESSION: PEST OR BLESSING? Rey, JM. <i>Med J Aust</i> 169:583-6, 7-21 Dec '98. | 55. ST. JOHN'S WORT: A REVIEW OF AN HERBAL ANTIDEPRESSANT. Snead, TJ. <i>J Pharm Pract</i> 12:210-6, June '99. |
| 53. IS THE ANTIDEPRESSANT EFFECT OF <i>HYPERICUM</i> EXTRACTS DEPENDING ON THEIR <i>HYPERFORIN</i> CONTENT? Laakmann, G. <i>Forschende Komplementarmedizin</i> 6 (1):27-8, '99. | 56. ST. JOHN'S WORT AND ANTIDEPRESSANT DRUG INTERACTIONS IN THE ELDERLY. Lantz, MS. <i>J Geriatr Psychiatry Neurology</i> 12:7-10, Spr '99. |

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TELEMEDICINE AND LICENSURE

Telemedicine is the use of electronic communication and information technologies to provide and support health care when distance separates the participants. The literature suggests that existing state laws that regulate interstate and cross-state licensure in telemedicine have not kept pace with the growing use of this technology by health professionals as well as consumers. At the center of this issue is licensure, which at this time, is on a state by state basis. Research suggests licensure on a multi-state and regional basis will enable physicians to practice telemedicine on a national level. HRSA's Office for the Advancement of Telehealth (OAT) promotes the wider adoption of effective telecommunications and information technologies to provide health care services to the nation's underserved.

61. CYBER-MALPRACTICE: LEGAL EXPOSURE TO CYBERMEDICINE. Terry, NP. *Am J Law & Med* 25 (2&3):327-66, '99.
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65. TELECARDIOLOGY: LEGAL ISSUES AND NEW DEVELOPMENTS. Millman, DS. *Telemedicine Today* 7:27, 28 June '99.
66. TELEHEALTH AND STATE LICENSURE. *Nurs Pract* 24:12-3, Aug '99.

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70. VIRTUAL DOCTORS ON THE HORIZON IN SEATTLE. Ferry, J. *Lancet* 354:926, 11 Sep '99.

SELECTED NEW ACQUISITIONS

To permit review of all books and reports in this list, they will not be circulated until three weeks from the date of this Bulletin. All materials are available for review on the NEW BOOKS display shelf near the Service Desk of the Library. You may reserve any book simply by completing the yellow strip form available on the display shelf.

DRUG ABUSE

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PA. Brunner/Mazel, 1999,
419 p. | QV
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GUIDE TO LIBRARY RESOURCES

OLDER AMERICANS INFORMATION DIRECTORY. Grey House Publishing, Lakeville, CT, 1999. REF-ASSN WT 22AA1 O44

This directory addresses issues on health, lifestyles, and finance for senior citizens and those who work with them. Each entry contains the name, address, telephone number, fax number, E-mail address, web site address, and a brief description of the organization. In addition, the directory contains an entry name index, geographic index, and a subject index. The directory is divided into eleven sections which are listed below:

Associations & organizations	Health associations, support groups, hot lines
Awards, honors & prizes	Legal aid resources
Disability aids & assistive devices	Libraries & information centers
Print & electronic media	Government programs
Research centers	Travel
	Continuing education

BLACK AMERICANS: A STATISTICAL SOURCEBOOK. Information Publications, Palo Alto, CA, 1999. REF-GEN E 185.5 B567

This is a statistical sourcebook which covers many aspects of Black Americans in a single volume. All of the information in this book come from federal government sources. The book contains a glossary which defines the terms used throughout the source. Chapters in the book include:

- Demographics & characteristics of the population
- Vital statistics & health
- Education
- Government, elections, & public opinion
- Crime, law enforcement, & corrections
- Labor force, employment & unemployment
- Earnings, income, poverty & wealth
- Special topics

PREVIOUS CURRENT TOPICS

Previous current topics can be obtained upon request

Topic	Bulletin No.	Date
Youth Violence Clozapine Treatment of Schizophrenia Evidence-Based Medicine Health Care and Native Americans Mammogram Screening Reinventing Government Violence and Substance Abuse	478	September 1999
Breast Cancer Adolescent Suicide Cocaine Abuse and Addiction HIV in Correctional Settings Office Visit Duration with Primary Care Physicians Prostate Cancer Reinventing Government	479	October 1999
Computer Compliance in the Year 2000 - Update HRSA's Child Health Programs NIMH Epidemiologic Catchment Area Survey National Household Survey on Drug Abuse Nursing Homes Spinal Surgery Reinventing Government	480	November 1999

LIBRARY CLIENTELE

The Parklawn Health Library System serves the following components of the Department of Health and Human Services (HHS):

- Administration for Children and Families
- Administration on Aging
- Agency for Health Care Policy and Research
- HHS Regional Offices
- Health Resources and Services Administration
- Indian Health Service
- National Center for Health Statistics
- National Institute of Mental Health
- National Institute on Drug Abuse
- Office of the Secretary
- Office of Public Health and Science
- Program Support Center
- Substance Abuse and Mental Health Services Administration

LIBRARY MISSION

The Parklawn Health Library, the NCHS Staff Research Library, and the Information Resources Center plan, develop, and administer a national research collection and innovative information programs in direct support of the Department of Health and Human Services.

LIBRARY COLLECTION

The Scope of the collection includes the delivery of health care, health administration, health policy, health services research, health promotion and disease prevention, computer sciences, management sciences, medical sociology, health statistics, international health, epidemiology, public health, mental health, psychiatry and neurology, and substance abuse.

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