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**NOSOCOMIAL INFECTIONS**

Nosocomial infections (NIs), often referred to as hospital-acquired infections, are infections that are not present on admission to a hospital. They include bacteremia (usually related to intravascular devices), pneumonia (including infections related to ventilators), urinary tract infections (most frequently catheter related), and surgical site infections. Each year 1.8 million patients develop NIs during their hospital stay and 20,000 die as a result of that infection. Treatment for these infections is estimated to cost \$4.5 billion annually.

The CDC's National Nosocomial Infection Surveillance System assists hospitals with nosocomial infection surveillance, data collection, and processing. It receives monthly reports of NIs from 276 hospitals for aggregation into a national database. This allows for interhospital comparisons to identify hospitals or hospital units with higher infection rates. Those identified then have an opportunity to take measures to reduce their infection rate. The CDC indicates that better infection control measures would eliminate one-third of all NIs.

1. CURRENT GUIDELINES FOR THE TREATMENT AND PREVENTION OF NOSOCOMIAL INFECTIONS. Bergogne-Bérézin, E. *Drugs* 58:51-67, July '99.

**N.B. A master copy of each journal article in this Bulletin is available for photocopy at each Library**

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2. INTRAVENOUS COLISTIN AS THERAPY FOR NOSOCOMIAL INFECTIONS CAUSED BY MULTIDRUG-RESISTANT *PSEUDOMONAS AERUGHINOSA* AND ACINETOBACTER BAUMANNII. Levin, AS. *Clin Infect Dis* 28:1008-11, May '99.
3. NOSOCOMIAL GROUP A STREPTOCOCCAL INFECTIONS ASSOCIATED WITH ASYMPTOMATIC HEALTH-CARE WORKERS — MARYLAND AND CALIFORNIA, 1997. *MMWR* 48:163-6, 5 Mar '99.
4. NOSOCOMIAL INFECTIONS. Russell, B. *Am J Nurs* 99:24J-24M, June '99.
5. NOSOCOMIAL INFECTIONS IN HIV INFECTED PATIENTS. Petrosillo, N. *AIDS* 13:599-605, 1 Apr '99.
6. NOSOCOMIAL INFECTIONS IN MEDICAL INTENSIVE CARE UNITS IN THE UNITED STATES. Richards, MJ. *Crit Care Med* 27:887-92, May '99.
7. NOSOCOMIAL INFECTIONS IN PEDIATRIC INTENSIVE CARE UNITS IN THE UNITED STATES. Richards, MJ. *Pediatrics* 103:804, Apr '99.
8. NOSOCOMIAL INFECTIONS IN THE ICU. Weber, DJ. *Chest* 115:34S-41S, Mar '99.
9. NOSOCOMIAL INFECTIONS IN THE SURGICAL INTENSIVE CARE UNIT: A DIFFERENCE BETWEEN TRAUMA AND SURGICAL PATIENTS. Wallace, WC. *Am Surg* 65:987-90, Oct '99.
10. SURVEILLANCE OF HOSPITAL ACQUIRED INFECTIONS: PRESENTATION OF A COMPUTERISED SYSTEM. Cauët, D. *Eur J Epidemiol* 15:149-53, Feb '99.

### **ATTENTION-DEFICIT HYPERACTIVITY DISORDER IN ADULTS**

While it was previously thought that attention-deficit hyperactivity disorder (ADHD) was a disorder of childhood and adolescence, recent studies show that approximately 50-70% of youth with ADHD continue to manifest this disorder into adulthood. The literature indicates that there are currently between 1-2 million adults diagnosed with this disorder in the U.S. Adults with ADHD have high rates of psychopathology, substance abuse, social dysfunction, academic difficulties, and occupational failure as well as overrepresentation in groups seeking treatment for substance abuse and depression. Research indicates that treatment with stimulants, antidepressants or a combination of both is very effective in helping adult ADHD. In addition, psychological therapy is considered to be a constructive adjunct to medication therapy. NIMH is currently funding research on the treatment of adult ADHD with stimulant medication.

11. ADHD IN ADULT PSYCHIATRIC OUTPATIENTS. Lomas, B. *Psychiatr Serv* 50:705, May '99.
12. ATTENTION DEFICIT HYPERACTIVITY DISORDER IN ADULTS. Sachdev, P. *Psychol Med* 29:507-14, May '99.
13. CONTROLLED TRIAL OF HIGH DOSES OF PEMOLINE FOR ADULTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER. Wilens, TE. *J Clin Psychopharmacol* 19:257-64, June '99.
14. NEUROPSYCHOLOGICAL CORRELATES OF METHYLPHENIDATE TREATMENT IN ADULT ADHD WITH AND WITHOUT DEPRESSION. Riordan, HJ. *Arch Clin Neuropsychology* 14 (2):217-33, '99.
15. NEUROPSYCHOLOGICAL PERFORMANCE OF ADULTS EVIDENCING ATTENTION-DEFICIT HYPERACTIVITY DISORDER. Corbett, B. *Arch Clin Neuropsychology* 14 :373-87, May '99.
16. NEUROPSYCHOLOGICAL PERFORMANCE OF ADULTS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD): DIAGNOSTIC CLASSIFICATION ESTIMATES FOR MEASURES OF FRONTAL LOBE/EXECUTIVE FUNCTIONING. Lovejoy, DW. *J Int Neuropsychol Soc* 5:222-33, Mar '99.
17. A PILOT CONTROLLED CLINICAL TRIAL OF ABT-418, A CHOLINERGIC AGONIST, IN THE TREATMENT OF ADULTS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER. Wilens, TE. *Am J Psychiatry* 156:1931-7, Dec '99.
18. PSYCHOLOGICAL THERAPY FOR ADULTS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER. Young, S. *Counselling Psychology Q* 12 (2):183-90, '99.
19. SEASONAL AFFECTIVE SYMPTOMS IN ADULTS WITH RESIDUAL ATTENTION-DEFICIT HYPERACTIVITY DISORDER. *Compr Psychiatry* 40:261-7, July-Aug '99.
20. A TREATMENT ALGORITHM FOR ATTENTION DEFICIT HYPERACTIVITY DISORDER IN COCAINE-DEPENDENT ADULTS: A ONE-YEAR PRIVATE PRACTICE STUDY WITH LONG-ACTING STIMULANTS, FLUOXETINE, AND BUPROPION. Castaneda, R. *Subst Abuse* 20:59-71, Mar '99.

### “ECSTASY” or MDMA

MDMA (3,4-methylenedioxymethamphetamine) or “ecstasy” is a stimulant similar in structure to methamphetamine. The literature indicates that the use of MDMA among older teens is increasing. MDMA, also known as a “club drug”, is used by young adults who participate in all-night dance parties called “raves”. Research indicates that users may become addicted as well as encounter problems similar to those experienced by users of amphetamine and cocaine. Heavy MDMA use also causes persistent memory problems and brain damage. NIDA is supporting study on the chronic use of MDMA in humans.

21. COGNITIVE PERFORMANCE IN ( $\pm$ ) 3,4 METHYLENE-DIOXYMETHAMPHETAMINE (MDMA, “ECSTASY”) USERS: A CONTROLLED STUDY. McCann, UD. *Psychopharmacology* 143:417-25, 3 Apr ‘99.
22. “ECSTASY” DAMAGES THE BRAIN AND IMPAIRS MEMORY IN HUMANS. Mathias, R. *NIDA Notes* 14 (4):10-11, ‘99.
23. ECSTASY — LONG-TERM EFFECTS ON THE HUMAN CENTRAL NERVOUS SYSTEM REVEALED BY POSITRON EMISSION TOMOGRAPHY. Obrocki, J. *Br J Psychiatr* 175:186-8, Aug ‘99.
24. ECSTASY USE AND POLICY RESPONSES IN THE NETHERLANDS. Spruit, IP. *J Drug Issues* 29:653-78, Sum ‘99.
25. ECSTASY USE AT LARGE-SCALE DANCE EVENTS IN THE NETHERLANDS. Wijngaart, V. *J Drug Issues* 29:679-702, Sum ‘99.
26. EFFECTS OF “ECSTASY” BLOCKED BY SEROTONIN REUPTAKE INHIBITORS. Stein, DJ. *J Clin Psychiatry* 60:485, July ‘99.
27. FACTS ABOUT MDMA (ECSTASY). *NIDA Notes* 14 (4):15, ‘99.
28. PARKINSONISM AFTER TAKING ECSTASY. Mintzer, S. *N Engl J Med* 340:1443, 6 May ‘99.
29. ‘PAUSE’ IN DRUG USE DECLINE: MONITORING THE FUTURE STUDY. *Subst Abuse Rep* 31:6-8, 1 Jan ‘00.
30. THREE CASES OF DELIRIUM AFTER “ECSTASY” INGESTION. Alciati, A. *J Psychoactive Drugs* 31:167-70, Apr-June ‘99.

## HORMONE REPLACEMENT THERAPY

Hormone replacement therapy (HRT) provides replacement estrogen and progesterone to women in order to prevent problems such as osteoporosis, sleep disturbances, and cardiovascular disease caused by lowered estrogen levels due to menopause. The literature shows that between 15-40% of American women use HRT. Research indicates that there is a great deal of confusion and controversy surrounding HRT due to the risks associated with its use. Consequently, making an informed decision to take HRT is particularly important for women. AHRQ recently funded a study on the factors involved in the decision to use HRT.

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|---|--|
| <p>31. HORMONE REPLACEMENT THERAPY: A SURVEY OF ONTARIO PHYSICIANS' PRESCRIBING PRACTICES. Elinson, L. <i>CMAJ</i> 161:695-8, 21 Sep '99.</p>   | <p>35. MEDICAL UNCERTAINTY AND PRACTICE VARIATION GET PERSONAL: WHAT SHOULD I DO ABOUT HORMONE REPLACEMENT THERAPY? Daley, J. <i>Ann Intern Med</i> 130:602-4, 6 Apr '99</p>                         |
| <p>32. HORMONE REPLACEMENT THERAPY: WOMEN'S DECISION-MAKING PROCESS. Jones, JB. <i>Soc Work Health Care</i> 28:95-111, '99.</p>   | <p>36. PATIENT-IDENTIFIED NEEDS FOR HORMONE REPLACEMENT THERAPY COUNSELING: A QUALITATIVE STUDY. Connelly, MT. <i>Ann Intern Med</i> 131:265-8, 17 Aug '99.</p>                                      |
| <p>33. I AM SO CONFUSED BY WHAT I READ ABOUT HORMONE-REPLACEMENT THERAPY. I AM 60 YEARS OLD AND DO NOT HAVE ANY HEART PROBLEMS NOW. SHOULD I BE TAKING THESE DRUGS? Lee, TH. <i>Harv Heart Lett</i> 9:8, Aug '99.</p> | <p>37. PERCEIVED BARRIERS AND RECOMMENDATIONS CONCERNING HORMONE REPLACEMENT THERAPY COUNSELING AMONG PRIMARY CARE PROVIDERS. <i>Menopause</i> 6:161-6, Sum '99.</p>                                 |
| <p>34. IMPROVING ADHERENCE TO HORMONE REPLACEMENT THERAPY WITH EFFECTIVE PATIENT-PHYSICIAN COMMUNICATION. Sarrel, PM. <i>Am J Obstet Gynecol</i> 180:S337-40, Mar '99.</p>  | <p>38. PREVALENCE OF AND FACTORS ASSOCIATED WITH HORMONE REPLACEMENT COUNSELING: RESULTS FROM THE 1994 NATIONAL HEALTH INTERVIEW SURVEY. Zhang, P. <i>Am J Public Health</i> 89:1575-7, Oct '99.</p> |

39. RACIAL DIFFERENCES IN HORMONE REPLACEMENT PRESCRIPTIONS. Marsh, JV. *Obstet Gynecol* 93:999-1003, Jun '99.
40. RISK AND BENEFITS OF HORMONE REPLACEMENT THERAPY ARE NOT THE ONLY FACTORS THAT WOMEN CONSIDER. *AHCPR Res Activities* 231:2-3, Nov '99.

### LIFE EXPECTANCY

Life expectancy is defined as the number of years that a person is expected to live based on present age and sex. The literature indicates that environmental and genetic factors determine life expectancy. Environmental factors include surroundings and lifestyle while genetic factors are inherited. Research indicates that in 1997, the U.S. estimated life expectancy at birth was 76.5 years which surpassed the previous record high of 76.1 years. Improvements in life expectancy in the U.S. have been brought about by a number of factors such as water purification, sewage disposal, better food and living conditions, improved medical care and the eradication of many infectious diseases. NCHS has data on life expectancy in the National Vital Statistics Reports, vol. 47, #28, Dec. 13, 1999, entitled "United States Life Tables, 1997."

41. AGING SUCCESSFULLY UNTIL DEATH IN OLD AGE: OPPORTUNITIES FOR INCREASING ACTIVE LIFE EXPECTANCY. Leveille, SG. *Am J Epidemiol* 149:654-64, July '99.
42. HIGH DOSE MORPHINE USE IN THE HOSPICE SETTING. Bercovitch, M. *Cancer* 86:871-7, 1 Sep '99.
43. INTERNATIONAL MORTALITY RATES AND LIFE EXPECTANCY: SELECTED COUNTRIES. Weiss, JE. *Stat Bull* 80:13-21, Jan-Mar '99.
44. LIFE EXPECTANCY AND CAUSES OF DEATH IN A POPULATION TREATED FOR SERIOUS MENTAL ILLNESS. Dembling, BP. *Psychiatr Serv* 50:1036-42, Aug '99.
45. LIFE EXPECTANCY OF RUSSIAN MEN FALLS TO 58. Ciment, J. *Br Med J* 7208:468, 21 Aug '99.
46. LOW RISK-FACTOR PROFILE AND LONG-TERM CARDIOVASCULAR AND NONCARDIOVASCULAR MORTALITY AND LIFE EXPECTANCY. Stamler, J. *JAMA* 282:2012-8, 1 Dec '99.

47. POTENTIAL GAINS IN LIFE EXPECTANCY OR YEARS OF POTENTIAL LIFE LOST: IMPACT OF COMPETING RISKS OF DEATH. Lai, D. *Int J Epidemiol* 28:894-8, Oct '99.
48. REDUCED LIFE EXPECTANCY AND SERIOUS MENTAL ILLNESS. Barreira, P. *Psychiatr Serv* 50:995, Aug '99.
49. SMOKING, PHYSICAL ACTIVITY, AND ACTIVE LIFE EXPECTANCY. Ferrucci, L. *Am J Epidemiol* 149:645-53, July '99.
50. SUBJECTIVE LIFE EXPECTANCY IN THE US: CORRESPONDENCE TO ACTUARIAL ESTIMATES BY AGE, SEX AND RACE. Mirowsky, J. *Soc Sci Med* 49:967-79, Oct '99.

### QUALITY IN HEALTH CARE

Quality in health care is defined as the provision of care that is safe, available, accessible, accountable, fair and effective. Measuring quality is valuable because it can lead to higher rates of vaccination in childhood, greater use of medications, lower mortality rates, and improve the quality of care in the areas that are measured. The literature suggests that professionals in healthcare organizations who generally produce high-quality work, commonly operate in independent practice. Research suggests that advocating, assisting, and advancing collaborative relationships among public and private organizations encourages and supports equitable access to comprehensive, quality health care for all. The Center for Quality, HRSA, oversees the quality component of HRSA's Strategic Plan to eliminate barriers to care, eliminate health disparities, assure quality of care, and improve public health.

51. ACHIEVING FASTER QUALITY IMPROVEMENT THROUGH THE 24-HOUR TEAM. Carboneau, CE. *J Healthc Qual* 21:4-10, July-Aug '99.
52. CONTROLLED TRIALS OF CQI AND ACADEMIC DETAILING TO IMPLEMENT A CLINICAL GUIDELINE FOR DEPRESSION. Brown, JB. *J Qual Improvement* 26:39-54, Jan '00.
53. ENHANCING PERFORMANCE MEASUREMENT. Schnieder, EC. *JAMA* 282:1184-90, 22-29 Sep '99.
54. HOW TELEHOMECARE AFFECTS PATIENTS. Danksy, KH. *Caring* 18:10-4, Aug '99.

55. MANAGING THE QUALITY EFFORT IN A HEALTH CARE SETTING: AN APPLICATION. Yasin, MM. *Health Care Manage Rev* 24:45-56, Win '99.
56. AN OVERVIEW OF OUTCOMES RESEARCH AND MEASUREMENT. Maloney, K. *J Healthc Qual* 21:4-9, Nov-Dec '99.
57. QUALITY-ASSESSED REVIEWS OF HEALTH CARE INTERVENTIONS AND THE DATABASE OF ABSTRACTS OF REVIEWS OF EFFECTIVENESS (DARE). Petticrew, M. *Int J Technol Assess Health Care* 154:671-8, Fall '99.
58. STRATEGIES FOR IMPLEMENTING QUANTIFIABLE GROUP PRACTICE GUIDELINES. Gruber, JL. *J Healthc Qual* 21:11-20, July-Aug '99.
59. THE UNINTENDED CONSEQUENCES OF MEASURING QUALITY ON THE QUALITY OF MEDICAL CARE. Casalino, LP. *N Engl J Med* 341:1147-50, 7 Oct '99.
60. VIEWING THE U.S. HEALTH CARE SYSTEM FROM WITHIN: CANDID TALK FROM HHS. Shalala, DE. *Health Affairs* 18:47-55, May-June '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.

61. COOKING UP EFFECTIVE TEAM BUILDING. Prager, H. *Training & Development* 53:14-15, Dec '99.
62. CO-OPTING CUSTOMER COMPETENCE. Prahalad, CK. *Harv Bus Rev* 78:79-87, Jan-Feb '00.
63. GPRA 2000: STAYING THE COURSE. Harper, S. *Public Manage* 28:9 Fall '99.
64. HOLISTIC MANAGEMENT. Comeau-Kirschner, C. *Manage Rev* 88:26-32, Dec '99.

65. NEW QUALITY FOR THE 21ST CENTURY. Feigenbaum, AV. *Quality Progress* 32:27-31, Dec '99.
66. PROGRESS, CHALLENGES, AND PROSPECTS IN IMPLEMENTATION. Wholey, JS. *Public Manag* 28:20, Fall '99.
67. RELENTLESS REINVENTION. Kettl, DF. *Gov Executive* 32:25-7, Jan '00.
68. RESULTS RULE. Laurent, A. *Gov Executive* 32:11-4, Jan '00.
69. A ROAD MAP FOR QUALITY BEYOND CONTROL. Pyzdek, T. *Quality Progress* 32:33-8, Dec '99.
70. THE YEAR AHEAD: WE'VE ONLY JUST BEGUN. McCann, SA. *Public Manage* 28:19-20, Fall '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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77.7           CA, Greenhaven Press, 1999,  
M338411    95 p.

QZ            CHARTING NEW  
32.3AA1    TERRITORY:  
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              GENETIC PRIVACY AND  
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              Hamrin, Rebecca R.  
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### FINANCIAL MANAGEMENT

WA            EXPENDITURES AND  
310           INVESTMENTS: TEEN  
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              SELECTED STATES.  
              Hamrin, Rebecca R.  
              Lexington, KY, 1998, 26 p.

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320           ETHICS, HEALTH  
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              DENTAL CARE FOR  
              CHILDREN: APRIL 3-4,  
              1998, PROCEEDINGS.  
              Seattle, WA, Washington  
              State Department of Health,  
              1998, 112 p.

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W             BAD MEDICINE: HOW  
74             THE AMERICAN  
O13           MEDICAL  
              ESTABLISHMENT IS  
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              O'Brien, Lawrence J.  
              Amherst, NY, Prometheus  
              Books, 1999, 283 p.

W             CONTINUOUS QUALITY  
84AA1       IMPROVEMENT IN  
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              APPLICATIONS. 2nd ed.  
              Gaithersburg, MD, Aspen  
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- WM 30 C8997 CULTURAL COMPETENCY IN MANAGED BEHAVIORAL HEALTHCARE. Providence, RI, Manisses Communications Group, 1999, 284 p.
- WA 305 I679 DEFINING MEDICAL NECESSITY: STRATEGIES FOR PROMOTING ACCESS TO QUALITY CARE FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, MENTAL RETARDATION, AND OTHER SPECIAL HEALTH CARE NEEDS. Ireys, Henry T. Arlington, VA, National Center for Education in Maternal and Child Health, 1999, 33 p.
- WA 540.1 H349717 HEALTH CARE SYSTEMS IN TRANSITION: AN INTERNATIONAL PERSPECTIVE. Thousand Oaks, Sage Publications, 1999, 428 p.
- WA 320 H349797 THE HEALTHY TOMORROWS PARTNERSHIP FOR CHILDREN PROGRAM IN REVIEW: ANALYSIS AND FINDINGS OF A DESCRIPTIVE SURVEY. Arlington, VA, National Center for Education in Maternal and Child Health, Georgetown University, 1999, 92 p.
- WA 30 I39 INDIVIDUAL QUALITY OF LIFE: APPROACHES TO CONCEPTUALISATION AND ASSESSMENT. Amsterdam, Harwood Academic Publishers, 1999, 234 p.
- WA 525 P8359 LEADING THE REVOLUTION IN HEALTH CARE: ADVANCING SYSTEMS, IGNITING PERFORMANCE. 2nd ed. Wilson, Cathleen Krueger. Gaithersburg, MD, Aspen Publishers, 1999, 484 p.

- WA 310 U721 LESSONS LEARNED 1998: PROFILES OF LEADING URBAN HEALTH DEPARTMENT INITIATIVES IN MATERNAL AND CHILD HEALTH: FROM THE CITYMATCH URBAN MCH LEADERSHIP CONFERENCE. Urban Maternal and Child Health Leadership Conference (1998: San Antonio, TX.) Omaha, NE, CityMatch at the University of Nebraska Medical Center, [1998], 198 p.
- BF 713 L6262 LIFE-SPAN PERSPECTIVES ON HEALTH AND ILLNESS. Mahwah, NJ, Lawrence Erlbaum Associates, 1999, 313 p.
- W 130AA1 M3115227 MANAGED CARE: FACTS, TRENDS, AND DATA: 1999-2000. 4th ed. Washington, DC, Atlantic Information Services, 1999, 305 p.
- AHCPR 99-46 MOST COMMON DIAGNOSES AND PROCEDURES IN U.S. COMMUNITY HOSPITALS, 1996: TOOLS FOR DECISIONMAKING & RESEARCH. Elixhauser, A. Rockville, MD, Department of Health and Human Services, Agency for Health Care Policy and Research, [1999], 106 p.
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- WX 11AA1 O58 100 FACES OF HEALTH CARE. Chicago, IL, Health Forum, 1999, 123 p.
- W 32.5AA1 U45 THE PATIENT SELF-DETERMINATION ACT: MEETING THE CHALLENGES IN PATIENT CARE. Ulrich, Lawrence P. Washington, DC, Georgetown University Press, 1999, 351 p.
- WA 525 R4944 RISK COMMUNICATION AND PUBLIC HEALTH. New York, NY, Oxford University Press, 1999, 272 p.

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## GUIDE TO LIBRARY RESOURCES

**PHYSICIAN SOCIOECONOMIC STATISTICS.** American Medical Association, Chicago, 1999. REF-GEN W 16 P5697

This is a comprehensive reference source from the results of the Socioeconomic Monitoring System (SMS) surveys conducted by the American Medical Association. It replaces the publications *Physician Marketplace Statistics* and *Socioeconomic Characteristics of Medical Practice*, previously published by the American Medical Association. The data in this volume are derived primarily from the 1998 SMS survey of nonfederal patient care physicians. Tables and charts comprise the main body of the book. The twelve main chapters are:

Overview of the Physician Market	The General/Family Practice Market
The Internal Medicine Market	The Surgery Market
The Pediatrics Market	Obstetrics/Gynecology Market
The Radiology Market	The Psychiatry Market
The Anesthesiology Market	The Pathology Market
The Market in other Specialities	Trends in the Physician Market

**STATE AND REGIONAL ASSOCIATIONS.** Columbia Books, Inc., Washington, DC, 1999. REF- ASSN HD 2425 S797

This directory lists over 7,400 trade associations, professional societies, labor unions, and similar groups representing members on a state-wide or multi-state level. Entries are arranged alphabetically by state. Four indexes provide additional access. These include: subject index, budget index, executive index, and an acronym index. Each entry includes the following information:

- Name, address, telephone and fax numbers
- Executives and staff
- Association size, history and programs
- Publications
- Meetings and conventions

**PREVIOUS CURRENT TOPICS**

Previous current topics can be obtained upon request

Topic	Bulletin No.	Date
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
U.S. Preventive Services Task Force Childhood Diabetes Drug Addiction Treatment Lyme Disease Reinventing Government St. John's Wort in Treatment of Depression Telemedicine and Licensure	481	December 1999
Diabetes Update Anger in Adolescents Organ Donation Osteoporosis Preventive Care Services for Disabled Patients Reinvent Smoking and Adolescents	482	January 2000

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

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