

would indicate. However, acetophenetidin (Phenacetin) is only mentioned as the metabolic precursor of acetaminophen; the fact that this drug is still incorporated into many combination analgesics, such as Darvon Compound-65 and others, is ignored. Furthermore, the clear risk associated with the continued and prolonged use of phenacetin at even modest levels are not mentioned in the text. Its effect on the renal tubules and potential carcinogenesis should not be ignored. It is true there are scattered references to phenacetin elsewhere in the text, but its notable absence from chapter 41 could be misleading to the student.

The index of the book seems to be satisfactory since cross-references appear. This is an important aspect for the student who is not yet familiar with the generic-versus-trade-name problem that confronts us all daily.

Overall, the book is useful for the beginning student who has his or her first exposure to pharmacology, since it is not overwhelming and is easy to read. It cannot be recommended as a basic reference work, for which it is not intended. Finally, the publisher is to be commended for producing a hardback book with technical content at a reasonable cost in these days of sky-high book prices.

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Ambulatory care: For the house officer

Edited by Norman Diamond, et al. Pp. 258. Williams & Wilkins Co., 428 E. Preston St., Baltimore 21202, 1982. \$9.95 (paper).

This pocket-sized manual covers twenty-four medical situations that are commonly seen on an ambulatory basis, as the title indicates. The authors first conceived this volume in 1973. It apparently received such a good response that they wrote this 1982 version.

The editors all discuss their varied topics somewhat in the manner of a physical diagnosis book, that is, signs and symptoms first, and then disease syndromes along with management guidelines. The text is well outlined and augmented with charts, highlights, and schemata.

In conclusion, this is a small and fine volume covering succinctly a number of medical topics common in ambulatory care. A possible shortcoming is that it may be too restrictive in topics and material.

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Peptic ulcer

By D.W. Piper. Pp. 94, with illus. ADIS Health Science Press, John Wright-PSG Inc, U.S. distributor, 545 Great Rd., Littleton, Mass. 01460, 1982. \$12.50 (paperbound).

Almost 20 percent of persons will suffer from peptic ulcers during their lifetime. The mortality of peptic ulcer disease meets or exceeds the number of deaths from motor vehicle accidents. The ability to diagnose and treat peptic ulcer disease has been made much easier by the use of double-contrast radiography, endoscopy, and cimetidine therapy. *Peptic ulcer* is not directed at the gastroenterologist, but at that large number of physicians who first provide care for the patients suffering with peptic ulcer.

Peptic ulcer is an easy-to-read book that is essentially a monograph. It is divided into ten chapters covering peptic ulceration, chronic peptic ulceration, special ulcer-related problems, diagnoses, the role of analgesic and anti-inflammatory drugs, the differential diagnosis of ulcer-like syndromes, complications of peptic ulcer, drug and non-drug treatment of ulcers, management of chronic peptic ulcer and its complications, and surgery for peptic ulcerations. Graphs, tables, photographs, and columns of data abound. The liberal use of highlights emphasizes the important points.

The treatment of peptic ulcer dis-

ease varies in different parts of the world. This author is from Sidney, Australia, and his use of drugs is somewhat different from that which we are currently using here in the United States. The reader's perspectives are broadened by obtaining new information in the treatment of peptic ulcer disease. Most of the drugs that we consider new have been used in other parts of the world for several years prior to their introduction in the United States. Dr. Piper also does an exemplary job of dispelling several myths about the treatment of peptic ulcer.

This short book provides a good overview to a problem that primary-care physicians see on a daily basis. *Peptic ulcer* is an economical addition to the library of the general internist or family physician. It is very easy to read and is useful as a reference.

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Sexuality in later life: A counseling guide for physicians

By Lesley Hoyt Croft. Pp. 204, with illus. John Wright-PSG Inc, 545 Great Rd., Littleton, Mass. 01460, 1982. \$20.00 (paper).

Dr. Croft has provided a very practical and easy-to-read overview of the social, psychosocial, and physiologic factors that affect the sexuality of older men and women. The first three chapters of the work provide an overview of sexual history, from just a history of sexuality as it was conceived up until the present day. "Sexual therapy and sexual counseling," the fourth chapter, contains "the meat" of the book. Here, Dr. Croft discusses the treatment of impotence, premature ejaculation, retarded ejaculation, orgasmic dysfunction, vaginismus, and sexual therapy with the physician as a counselor. This section also includes a table that provides an evaluation of the sexual problems of the elderly. Particular attention is paid to drug history; the drugs which are commonly thought to interfere with sexuality are explored. A communication skill chart illustrates questions

continued on page 278/39

Sexuality In Later Life A Counseling Guide For Physicians

Lesley Hoyt Croft



Sexuality In Later Life A Counseling Guide For Physicians:

Sexuality in Later Life Lesley Hoyt Croft,1982 **Handbook for Human Sexuality Counseling** Angela M.

Schubert,Mark Pope,2022-09-20 Sexuality is a significant part of the human experience yet it is often a neglected topic in both counselor training and the counseling process In this preeminent guide expert clinicians with a variety of mental health and medical backgrounds write on diverse issues related to sexuality through a radical acceptance lens Each chapter illustrates an affirmative and expansive approach to sexuality that consider s clients sexual an cultural idetntities and emphasizes sexual wellness Students and professionals alike will learn how to respectfully and ethically approach sexuality considerations not commonly mentioned in the profesioonal literature such as sexuality and disability healing after sexual violence older adult sexuality the impact of chronic illness on sexual expression and paraphilias The text is organized around eight comprehensive parts Foundations Physiological and Psychological Attraction Orientation and Gender Sexual Wellness Sexual Agency Approaches to Sexual Divergence Relationships and Education with case examples Questions You Always Wanted to Ask and additional resources interwoven throughout **Sexuality in Later Life** Lesley Hoyt Croft,1982

Sexuality and Aging Jennifer Hillman,2012-03-27 Despite continuing ageist beliefs that sexuality is a privilege designed only for the young and physically healthy research continues to indicate that the majority of older adults maintain interest in sexuality and may engage in fulfilling sexual behavior well into their last decade of life Unfortunately many professionals remain unaware of general knowledge of elderly sexuality including the expected and normal physiological changes that can occur within the context of both male and female aging The presence of chronic illness and other medical problems certainly can influence the expression of an aging adult s sexuality and emergent research suggests that there are effective ways to cope with menopause heart disease arthritis incontinence diabetes sleep disorders breast cancer prostate cancer and erectile dysfunction ED among others Dramatic changes have taken place within the last decade alone in terms of non surgical treatment for incontinence and ED with forms of sex therapy biofeedback and PDE 5 inhibitors Regrettably many aging adults and their care providers remain unaware of their increased risk factors for STDs including HIV infection via lack of knowledge changes in the vaginal lining and typical declines in immune function Estimates suggest that by the year 2020 more than half of all individuals living with HIV will be over the age of 50 Although some high quality professional books are available for clinicians they tend to be disjointed research bibliographies edited volumes on a narrowly focused aspect of elderly sexuality or texts that are more than 10 years old With the extent of new information available regarding sexuality and aging an up to date empirically based text is necessary *A Clinician's Guide to Systemic Sex Therapy* Katherine M. Hertlein,Gerald R. Weeks,Shelley K. Sendak,2009 First Published in 2009 Routledge is an imprint of Taylor Francis an informa company **National Library of Medicine Current Catalog** National Library of Medicine (U.S.),1982

Current Catalog National Library of Medicine (U.S.),1982 First multi year cumulation covers six years 1965 70 **A**

Clinician's Guide to Systemic Sex Therapy Nancy Gambescia, Gerald R. Weeks, Katherine M. Hertlein, 2015-12-07 The second edition of A Clinician's Guide to Systemic Sex Therapy has been completely revised updated and expanded This volume is written for beginning psychotherapy practitioners in order to guide them through the complexities of sex therapy and help them to be more efficient in their treatment The authors offer a unique theoretical approach to understanding and treating sexual problems from a systemic perspective incorporating the multifaceted perspectives of the individual client the couple the family and the other contextual factors Both beginning and experienced sex relationship therapists will broaden their perspectives with the Intersystem approach and gain information rarely seen in sex therapy texts such as how to thoroughly assess each sexual disorder the implementation of various treatment principles and techniques how to incorporate homework dealing with ethical dilemmas understanding different expressions of sexual behavior and addressing the impact of medical problems on sexuality Aside from bringing the diagnostic criteria up to date with the DSM 5 this new edition contains a new chapter on sensate focus an expanded section on assessment more information about development across the lifespan and more focus on diversity issues throughout the text **Sexuality Counseling** Estelle

Weinstein, Efreim Rosen, 1988 *Psychosexual Therapy* Susan H. Spence, 2013-12-17 The increasing number of individuals and couples seeking help for psychosexual difficulties presents a challenge to the helping professions Although considerable progress has been made over the past twenty years in the development of therapy approaches there remains a significant proportion of cases who fail to respond to treatment or whose improvement in sexual functioning is short lived It is suggested that such limitations of therapy reflect our lack of understanding of the psychosocial determinants of sexual responding Whereas the biological determinants are now well understood much less is known about the psychosocial factors which influence sexual responding The aim of this book is to examine in depth some of the psychosocial factors which must be considered during the assessment and treatment of psychosexual dysfunction It has been written for those helping professionals who already have expertise in cognitive behavioural assessment and therapy Although much of the text focuses on practical issues reference is made to empirical evidence regarding the determinants of sexual functioning and effectiveness of therapy methods A scientist practitioner approach is followed wherever possible combined with practical illustrations from the author's own clinical work

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Sexuality In Later Life A Counseling Guide For Physicians Introduction

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