
Hypoactive sexual desire (HSD) or low sexual desire is the most common sexual problem in men and women in the United States. Research has developed a pill to promote sexual arousal in men, but medicine has not developed a pill to restore sexual desire in men and women. Five years ago, the “little blue pill” was approved by the FDA and is now one of the most commonly prescribed drugs in the United States. A former US senator and presidential candidate promote its benefits, and a NASCAR driver advertises it on his racecar. HSD is not just an organic problem that needs medical treatment alone, although medications often contribute to HSD, and physicians may not inform patients about common sexual side effects.

Hypoactive Sexual Desire: Integrating Sex and Couple Therapy provides clinicians with theoretical and practical advice for understanding and treating a very complex problem. This volume focuses on heterosexual relationships, but the principles of treatment may be useful and applicable to homosexual couples. HSD has not been well covered in the literature, and the authors take a systemic approach, covering individual, interactional, and intergenerational components. Individual components include biological and psychological factors, but they view the couple’s relationship as the major factor in etiology and treatment of HSD.

There are 11 chapters, including psychological and interactional risk factors, medical aspects of HSD, comprehensive assessment, and basic principles of therapy, as well as basic and advanced sex therapy techniques. The authors also address alternative treatments, which are readily available but largely unproven in efficacy.

Weeks and Gambescia write in a clear and concise manner. They explain abstract psychological concepts in an easy-to-read style. There are no graphs or charts in this volume, but there are excellent assessment questions that faculty or residents could incorporate into practice. For many, sensitive focusing comprises the totality of their knowledge about sexual therapy. The chapters on sex therapy with couples give the reader a more comprehensive and realistic picture of the realities of sex therapy. Clinical examples abound, and references are comprehensive and up to date. This is a well-researched volume by two authoritative clinicians and academics. Mental health clinicians as well as resident physicians, internists, and obstetrician-gynecologists would benefit from reading this book to deepen their understanding of this common condition. Many of our patients have concerns regarding sexual desire. Hypoactive Sexual Desire will help clinicians clarify this complex problem.


Guide to the Family Medicine Clerkship presents an easy-to-use guide for medical students entering their family medicine clerkship. Part one of the book reviews the basic principles of family medicine and the guidelines for prevention and screening of the different stages of life. Part two is a well-structured format of the most common office
problems encountered in family medicine, ranging from acne to HIV infection. Each chapter represents a different medical problem and is organized in a consistent user-friendly format starting with introduction/background information, prevention, diagnosis, history and physical examination details, plus much more. In addition, each subject discusses special populations and applicable complementary/alternative medicine topics.

The writing style of the book is clear and concise, enabling students to quickly read and find pertinent information. The algorithms, tables, bulleted information, and figures throughout the book nicely supplement the text without overburdening the reader. A nice feature of the book is a section on terminology in each chapter. We easily forget that clerkships are sometimes like the introduction of a new language to medical students. The book has boxed areas called “Notes” that can be found throughout each chapter. These are wonderful “pearls” and important tidbits of information that most students enjoy and find useful.

As with any textbook, by the time they are published, new medications, diagnostic tests, and guidelines may have been developed during the interim. Although Guide to the Family Medicine Clerkship is not intended to be a “one-stop-shop” of medical knowledge for entering medical students, it serves as a great first step to the family medicine clerkship. Medical students will need to adapt to newer guidelines as they arise. For example, the blood pressure goal for diabetics is <130/80, no longer <130/85 as is stated in the book.

The book is authored by faculty from the University of Cincinnati College of Medicine and the University of Alabama at Birmingham’s Department of Family Medicine. Their practical, real-life experience with family medicine clinical clerkships is reflected well within the pages of the guide and reflects well on their strong departments.

Although the intended reader is the medical student, the format and readability of the Guide to the Family Medicine Clerkship made reading this book personally enjoyable. I found the cost of the book to be $26.95 (new) on several Web-based stores and feel that it is a great buy for medical students. Overall, this is a wonderful book for eager medical students starting clerkships. Although there are several similar books on the market, each student needs to find the book format and style that he/she will enjoy and benefit from the most. Fortunately, the Guide to the Family Medicine Clerkship has a format and content that I believe most students will accept and enjoy.

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The author, Peter Tate, is the convenor of the Panel of Examiners at the Royal College of General Practitioners in Great Britain. Since the second edition of this work was published in 1997, the examiners have observed more than 4,000 physicians perform more than 28,000 videotaped encounters. The insights gained from reviewing this extensive source of data are incorporated in this text. The tone of this work is one of supportive coach and wise professor, appropriate for a text specifically written for medical students, behavioral medicine learners, and newly trained physicians. However, style aside, much of the content is applicable for experienced practitioners as well. The light-hearted but thoughtful approach taken by the author is appealing.

Major themes are strong advocacy for both a patient-centered approach and self-reflection on the part of the practitioner. The diagrams and examples enhance the points the author is making in a concise manner. Having spent 6 months working in the British health care system, the author’s vernacular is familiar to me but may not be to others. For example, “surgery” refers to a session of outpatient clinical care, not procedures performed in the operating room. While one can decipher the meaning of most terms in context, the vernacular differs significantly from that used by most providers in the US system.

The unique information about patients’ locus of control, the “learning circles” of both patients and physicians, and the types of authority used by physicians was both interesting and practical. Focusing on the patient as the resource and the physician as the “consultant” is clearly described. Other topics covered that are universally applicable include risk communication, breaking bad news, and management of patients who exhibit angry or somatizing behavior.

The generalist bent of the content is universal to interactions with patients but is particularly useful to physicians providing primary care and behavioral medicine educators. By using self-disclosure and providing examples, the author “humanizes” the physician as opposed to advocating for a more neutral or objective expert stance. Physicians are encouraged to use feedback tools such as videotaping, direct observation, simulated patient exercises, role-playing, and feedback from actual patients for self-reflection, techniques for which behavioral medicine educators and practitioners are strong advocates.

Chapter 6 describes a model for what the physician needs to achieve in the consultation or office visit. Particularly useful for medical students, several important elements are addressed, including time management, testing, interaction with other health care professionals,
Cathleen Morrow is on Facebook. Join Facebook to connect with Cathleen Morrow and others you may know. Facebook gives people the power to share and makes Dr. Cathleen E. Morrow a Family Medicine Doctor in Lebanon, NH. Find Dr. Morrow's phone number, address, insurance information, hospital affiliations and more. Dr. Cathleen E. Morrow is a family medicine doctor in Lebanon, New Hampshire and is affiliated with one hospital. She has been in practice for more than 20 years. Tools & Resources. Cathleen E. Morrow, MD. Cathleen E. Morrow, MD. The Dartmouth Institute for Health Policy & Clinical Practice Level 5, Williamson Translational Research Building One Medical Center Drive, Lebanon, New Hampshire, 03756. Cathleen E. Morrow, MD. Cathy is a former midwife and current family physician whose focus is on women’s health in her clinical practice and teaching humanism and communication skills in her medical education work. She is on the faculty at the Geisel School of Medicine at Dartmouth and practices at Dartmouth Hitchcock Medical Center in Lebanon, N.H. She credits the original Cathleen E. Morrow, MD, practices in Lebanon, New Hampshire, and specializes in Family Medicine. Contact us to make an appointment or request a referral. Please review our visitor guidelines prior to your visit to ensure you are aware of the latest policy in effect. Find a Provider. Cathleen E. Morrow, MD. Family Medicine. Not accepting new patients.