

Chronic Obstructive Lung Diseases.

Norbert F Voelkel MD and William MacNee MBChB MD, editors. Hamilton, Ontario, Canada: BC Decker. 2002. Hard cover, illustrated, 428 pages, includes CD-ROM, US \$99.95.

This book was co-edited by Norbert Voelkel, a professor of emphysema research at the University of Colorado, and William MacNee, a professor of respiratory medicine at the University of Edinburgh. The text reflects an impressive list of contributors, many of whom are well recognized in the field of chronic obstructive lung disease. Many of the chapters are written by multiple authors, reflecting the combined thoughts of up to 5 individuals. A trivial but irritating point in the author index is the attribution of qualifications, which should be standardized.

The text contains several interesting and innovative chapter headings. Although it is somewhat unclear whether the book is designed for an audience beyond the respiratory specialist, many of the chapters would be of value to general internists and family physicians with a special interest in chronic obstructive pulmonary disease (COPD). Nonphysician health professionals such as respiratory therapists, nurses, and physical therapists would also find educational value in several parts of this text, although this is clearly a reference work rather than a text to study in sequence.

The material is selected and organized broadly into 2 parts. The first 13 chapters address the pathobiology of COPD, ranging from prenatal lung development through genetic risk factors and perinatal stress to the inflammatory pathogenesis of COPD, mucus-secreting cells, and the role of surfactant in small airway diseases. These chapters combine detail with readable text in an effective, engaging way.

Chapters 13 and 14 discuss other causes of airflow limitation, including other large airway diseases that limit airflow and the influence of interstitial diseases when their pathology also affects the airway wall. These 2 chapters lend color to the text by reminding us just how interesting and varied clinical presentations can be.

The remaining chapters (16–29) tackle various clinical aspects of COPD, with ex-

cellent contributions from several of the recognized experts in the field. This section is of greater interest to clinicians, as it addresses infections, imaging, pulmonary function, and ventilation-perfusion mismatching. The statements appear to be accurate and concise. The chapters progress logically and are easy to return to for a second look.

Unfortunately, the book becomes somewhat unbalanced by a research summary on animal models of emphysema (15 pages of text and 119 references); though that summary is excellent, the extent of its detail is unnecessary in this book; an abbreviated format would offer more appealing reading to active clinicians. Many readers will find the chapter interesting but will tire in the sections on genetic models of emphysema and gene-targeted mice, which is a pity, as these subjects are on the cutting edge of COPD research.

I was disappointed that the book's superb overview of clinical management (10 pages of text and 97 references) was not developed in a more expanded form, especially as it was written by a recognized authority on that subject. Other chapters on smoking cessation, COPD exacerbations, and respiratory muscle function complement the discussions of clinical management but are lacking in clinical case examples that might enliven their clinical messages. They also lack variables that might predict morbidity and mortality among COPD patients and outcome measures that highlight the growing importance of health-related quality of life. An excellent chapter on COPD as a wasting disease highlights recent studies on the role of wasting in morbidity and impaired health status, emphasizing that reversal of wasting is a prerequisite for improved health status among some COPD patients.

Throughout the book the font, figures, tables, and illustrations are of high quality, making it a pleasure to read. Mercifully, the paper doesn't glare. The figures and illustrations are up to date for the most part. Where old friends surface again, it is because there has been little new work on the subject. The accompanying CD-ROM is also useful.

The authors have worked hard to create a thoughtful reference text on COPD. I look forward to further editions to include the newer pharmacologic and nonpharmacologic

approaches to COPD that are currently the subjects of clinical trials, as well as to the shift in emphasis to outcome measures that include health-related quality of life.

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Pulmonary Rehabilitation Video Series.

American Association of Cardiovascular and Pulmonary Rehabilitation. Timonium, Maryland: Milner-Fenwick. 2002. Set of 5 videos for in-facility use: \$445. Home video guide for pulmonary patients: \$19.95.

The American Association of Cardiovascular and Pulmonary Rehabilitation and Milner-Fenwick Incorporated have produced an excellent series of videos for pulmonary rehabilitation patients. The many different facets of pulmonary disease are often overwhelming to the patient, and these short, well-done videos present many aspects of pulmonary illness and techniques of coping. The series has 2 parts: a 5-video series created for in-facility use, and 1 home-use video tape that is a compilation of the other 5 tapes. The 5-video series tapes are titled "Breathing Training and Pulmonary Illness," "Pulmonary Medications and Hygiene," "Stress and Relaxation Techniques for Pulmonary Patients," "Exercise for Pulmonary Patients," and "Healthy Choices for Managing Your Pulmonary Illness." The compilation home video is titled "Living with Your Pulmonary Illness," and it comes with a printed list of the chapters, for easy reference.

"Breathing Training and Pulmonary Illness" (11 min). This video shows the importance of using breathing techniques to gain more control of everyday tasks. A simple explanation of the anatomy and physiology of the breathing cycle is presented. The demonstration of diaphragmatic and pursed-lip breathing is well done. A simple explanation is given of the difference between restrictive and obstructive respiratory diseases, and the best techniques are described and demonstrated for each class of

disease. This provides the patient useful guides to treatment planning.

"Pulmonary Medications and Hygiene" (16 min). The explanation of oxygen therapy is not thorough enough. The qualifications for oxygen therapy are not mentioned. This is important because many patients don't understand that shortness of breath is not the qualifier. A review of pulse oximetry would be helpful, as oximetry is used so frequently in patient evaluations and pulmonary rehabilitation. The short discussion of bronchodilators, antibiotics, and steroids includes an excellent demonstration of various metered-dose inhaler delivery techniques. Stronger emphasis on the importance of spacers would be helpful. Bronchial hygiene is discussed and several methods are demonstrated. The review of postural drainage is well presented.

"Stress and Relaxation Techniques for Pulmonary Patients" (15 min). The importance of smoking cessation and avoidance of second-hand smoke is emphasized and several approaches to smoking cessation are given. The presentation about the stress caused by the physical and emotional impact of pulmonary illness is well done. A simple diagram of the physical stress cycle is shown and explained. Stress factors and the results of stress are explained in simple, understandable language. Stress management is also well presented. This section emphasizes the importance of having a time to relax each day. The use of muscle relaxation, diaphragmatic and pursed-lip breathing, and imagery techniques are well demonstrated. Several examples of how to simplify daily routines are given and there is a discussion of the importance of enjoyable activities. The tape ends with this strategy to manage stress: Pace, Plan, Enjoy.

"Exercise for Pulmonary Patients" (12 min). This video provides a simple explanation of the physical importance of conditioned muscles and advocates using a pulmonary rehabilitation program as a starting place to begin an exercise program. Important points about exercise are explained: the safety of the exercises, oxygen monitoring while exercising, adaptation of physical limitation to the exercise regimen, and slow starts and gradual increases in the program. Warm-ups and stretches are discussed and demonstrated. The increase in a sense of well being and the social aspects of a pulmonary rehabilitation program are mentioned.

"Healthy Choices for Managing Your Pulmonary Illness" (14 min). This video is designed for patients following a pulmonary rehabilitation program. Many helpful subjects are presented in this video. Smoking cessation is emphasized and several cessation methods are described. The signs and symptoms of illness are well presented, including changes in mucus amount and color, increased coughing, and shortness of breath. Thorough hand-washing is stressed. Flare-ups are explained, and the video stresses the importance of having a treatment plan to manage them promptly. A short segment on nutrition is included and small, more frequent meals are recommended. Suggestions for a balanced diet and simple food preparation are well presented. A couple is shown talking about their coping methods for maintaining intimacy. The video discusses advance directives to physicians, and there is a well-done section on community support, which emphasizes continuing activities and the importance of staying active.

This video series was enhanced by the selection of the patients who appear in the videos. It is so much easier for the viewer to identify with people who have similar problems.

The video designed for home use, "Living with Your Pulmonary Illness," will be a treasured resource for patients. One of my active pulmonary rehabilitation maintenance group members (for 11 years), Gloria Myers, reviewed the videos and thought they were all excellent, especially the illustrations and portrayals of patients. She found the patients shown in the videos "real" and very credible—not actor types. Gloria also thought the tapes extremely informative and very clear and concise. She appreciated that the sound quality was good; people in the video spoke slowly and calmly and were easy to understand, partly because they spoke in a "nonmedical" fashion. Gloria thought the videos would be an asset for pulmonary rehabilitation programs and that they would be especially good for our graduates (people in the maintenance program), as review material, since "many of us have attended for a long time and forgotten to pay attention to some important information."

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Diagnosis and Management of Pulmonary Embolism (CD-ROM). Stavros Konstantinides MD, Annette Geibel MD, and Wolfgang Kasper MD. 2002. Stuttgart, Germany: Thieme Medical Publishers. \$99.

Diagnosis and Management of Pulmonary Embolism is an interactive CD-ROM for teaching clinical decision-making regarding pulmonary embolism. The program on the CD-ROM describes 8 patient cases and guides the user through diagnostic dilemmas, therapeutic options, and outcomes—all with appropriate references. Additionally, there are radiographs, electrocardiographs, and echocardiographic and angiographic videos with each case, which show commonly-used diagnostic modalities and captivate one's attention. The program is intended for an audience of medical students and practicing physicians, but it would also be appropriate for nurses interested in critical care, emergency room care, or the management of pulmonary embolism in particular. However, the content focuses more on the diagnosis of pulmonary embolism rather than the management of critically ill patients with pulmonary embolism. There is very little discussion of the respiratory care or ventilator management of such patients, so this CD-ROM may not appeal to respiratory therapists.

This CD-ROM works only with the Windows operating system (Windows 95 or higher). The minimum required central processing unit speed is 333 megahertz, and there must be at least 5 megabytes of free space on the hard drive and 64 megabytes of random-access memory available. A 12× compact disc reader is necessary, and monitor resolution must be set at $1,024 \times 768$ pixels and 32 bits color depth to view all the images and videos. If the resolution is not set properly, the program will automatically guide you through a few easy steps to change the settings. I tested the software on a computer that has a 900 megahertz Athlon processor and had no difficulty.

The program appears with a split screen and is extremely easy to use. On the left side is a list of the 8 patient cases, each with a one-sentence description. Each case can be clicked to open and the case appears on the right side of the screen. By clicking on the arrows and directions, the user can navigate through each case with ease. Images are clear, videos begin without additional prompting, and interpretations of the studies are readily available once the user has had an opportunity to review the studies.