

antine, which may become a contentious issue.

I have only a few criticisms of this book. As with any text concerning a rapidly evolving field, some of the ideas on management have now progressed beyond what is covered in the book. Issues that are not up to date in this book include the role of anthrax vaccine in post-exposure prophylaxis and the role of smallpox vaccination in pre-exposure cohorts such as health care workers. Additionally, a description of the efforts at the United States Capitol to prevent anthrax cases would have provided the only published insights into that unfortunate event. Finally, as any bioterrorism event is designed to cause fear, a chapter addressing the psychological management of such an event would be germane and should be included in any future texts on this subject.

This book is published as a soft-cover edition, with a microscope photo of anthrax on the cover. The book is generally organized in a clear and logical manner. There are very few typographical errors, and the text is generally very readable. The copy I received had several pages that were blurred to varying degrees (pages 145, 153, 156, 161, 164), one of which was barely readable. The clinical, microscopic, and radiographic photographs were all of high quality, and the tables are easily readable and concise. The references were appropriate and well documented, and the authors are leaders in their respective fields.

Overall, I think this book provides a concise and readable summary of the important aspects of bioterrorism and would fit well into the library of any physician, public health official, nurse, or respiratory therapist interested in this growing field.

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**Comprehensive Management of Chronic Obstructive Pulmonary Disease.** Jean Bourbeau MD MSc, Diane Nault RN MSc, and Elizabeth Boyrcki RN HBScN, MN, GNC(c). Hamilton, Ontario: BC Decker. 2002. Soft cover, illustrated, 372 pages, with CD-ROM, \$59.95

**Comprehensive Management of Chronic Obstructive Pulmonary Disease** is a new text from an impressive multidisciplinary collaboration of authors working in Canada. It is intended to reach a diverse audience of health professionals involved in COPD management and is based on the belief that a team approach delivers the best possible quality of care. Furthermore, the authors consider the patient the central member of this team. The editors express the innovative, admirable aim of going beyond the traditional topics covered in COPD texts, such as lung function and pharmacotherapy, to include those areas less familiar but arguably just as important to the patient: psychosocial issues, travel, leisure, and sexual function, for example.

Each chapter begins with clearly stated objectives and concludes with a summary, illustrative case history, and bulleted key points. There are also practical suggestions of when to refer to an appropriate specialist from the multidisciplinary team. The book is extensively referenced and comprehensively indexed. Each chapter also includes a list of suggested extra reading, with useful, brief descriptions of why the items might interest the reader. Text, tables, figures, and photographs are clear but black-and-white throughout. The book includes a CD-ROM that contains the full text and illustrations, in PDF (portable document format), but no additional features.

The first 3 chapters concern the epidemiology, basic pathogenesis, and clinical features of COPD, presenting a rather bleak outline of the impact of this disease on the patient, the patient's family, and society. The rationale in moving from a reactive, crisis-oriented model of care to a planned, longer-term approach is discussed in depth, since this strategy forms the basis of the remaining chapters.

The only 2 interventions that have shown a survival benefit in COPD (smoking cessation and long-term oxygen therapy) are dealt with in subsequent, separate chapters. These are also sections on the pharmacotherapy of stable COPD, with equal emphasis on the important topic of drug *delivery*,

not merely the drugs themselves. The text is commendably up to date, including, for example, new classes of drug, such as the long-acting anticholinergics. However, readers will find no reference to oxitropium, presumably because that drug is not marketed in Canada. The chapter contains a thoughtful summary on the still controversial role of inhaled corticosteroids in stable COPD. A particularly useful and detailed section aids the teaching of inhaler technique to patients and includes all the currently available types of drug delivery systems.

As a physician and a research fellow investigating exacerbations of COPD, I was particularly interested to read Chapter 8, "Managing Acute Exacerbation." The authors provide a clear, concise, and readable summary of current thought on this topic. Respiratory viruses are increasingly being recognized as the most important cause of COPD exacerbation, but this point was not made specifically. This is a minor criticism. In-hospital treatment strategy is not covered. The important topic of self-management is discussed in detail, and an example self-management plan is included as an appendix. Though there is a large body of literature in support of such an approach for asthma, surprisingly little work has been pursued regarding COPD. Here the authors refer to their own data, presented in abstract form, in support of their arguments.

Chapter 9 considers the management of dyspnea and cough, which are the 2 most troublesome and difficult symptoms. A lucid account of the pathophysiology, including more difficult concepts such as dynamic hyperinflation, precedes a discussion of both pharmacologic and nonpharmacologic treatment options. Fatigue and approaches to energy conservation are covered in Chapter 10. Building from there, Chapter 11 provides a detailed review of exercise training in the context of pulmonary rehabilitation. This section comprehensively covers the concepts of different types of exercise, providing a rationale for the in-depth description, enhanced by figures, of appropriate exercise techniques. Psychosocial factors, affecting both patient and family, are the subject of Chapter 12. The important interplay of psychological morbidity and physical functioning is discussed, including methods of assessment and treatment for the commonly encountered problems of anxiety and depression in these patients.

Other aspects that can profoundly affect quality of life including nutrition, sleep, sex-

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uality, and leisure time, are considered in Chapters 13–16. The latter includes a review of recommendations for patients contemplating air travel, a question that often arises in clinical practice. Self-management is playing an increasing role, and Chapter 17 is devoted to patient education, including a review of relevant learning theories and principles of adult learning.

The penultimate chapter deals with palliative care issues. This often neglected topic is of increasing interest given trends in the epidemiology of COPD. The important subjects of end-of-life discussion and symptom control are covered. Though the book as a whole is commendably free from important errors, this chapter refers to continuous positive airway pressure as the usual mode of noninvasive ventilation for COPD exacerbations (rather than, for example, bi-level positive airway pressure), and I found the use of the term “cure” a little clumsy in relation to symptoms in a chapter on palliative care.

Throughout the book the emphasis is on multidisciplinary team care and, having established that, the final chapter is appropriately devoted to methods of program evaluation and outcome measurement.

In summary, **Comprehensive Management of Chronic Obstructive Pulmonary Disease** aims to reach a multidisciplinary audience and to go beyond the traditional topics covered in COPD texts. Does it succeed in these stated aims? I believe it does. The impressive collaboration of authors from a variety of backgrounds brings expertise to each of the subjects covered. I have a couple of criticisms: I am surprised at the omission of sections considering noninvasive ventilation and surgical options in a book that claims to be “comprehensive,” and I think color printing would have enhanced the book’s appeal. That said, color printing is more expensive and would surely have pushed up the purchase price. To conclude, there truly is something for everyone between the covers of this book. This text brings together expertise from all members of the multidisciplinary team, and I recommend it as a useful reference work in helping attain our common goal: improving the outlook of our COPD patients.

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**Advancing the Frontiers of Cardiopulmonary Rehabilitation.** Jean Jobin PhD, François Maltais MD, Paul Poirier MD, Pierre LeBlanc MD, and Clermont Simard PhD, Editors. Champaign, Illinois: Human Kinetics. 2002. Soft cover, illustrated, 263 pages, \$32.

The content of this book is a compilation of 30 original reports presented at the 2001 International Symposium on Cardiopulmonary Rehabilitation in Québec City on “Integrating Cardiopulmonary Rehabilitation to the Treatment of the Disease.” The reports are grouped into 9 parts: Cardiopulmonary Rehabilitation: Services and Organization; Update on the Pharmacologic and Non-Pharmacologic Treatment of CHF and COPD Patients; Integrating New Technologies in Cardiopulmonary Rehabilitation; Home Rehabilitation Programs; Cardiopulmonary Rehabilitation and Cardiac and Thoracic Surgery; Selecting and Screening Patients for Rehabilitation; Integrating Non-Conventional Approaches in Cardiopulmonary Rehabilitation; Integrating Psychosocial Factors into Rehabilitation; and Exercise Prescription: Special Considerations. These reports are introduced by a call to shift from the traditional mechanistic physician-directed medical paradigm to one that is patient-centered, interdisciplinary, and considers the patient as a whole person, including not only biological factors but psychosocial and spiritual needs.

Since the aim of this book is integration of knowledge, the intended readers include all participants in the flow of knowledge-interactions in rehabilitation, including the patient, physician, psychologist, social worker, nurse, nutritionist, family, community, occupational therapist, respiratory therapist, physical therapist, exercise specialist, and pharmacist. However, only a small portion of the book would appeal to that broad audience. By and large this is a book written by physicians for other physicians who have similar world-views.

Perhaps reflective of the mechanistic, physician-directed medical paradigm, the book primarily addresses the “bio” portion of the “bio-psychosocial-spiritual” paradigm described by the editors in the first chapter. Only 2 of the 30 reports were categorized as psychosocial and they were disappointingly short and noncomprehensive. One addresses involvement of the partner in rehabilitation, and the other is a discussion of whether smoking cessation should be a

goal or prerequisite in pulmonary rehabilitation and did not actually address psychosocial issues. The report on maintenance of long-term rehabilitation completely overlooked the volume of literature on motivation and other theories that underlie cognitive and behavioral interventions that would advance our understanding of why certain interventions are more effective in promoting long-term adherence to rehabilitation. None of the reports discussed patients’ spiritual needs.

Although in the opening chapter the editors recommended an interdisciplinary approach to rehabilitation and they made a call to moving beyond secondary prevention, the psychosocial and spiritual needs of the patient were either omitted in the remaining chapters or were addressed quite superficially. This may be a reflection on the state of the science as well as the result of only token representation from disciplines that can speak more authoritatively and in depth about these important issues.

The editors pointed out at the beginning of the book that several important topics were left out; unfortunately, they did not share which these were. A few of the reports discussed the divergence of rehabilitation from health sciences into medical sciences and argued effectively that rehabilitation is more than secondary prevention and that a new concept of wholeness, of bringing the person to maximum functioning as a human being, should be adopted with an integrated approach. Certainly I agree with the idea of an integrated approach to rehabilitation and the need for multiple disciplines to work together and to place the patient at the center of that effort. What is interesting is the characterization of this approach as something new that would represent a paradigm shift; in fact it is not at all new for disciplines outside of medical sciences.

Back in the 1950s and 1960s public health education programs were actively promoting healthy behaviors, including disease prevention. In 1974 the Canadian Health Minister called for an expanded definition of health, beyond the medical model, beyond biology, to include attention to lifestyle, social, and physical environments, and health organizations and policies that impact health. Health care providers were urged to move from a model of treating the disease to illness-prevention and health promotion. In 1979