at home." He repeats messages throughout the booklet, to emphasize the benefits of control and exercise, and includes 4 folksy "Asthma Stories" intended as fables to moralize key aspects of asthma management. I am reminded of reading such proverbs in volumes of *Reader's Digest* while waiting for a dental check-up, and I doubt this approach will connect with a younger audience more sensitized to reality television and Web-based media.

I recall meeting Dr Plaut at a recent asthma conference and being impressed by his passion and enthusiasm about the subject. He was adamant that I not just take his **One Minute Asthma** for free until I listened to his talk on asthma management. In an absurd way, I was reminded of the techniques of vendors of "miracle cures." While I listened, I realized that his approach to education is at times so singular that he risks missing out on the contributions of others. This is evident in the very difficult set of asthma management tools he presents in **One Minute Asthma**. These tools, which outline Plaut's own unique system for symptom scoring and asthma management planning, are difficult to read and follow. The National Asthma Education and Prevention Program expert panel *Asthma Guideline Update* report (2002) was inconclusive on the relative benefits of a symptom scoring plan versus a peak flow monitoring plan, and it recommended a written plan, negotiated between patient and provider as one means to improve asthma self-management.

What is unfortunate is that Plaut's asthma management plan differs from all others I have seen in that the yellow zone is broken into 2 sub-zones: high yellow and low yellow. Plaut's rationale for that is that there are times when the risk is mild (high yellow) for a patient in the yellow zone and times when the risk is moderate (low yellow), indicating a need for a different course of pre-planned action. This appears overly cumbersome and not necessarily transferable with other, simpler asthma management plans. The complexity of Plaut's high-yellow/low-yellow system is inconsistent with the style and nature of the rest of the book.

I was similarly disappointed by the resources section. The only resource mentioned that is not a Plaut product was the National Asthma Education and Prevention Program. I find this revealing about what little Plaut may know—or have an interest in knowing—about the many valuable, time-saving, well developed, and free products there are available to patients at other governmental, corporate, and nonprofit-agency Web sites.

Asthma prevention is a constantly evolving practice, and I salute Dr Plaut for continuing to update and improve this guide into a 6th edition. One of the booklet's shortcomings is that some recent developments in asthma treatment do not appear in this edition, such as anti-immunoglobin E therapies for certain patient groups, and newer combination therapies. Additionally, I did not find any rationale mentioned for the absence of information on allergy testing and other alternative and complementary therapies that patients will probably encounter.

One Minute Asthma remains a valuable, well-informed read. Plaut's explanations are clear and concise, and the illustrations (by Carla Brennan) are well-crafted and accurate. It is fortunate that the book is pocket-sized, because practitioners can carry it with them in preparation for that "teachable moment" that becomes the one minute spent with asthma.

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Asthma: Social and Psychological Factors and Psychosomatic Syndromes. E Sherwood Brown, editor. (Advances in Psychosomatic Medicine series, volume 24, TN Wise, series editor). Basel, Switzerland: S Karger. 2003. Hard cover, illustrated, 171 pages, $137.50.

With increasing interest in the mind/body interface, this recent book on psychobiological aspects of asthma is timely and thought-provoking. The book's 10 chapters cover topics such as: the epidemiology of asthma; the epidemiology of comorbid anxiety and depression with asthma; psychological syndromes that mimic asthma; a historical overview of psychosomatic approaches to and models of asthma; symptom perception; adherence and behavioral change models; and an integration of family factors, individual responses to emotions and stress, and asthma outcome. Taken as a whole, the book is a refreshing critique of the reductionist and simplistic approach to asthma as a purely physiological illness that requires only medications. Instead it presents the rich interplay of cognitions, behaviors, emotions, and social and environmental climate that regulate this perplexing syndrome. Readers may well find the conceptual models presented in certain chapters helpful from a clinical and teaching perspective and to organize future research questions.

The first chapter gives a good overview of the epidemiology of modern asthma. Morgan and Khan show how prevalence and mortality increased over the past 2 decades, perhaps peaking in the late 1990s, despite excellent models of pathophysiology and new and better medications. The recent improvement in those rates may be due to better understanding of some of the quality-of-life issues, including the psychosocial context in which asthma presents.

Following that introduction, Gregerson presents an organizing system, the "synchronous systems model," whereby the patient's illness is examined from the perspective of a "2×2" interaction: both the internal and external world; both psychological and biological approaches. To understand an individual's asthma, one needs to look at the person's psychological makeup, physiologic vulnerability, social environment, and physical environment. The internal physiologic system is being well researched via genetics, neurophysiologic and immune mechanisms, and medications, but the prevalence and morbidity of asthma continued to increase, leading to research on the external physical environment, such as the hygiene hypothesis. This book emphasizes the other 2 critical areas: internal psychology and external social interactions.

For example, Goodwin presents an overview of evidence for the higher prevalence of anxiety in patients with asthma and discusses some of the possible mechanisms. Zielinski and Brown discuss the inconsistencies among studies on rates of depression in patients with asthma. Though in children depression was associated with higher asthma severity, the same was not true in some of the studies of adults. They entertain the hypothesis that depression may be associated with nonadherence to medications, which would cause poorer asthma outcome, rather than having a direct effect. However, they also present several hypotheses about a shared biologic vulnerability to both depression and asthma (eg, cholinergic or neuroendocrine dysregulation). They point out that the few published studies of antidepressants for asthma patients showed improve-

ment in both psychological and physical symptoms, pointing to a need for more research.

Other individual psychological issues discussed include health behaviors, in particular, symptom perception, as discussed by Rietveld, and adherence to treatment regimens, discussed by Tousman and Zeitz. Rietveld discusses the evolution of symptom perception from a learning and cognitive basis, utilizing the arousal theory of emotion. He notes that experiences of physical sensations such as physiologic arousal can be interpreted as symptoms, depending on the situational context. He examines support of why both conscious and unconscious processes are at work in that evolution, which helps to explain disconnection between a patient's symptom perception and objective measures of airway compromise. Tousman and Zeitz continue a similar discussion, focusing more on a model of readiness to change behaviors that are known to affect asthma outcome (eg, agreeing to take prophylactic anti-inflammatory medications as opposed to using only symptomatic relief). They discuss how knowledge is necessary but not sufficient for change, and how a patient's personality characteristics need to be taken into account in developing a behavior-change intervention. Schmaling et al continue that discussion by adding new information on new methods of assessing adherence, as well as bringing in some aspects from the last quadrant of Gregerson's model—that of external social influences. They discuss cultural and economic factors that affect adherence.

In a more comprehensive model, Miller and Wood present an approach to understanding how stress and family dynamics may play a role in the exacerbation of childhood asthma. Their model integrates a physiologic vulnerability (ie, an autonomic nervous system dysregulation with a cholinergic bias) within a social structure (family system) that can exacerbate or ameliorate asthma symptoms via emotional regulation of the system. It is a model of the mechanisms by which emotions influence airway reactivity in asthma, and integrates many of the quadrants of Gregerson's model. The model helps explain why working with a child's family may be the best way to improve asthma outcomes for certain children.

Finally, Hukovic and Brown remind us that the medications currently used to treat asthma, in particular the corticosteroids, may have important effects on mood and memory in some patients, although the overall effects on population samples are not large. They discuss treatment options for adverse effects on mood and memory.

Overall, I recommend this book to all practitioners who treat patients with asthma, as well as to clinicians and researchers interested in models of mind/body interactions. Asthma is an illness that can teach us all something, and hopefully by understanding this broader context of the illness we can provide better care to those who suffer from it.

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Respiratory Disorders and Behavioral Medicine. Adrian A Kaptein and Thomas L Creer, editors. London: Martin Dunitz/ Taylor & Francis. 2002. Hard cover, illustrated, 406 pages, $60.

This book was written to encourage behavioral scientists to undertake research on behavioral and medical aspects of respiratory disease, although it also has value for clinicians who work or conduct research with behavioral scientists. The authors note that papers on respiratory disorders are published primarily in medical journals, rarely appearing in journals of psychology or behavior. To increase interest in that subject they have written an interesting, comprehensive, and very useful book.

In Chapter 1, Kaptein provides a comprehensive overview of the contributions of behavior research in asthma and chronic obstructive pulmonary disease (COPD), covering the role of learning theory in developing techniques to help patients and reviewing the associations between psychosocial factors, disease, and disease management.

Chapter 2, by Gergen and Mitchell, is an excellent review of the epidemiology of asthma, which is essential material for behavior scientists, who are likely to be unfamiliar with the major asthma risk factors. Similarly, Chapter 11, by Creer and Winder, provides an excellent summary of the medical treatment of asthma, tuberculosis, and COPD. Unfortunately, the chapter contains an important error: although the prevalence of asthma is higher in black children than in whites, the average ratio is approximately 1.25 to 1, not 2.5 to 1.

The aim of Chapter 3, by Klinnert and Bender, is to define circumstances when psychological assessment and treatment is needed for children who have asthma. The authors note that children who have asthma have the same psychological profile as other children, but those with psychological problems tend to have greater asthma severity and management problems. They present a psychological assessment tool that they developed, and this chapter should be very helpful for clinical psychologists treating asthmatic children who are having behavioral or family problems.

Chapter 4, by Kaplan and Ries, explores the behavioral assessment and treatment of COPD, which affects adults. The chapter reviews one of the major successes of the field: behavioral intervention studies that demonstrated that pulmonary rehabilitation programs could be successful if they combined education, exercise training, and cognitive restructuring. They also review evidence that quality of life, social support, and self-efficacy are associated with survival. An excellent closing section defines unsolved problems and new areas for research.

In Chapter 5, Rietveld and Everaerd review research on symptom perception in asthma. The chapter focuses on the ability of people with airway obstruction to assess their own degree of breathlessness. They review 3 types of research: signal-detection experiments, parallel measures of breathlessness and lung function, and comparison of lung function measured by objective tests and by self-report. One important conclusion of that research is that it is difficult for patients to accurately assess their degree of airway obstruction. This is a problem that has received much attention and has been a fascinating challenge for behavioral scientists and medical researchers. The authors, however, do not review any of the research on perceiving and reacting to other symptoms of asthma that are easier to observe, such as wheeze and persistent cough. Nor do they review studies of other patient-initiated methods of measuring airway obstruction, such as peak flow monitoring. There is a substantial body of research on those subjects, which provides important information for clinicians and researchers trying to help