

Long-Term Intervention in Chronic Obstructive Pulmonary Disease. Romain A Pauwels MD PhD, Dirkje S Postma MD PhD, and Scott T Weiss MD MSc, editors. (*Lung Biology in Health and Disease* series, volume 191, Claude Lenfant, executive editor.) New York: Marcel Dekker. 2005. Hard cover, illustrated, 519 pages, \$195.

This text is number 191 in the series *Lung Biology in Health and Disease*, published by Marcel Dekker. The executive editor of the series is Claude Lenfant, and the editors of this volume are Romain A Pauwels, Dirkje S Postma, and Scott T Weiss. Like many in the series, this book contains material of interest to medical students, physicians, and nonphysician health-care providers with either clinical or academic backgrounds whose work brings them into contact with individuals with chronic obstructive pulmonary disease (COPD). Several recent issues from this series have addressed COPD: number 165 was on clinical management of COPD; number 182 was on pharmacotherapy for COPD; number 183 was on exacerbations of COPD; and number 184 was on lung-volume-reduction surgery for emphysema. This book provides a deeper understanding of the epidemiology, risk factors for disease development and progression, pathophysiology, and pharmacologic management of COPD. An attractive feature of this book is that the editors are well known for their COPD work, and almost every chapter is authored by an individual with acknowledged expertise in the field.

This volume is divided into 3 parts. Part 1 is titled "The Global Burden of COPD." The opening chapter (NB Pride) is scholarly and addresses an infrequently included topic of how the definition of COPD might be improved. I found myself reading this chapter in detail, both for its style and content. Subsequent chapters on global prevalence (AS Buist), worldwide mortality (JF Muir and A Cuvelier), risk factors for development of COPD (ST Weiss and EK Silverman), risk factors for progression of COPD (HAM Kerstjens and DS Postma), and socioeconomic burden of COPD (SD Sullivan, et al), cover these topics with clarity and minimal overlap. It is interesting to

read how COPD is increasingly considered in global rather than national or regional terms.

Part 2, "Pathogenic Mechanisms in COPD," reflects important information on pathology (JC Hogg), inflammatory mechanisms (RA Stockley), defective repair in COPD (the American hypothesis) (S Renard), proteinases (SD Shapiro), oxidative stress (WW McNee and I Rahman), pathogenesis of infections (M van Schilfgaarde, et al), and extrapulmonary effects (NJ Gross). Not all these sections are lively, but their content is solid. Some chapters are needlessly long (32 pages on oxidative stress) and over-referenced (chapters 9 and 11 have more than 200 references). This is unfortunate, as the reader cannot easily separate key articles and reviews from the large body of references. Clinicians will lose interest if they try to read this section straight through, but they will find important reference and background material in it. The section on extra-pulmonary effects is, unfortunately, too short, as there is now considerable interest in the secondary impairments of muscle, bone, nutrition, and psychological function. Hormonal and psychological effects are not discussed in any depth. Having only one chapter on this topic shortchanges it, even though the chapter itself is well written. It could easily have formed the first of several chapters in a separate section.

Part 3, "Long-Term Intervention Strategies," is reached after 13 other chapters, on page 315 of 502. It might have been more dominant, given that it also carries the title of the book. The chapter on smoking cessation (P Tønnesen) is comprehensive and well balanced. The subsequent chapter on anticholinergics (M Brunson and WC Bailey) includes an interesting history of these substances, dating back to the ancient Greeks and the South American Indians. The chapter on long-acting β agonists (DS Postma and KF Rabe) is excellent, as is the chapter on glucocorticosteroids (RA Pauwels). Subsequent chapters address antibiotic therapy (N Siafakas, et al) and alpha-1 antitrypsin substitution (RA Stockley), followed by a summary of surgery and transplantation (JR Pepper), and, lastly, a provocative review of potential new therapies for COPD (PJ Barnes). In my view, this

section might have been rounded with a chapter on outcome measures such as functional exercise capacity and health-related quality of life, both of which are intrinsic to any long-term intervention, and a chapter on pulmonary rehabilitation, which is clearly a well-accepted long-term intervention, hardly mentioned at all.

As Claude Lenfant says in his foreword, "... we are witnessing an increased attention to COPD that is apparent nearly worldwide. The research community is becoming more active, the pharmaceutical industry is participating and joining the effort as a full partner, the public is concerned, and the patients are coalescing to claim respect and attention." The preface by the authors is thoughtful and informative. The book presents an updated, informative body of work on various aspects of COPD, of value to those whose careers include contact with this widespread condition.

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Guidelines for Pulmonary Rehabilitation Programs, 3rd edition. American Association of Cardiovascular and Pulmonary Rehabilitation. Champaign, Illinois: Human Kinetics. 2004. Soft cover, illustrated, 188 pages, \$39.

Guidelines for Pulmonary Rehabilitation Programs, 3rd edition, is a very comprehensive guidebook. It provides the framework and components necessary to begin or maintain a well-organized and informative pulmonary rehabilitation program. The 3rd edition addresses patient assessment, education, training, and outcomes. It also provides documentation incorporating an historical overview and up-to-date scientific literature on the benefits of pulmonary rehabilitation.

These guidelines are intended for all health-care providers involved in pulmonary rehabilitation. The book also notes physicians referring patients to pulmonary reha-