

**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  $\beta$  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-

bilitation, patients, third-party payers, individuals involved in educating the media about pulmonary rehabilitation, and facilities applying for the American Association of Cardiovascular and Pulmonary Rehabilitation Certification. This book may be too comprehensive for most patients, but should be incorporated into every pulmonary rehabilitation program. The book's scientific documentation of the benefits of pulmonary rehabilitation provides a good selling point for potential medical directors to start their own programs. The book's positive tone offers encouragement to the many health-care providers and institutions concerned with quality patient care versus reimbursement from third-party payers. With the current documentation and resources provided in this book, pulmonary rehabilitation will be considered essential medical therapy for certain patients, and, hopefully, reimbursement by all third-party payers will follow.

The book is well organized, starting with an overview of pulmonary rehabilitation, working through patient selection, assessment, education, training, documentation, and program management. Chapter 1, "Overview of Pulmonary Rehabilitation," would provide a skeptic of pulmonary rehabilitation a quick reference to what a program entails and the expected outcomes for each patient, without diving into the detailed components outlined later in the book. This chapter provides factual and up-to-date references that are clear and concise. Chapter 2, "Selection and Assessment of the Pulmonary Rehabilitation Candidate," gives a very in-depth, but necessary, description of patient assessment. Other sections in this chapter provide the background and detailed discussions for each aspect of patient assessment: exercise, psychosocial, and educational. Examples of documentation and questionnaires are provided to ensure completeness of the patient assessment.

I was disappointed with Chapter 3, "Patient Education and Skills Training." This chapter alone provided examples of education components, but not the in-depth examples found in the previous or subsequent chapters. The chapter did provide excellent references and Web sites to assist in developing your own education informational sessions.

Chapter 7, "Disease-Specific Approaches in Pulmonary Rehabilitation," was especially helpful. It provides the information needed to individualize exercise for specific diseases. Each condition was described, then

highlighted separately. I found this very helpful and good for quick reference.

There was one subject with which I am extremely familiar: the modification for patients with asthma. Having many patients with exercise-induced bronchospasm, I find that a long warm-up and a long cool-down are essential. The cool-down is frequently understated or forgotten in the literature. Many of my patients find that they are more symptomatic (wheezing, cough, shortness of breath) 6 to 60 minutes after exercise.

This book's appendix provides forms, questionnaires, and assessments that are very detailed and essential for programs that are just starting or trying to become certified through the American Association of Cardiovascular and Pulmonary Rehabilitation.

The 3rd edition is more organized, clear, and concise than the 1st or 2nd edition. Reading it in about 3 hours, I found it very enjoyable and didn't find the need to skim through chapters. This edition is outlined in a format that should make certification easier. The index is useful and clear. The book's appearance is professional. The tables are easily distinguishable from the text and easy to refer to as needed. Overall, I think this book is essential to every pulmonary rehabilitation program, not only for the seasoned pulmonary rehabilitation provider, but for new staff entering the field.

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**Diffuse Lung Disease: A Practical Approach.** Robert P Baughman MD, Roland M du Bois MD, Joseph P Lynch III MD, and Athol U Wells MD, editors. New York: Hodder/Arnold/Oxford University Press. 2004. Hard cover, illustrated, 294 pages, \$125.

When I picked up my copy of **Diffuse Lung Disease: A Practical Approach**, my first thought was that there is no way such an expansive topic could be covered adequately in a book as small as this. When I flipped to the table of contents, my skepticism grew as I saw that only 156 of the book's 285 pages are dedicated to specific diseases. However, as I began my read, my doubts were quickly supplanted by pleasant surprise at the wealth of information

crammed into this small (by textbook standards) text.

Edited by Robert Baughman and Roland du Bois, the list of contributors reads like a "Who's Who" of interstitial lung disease. Co-edited by Lynch and Wells, the list goes on to include Brown, Colby, King, Leslie, Raghu, and many others whose names are frequently seen in literature on interstitial lung disease.

While this book would certainly be of value to any practitioner interested in pulmonary medicine, the descriptive detail and emphasis on diagnosis and treatment of interstitial lung diseases is directed primarily at pulmonologists. In fact, the closing line in the preface by Baughman and du Bois reads, "The book will provide the practicing pulmonologist with adequate information on how to diagnose and manage interstitial lung disease."

The book is divided into 3 sections. Part 1 (pages 3–105) is titled "General Considerations." This turned out to be my favorite part of the book. It consists of 6 chapters, covering patient evaluation, radiology, pathology, bronchoalveolar lavage, classification and evaluation, and therapy, which includes an interesting section on the role of experimental therapies. While much of the information in this section can certainly be found elsewhere, the editors have succeeded in compiling a succinct yet informative overview of the approach to the patient with diffuse lung disease (DLD).

The chapter on radiologic evaluation (Chapter 2) provides excellent examples of the common and not-so-common DLDs, allowing the reader to easily compare the radiographic patterns of the various disorders. The radiographs are surprisingly clear, despite their relatively small size. Early in the chapter there is a section on sarcoidosis, which seems a bit out of place, but otherwise the chapter is well organized. In addition, the chapter contains nice sections on high-resolution computed tomography, its role in DLD, and its clinical application, including comments on its role in prognosis and monitoring of disease.

The chapter on pathology (Chapter 3) is an outstanding, concise overview of the pathologic patterns of various DLDs. Similar to the radiographs in the preceding chapter, the corresponding color plates are clear and well described, so that even the non-pathologist can appreciate the abnormalities. The authors provide 2 features that I found very informative: with each disease