

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

entity they comment on the utility of trans-bronchial versus surgical lung biopsy in confirming the diagnosis, and they review the differential diagnosis for each entity, with comments on the distinguishing features of each disorder.

Chapter 6A is a nice summary of the various medications used in the treatment of DLD. The authors review both mechanism of action and adverse effects, with recommendations for monitoring when necessary. My favorite line in the book appears during the discussion of the appropriate dose of prednisone: "One guide is that if a patient is not responding as expected, they are receiving too little drug, but if they are doing well, they are receiving too much drug." Chapter 6B addresses experimental therapies. While this information may not be very useful in current clinical practice, it provides an interesting summary of therapies currently under investigation. One of the most helpful sections in the chapter is the discussion of the prognostic features of interstitial pulmonary fibrosis and which patients should even be considered for treatment—a question I encounter not infrequently in my own practice.

Part 2 (pages 110–163) reviews specific disease entities. These chapters are all clear and well organized, and they cover everything from histology to prognosis and treatment. With the paucity of proven treatment guidelines for many DLDs, I found the treatment recommendations put forth by the authors to be quite helpful. The chapters on collagen-vascular diseases, pulmonary vasculitis, and occupational and drug-induced lung diseases serve as a great reference on these complex diseases. The chapter on bronchiolitis (Chapter 13) (a disorder easily overlooked because of its nonspecific presentation and difficulty in diagnosis) is one of the best reviews of the topic I have encountered. I was disappointed, however, by the absence of a chapter on eosinophilic lung diseases, especially in a book with entire chapters dedicated to such rare disorders as pulmonary alveolar proteinosis and lymphangioleiomatosis.

Part 3 (pages 265–285) consists of 11 DLD case reports, most with some "twist" in the diagnosis or management, such as a case of bronchiolitis obliterans organizing pneumonia that turned out to be Churg-Strauss syndrome. Each case report contains a discussion by the author, who addresses several questions about the particular case, such as, "What is the importance of the large

cells seen in the biopsy?" or "What test would you order next to confirm the diagnosis?" I found these cases interesting, each containing several pearls to keep in mind in the management of DLD. Written in a narrative style, this section offers an interesting departure from the "reference" theme of the rest of the text.

In summary, **Diffuse Lung Disease: A Practical Approach** is just that. The strength of the text lies in the reputation and experience of the authors. In a field of medicine where there is often a paucity of data, practitioners are in many cases forced to rely on experience and "expert opinion." Both are found in the pages of this text. In the preface, Baughman and du Bois state, "It is hoped that this new book will aid in the diagnosis and management of diffuse lung disease from a practical standpoint, and that it would in this regard be additive to, rather than repetitive of, the existing diffuse lung disease texts." The editors have achieved their goal. The book has a rightful place on the shelf of any practitioner with an interest in DLD.

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Clinical Sleep Disorders. Paul R Carney MD, Richard B Berry MD, and James D Geyer MD, editors. Philadelphia: Lippincott Williams & Wilkins. 2005. Hard cover, illustrated, 506 pages, \$99.

Sleep medicine has grown rapidly over the last 20 years. **Clinical Sleep Disorders** is a multi-author textbook that covers the physiology and pathophysiology of human sleep, the evaluation of sleep complaints, clinical sleep disorders, and sleep patients with other medical disorders. The book's appendix discusses polysomnographic technical problems, sleep questionnaires, advice on starting a sleep-disorders facility, pharmacologic treatments, and an introduction to the electroencephalogram.

The editors' goal was to write a comprehensive and current text that meets the rigorous demands of a wide range of readers, including physicians (generalists as well as physicians from all specialties involved in sleep medicine), resident house-staff, nurses, respiratory therapists, sleep technologists, and students. The editors hoped to provide sleep specialists and primary care providers with succinct authoritative reviews on the

evaluation and treatment of sleep disorders. "The book will have met its overall objective if practical state-of-the-art management advice is provided to a busy physician."

These are lofty goals that under any circumstances would be difficult to attain. But it is nearly impossible to write succinct, authoritative reviews on the evaluation and treatment of sleep disorders that will be a value to those with little training (students) and experts (sleep specialists, polysomnographic technologists), while at the same time providing practical state-of-the-art management advice to the busy physician.

The first chapter deals with definitions of sleep and sleep architecture. It then briefly discusses sleep staging rules. The editors are to be congratulated on including newborn and pediatric considerations in this chapter; so many sleep textbooks focus only on adults. The book then nicely describes polysomnography. Chapter 1 is strong.

Chapter 2 further defines and discusses normal human sleep. However, it allows for only 3 paragraphs on the need for sleep. In those paragraphs only 4 studies are reviewed, and in a cursory manner. There is an enormous body of research exploring the consequences of insufficient sleep on human performance, which should have been discussed in much more detail. For example, in one of the 4 articles discussed,¹ the authors did not address the interesting finding that even with 8 hours of sleep per night, performance (as assessed by the Psychomotor Vigilance Test) declined, even though self assessment of sleepiness (using the Stanford Sleepiness Scale) stabilized after a few days. In all conditions studied, performance continued to decline through 2 weeks of sleep deprivation and did not stabilize. The lack of a much more detailed description of the effects of sleep deprivation on human performance is a severe flaw in this book.

The descriptions of the neurobiology of sleep and breathing during sleep in Chapters 3 and 4 were more detailed than a general practitioner would want, yet not detailed enough for the specialist, although these 2 chapters were very well referenced.

Chapter 5 covers, though in a very cursory manner, sleep and normal human physiology. Growth hormone, adrenocorticotrophic hormone (ACTH), prolactin, gonadotropic hormones, thyroid-stimulating hormone, and melatonin were each given one paragraph. The authors were not clear which hormones are affected by sleep and which by circadian factors. There was no