

Ventilatory Support for Chronic Respiratory Failure. Nicolino Ambrosino, Roger S Goldstein, editors. *Lung Biology in Health and Disease* series, volume 225, Claude Lenfant, executive editor. New York: Informa Healthcare. 2008. Hard cover, illustrated, 640 pages, \$249.99.

This is the 225th volume in the well-known and respected series *Lung Biology in Health and Disease* series, edited by Lenfant, a former Director of the National Heart Lung and Blood Institute of the National Institutes of Health. I am usually hesitant to review books from this series, as these tomes tend to be dense and difficult to read. Not so in this case! I enjoyed reading it and learned some new facts and approaches.

The book has 9 sections, 45 chapters, and 75 authors. Having so many authors has benefits and liabilities. In this case the positive is that there are representatives from around the globe, which leads to a very nice comparison of the different approaches to long-term ventilation in different countries. The usual down side of multi-author books is that differences in writing and organizational style can make the reading somewhat difficult, but in this book I did not find this a problem. Overall, about this book I would say that "more is more."

The editors did an excellent job of organizing a difficult topic. Ventilatory support for chronic respiratory failure is a broad topic that encompasses everything from weaning from invasive ventilation after a prolonged intensive-care course, to noninvasively managing patients with chronic neuromuscular disease, to treating chronic obstructive pulmonary disease with intermittent ventilation and pulmonary rehabilitation. The 9 sections are logical and appropriate for the topic. On small criticism about the sections is that, although they are identified in the table of contents, there is no visual or physical division in the book. I found myself looking back to the table to figure out if I had moved to a new section.

Some of the shorter chapters I wished were longer. For example, Vitacca's chapter on weaning protocols (a very important topic, on which there has been much research in the past 10 years) is only 4 pages long, including references. It is well written, but I would have liked more graphics and comparisons between the studies. Although all of the chapters were helpful information-wise, there were several that stood out for me. Epstein prepared the chapter on

the epidemiology and natural history of prolonged ventilation. He elegantly summarized and compared the numerous studies on the topic in a beautiful table that includes survival outcomes in individuals on prolonged ventilation. I also very much enjoyed the chapter on pulmonary rehabilitation by Field; it is very well organized and presents a thoughtful explanation of an approach and techniques physical therapists can use with ventilated patient in the intensive care unit.

The chapter by Rochester, on transcutaneous muscle stimulation for individuals with respiratory failure and muscle weakness, particularly chronic obstructive pulmonary disease, presents novel ideas and data.

Occasionally there is some content overlap between the chapters (eg, Chapters 18 and 24 had similar discussions about NIV interfaces), but less than I have seen in similar books.

Overall, I highly recommend this book for respiratory therapists, nurses, physicians, and other providers, to learn about invasive and noninvasive long-term ventilation. I will keep it readily accessible on my bookshelf at work.

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The author reports no conflicts of interest related to the content of this book review.

Allergy and Asthma: Practical Diagnosis and Management. Massoud Mahmoudi DO PhD, editor. New York: McGraw-Hill. 2008. Soft cover, illustrated, 385 pages, \$43.15

Weighing in at less than 400 pages, and with a width of about 1.5 cm, this is one of the sleekest allergy textbooks available. An electronic version is available at <http://www.mobipocket.com>. The typeset of the paper version is easy to read, and the text is arranged in 2 columns per page. There are meaningful tables, figures, and flow charts in every chapter, which translate quite well into the electronic version. The book is intended for a broad audience, including medical students, primary and specialty physicians, nurses, and allied providers. There

are unique chapters that would interest many allergists as well. The book addresses the common traditional topics of asthma, allergic rhinoconjunctivitis, contact and atopic dermatitis, urticaria/angioedema, food and latex allergy, anaphylaxis, and venom hypersensitivity. It also has chapters on less common conditions, such as immunodeficiency, hypersensitivity pneumonitis, and allergic bronchopulmonary aspergillosis. The chapters on sick-building syndrome, pseudo-asthma, and complementary medicine may interest allergists. The chapters on therapy cover antihistamines, glucocorticoids, immunotherapy, monoclonal anti-immunoglobulin E, environmental control measures, and bronchodilators.

The clinical topics reflect the "bread and butter" of an allergy and asthma practice and are arranged in the easy-to-follow, standardized Lange series format, which consists of: definition, classification and epidemiology; pathogenesis; clinical symptoms and diagnosis; management; and related literature. This format works extremely well, although I wish the chapter on history and physical examination was larger and combined with the chapter on diagnostic tests, as they are excellent chapters that deserve more space. Often people have symptoms in several body systems, and the flow-chart in the wonderful chapter on cough lays the groundwork for the chapters on specific topics.

Asthma is covered in 6 chapters (pediatric, adult, exercise-induced, occupational, pregnancy, and pseudo-asthma), which give a very comfortable platform for managing most asthma. The chapter on pseudo-asthma will be much appreciated when initiating the investigation of an alternative diagnosis. The flow-volume loop from a patient with vocal-cord dysfunction leaves a lasting visual impression. Some of the chapters reference the 2002 National Heart, Lung, and Blood and Institute asthma guidelines, and readers should consult the more recent, 2007 guidelines (<http://www.nhlbi.nih.gov/guidelines/asthma/asthsumm.htm>), which provide a programmed diagnostic approach and updated information on asthma management.

The chapter on allergic rhinitis has a very useful figure and table that describe a step-wise treatment approach, which puts the various treatment options in perspective. Specific recommendations are, naturally, subject to differences in opinion. This book recommends topical azelastine for mild