

style, inclusiveness of clinically important material by recognized thought-leaders, clarity of presentation of text, tables, and figures, and citation of important Web sites for readers who want more detail.

Though in no way eclipsing the substantial value of the book, a persnickety reviewer would quibble with several statements in the book. For example, the stated criteria (on page 49) for reproducibility of forced expiratory volume in the first second (FEV<sub>1</sub>) measurements is 200 mL, according to recently published American Thoracic Society criteria, rather than the stated “100 mL or 5% criterion.” Also, as a clinician with a particular interest in alpha-1 antitrypsin deficiency, I would submit that the statement on page 62, “In patients younger than 45 years who develop COPD and/or have a strong family history of the disease, levels of alpha-1 antitrypsin should be measured.” is too narrow. Though suspicion of alpha-1 antitrypsin deficiency is certainly warranted in such young patients and in those with family histories of COPD, recent international standards call for greater suspicion and more widespread testing. Specifically, the aforementioned American Thoracic Society/European Respiratory Society standards document<sup>1</sup> recommends testing all symptomatic adults who have fixed airflow obstruction, and broader, focused testing for many others.

Overall, Drs MacNee and Rennard are to be commended for **Chronic Obstructive Pulmonary Disease**, which is a very valuable contribution and which addresses a subject of enormous interest and relevance to clinicians. Respiratory therapist clinicians, students, and educators will find this a current, concise, and readable addition to their libraries.

**James K Stoller MD MSc FAARC**

Section of Respiratory Therapy  
Department of Pulmonary, Allergy,  
and Critical Care Medicine  
Cleveland Clinic Foundation  
Cleveland, Ohio

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**Fast Facts—Obstructive Sleep Apnea.** Barbara Phillips MD and Matthew T Naughton MD. Oxford, United Kingdom: Health Press. 2004. Soft cover, illustrated, 74 pages, \$24.

**Fast Facts—Obstructive Sleep Apnea** is one of a series of brief reference manuals, each of which covers a single common medical disorder. The series purports to be expertly written, up-to-date, and easy to read.

The intended readership is not plainly stated. Its concise bent finds its best fit in the hands of a busy clinician who encounters obstructive sleep apnea and wants a small and pithy reference. **Fast Facts—Obstructive Sleep Apnea** would also serve as a quick review or update on obstructive sleep apnea for interested primary caregivers who want a brief overview. It may be useful in the coat pocket of a respiratory therapist, nurse, or physician’s assistant who cares exclusively for patients with sleep apnea. This is not, however, a “how to” pocket manual. There is no guidance for the hands-on aspects of sleep medicine, such as scoring or conducting sleep studies or fitting continuous positive airway pressure equipment. Nor is this book a substantial academic text. You will not find research summaries or discussions of data analysis.

As advertised, the book is concise, at 74 pages. The authors also cite contemporary sources, thus living up to the book’s billing as “up-to-date.” The text is generally an easy read and the illustrations and graphs are cleanly rendered. Key points and key references are neatly summarized at the end of each chapter, but unfortunately the references are not indexed in the text. It’s only my personal bias, but I am bewildered when a purported reference source doesn’t make at least a token attempt to support the text with footnoted references. Each chapter is followed instead by a respectable list of non-footnoted literature citations. That style may be a hallmark of this book series, but with the text-processing software available today and with no substantial space savings gained by the nonfootnote method, its use grates on sensibility.

The material is well organized and the chapters are thoughtfully chosen. The writing style is easy to understand and logically presented. Charts and graphs, which are liberally sprinkled in appropriate places throughout the text, summarize and clarifying the concepts. A list of useful Web sites for further enlightenment is included at the end of the book.

Shakespeare’s Hamlet observed that “Brevity is the soul of wit.” But scrupulous brevity may have limits in the writing of a short reference text, because it predisposes to overstatement. In the discussion of sleep-apnea prevention, I doubt the authors meant to convey that breast feeding (as opposed to bottle feeding) of infants prevents the development of sleep apnea, but that was what was conveyed. Adults who were breast fed as infants and yet developed sleep apnea would probably take issue. I suspect that the authors meant to convey that certain evidence points to bottle feeding as a risk factor for the development of sleep apnea.

This soft-cover text would fit as neatly into your lab-coat pocket, as it would on your bookshelf. I learned several new things in my read. Minor imperfections aside, the authors should be congratulated on a well done first edition that should find widespread use.

**Noel T Johnson DO**

Pacific Sleep Center  
Edmonds, Washington

**ACP Medicine**, 2004–2005 edition. (A publication of the American College of Physicians). David C Dale MD and Daniel D Federman MD. New York: ACP Medicine/WebMD. 2004. Hard cover, illustrated, 2,859 pages (2 volumes, with CD ROM for 3 months’ online access, <http://www.acpmedicine.com>), \$229.

As general internal medicine clinician-teacher faculty at the University of Washington, we are fortunate to have access to many online resources to answer clinical questions and prepare for teaching activities. For help with the evaluation of specific symptoms, differential diagnosis, and practical advice regarding diagnostic testing and management, we generally refer to UpToDate online and full-text articles on PubMed. When a more detailed understanding of pathophysiology is required we turn to traditional internal medicine textbooks such as *Harrison’s Principles of Internal Medicine*<sup>1</sup> or *Cecil Essentials of Medicine*.<sup>2</sup> We have also had online access to *ACP Medicine* through our University of Washington “Care Provider Toolkit,” but neither of us had previously clicked on that link. Our goals in reviewing *ACP Medicine* were to compare it with general references we currently use and determine how well it might serve practitioners looking to purchase a general medical textbook.

The target audience of *ACP Medicine*, a joint publication of the American College of Physicians and WebMD/Scientific American Medicine, is general internal medicine providers. Drs Dale and Federman aspire to make *ACP Medicine* "the most up-to-date textbook of medicine available." Authors were selected who understand both "the constraints of managed care and the quality of care that is possible with scientific advances." The text is evidenced-based and the stated goal is to "summarize the most important information from general and specialty journals, as interpreted by experienced clinicians." In essence, *ACP Medicine* is conceived to present both basic pathophysiology and also evidence-based management recommendations. *ACP Medicine* can be purchased as a 2-volume textbook (\$229, or \$298 with CD ROM). Purchase provides 3 months of access to the Web-based text (at <http://www.acpmedicine.com>). Ongoing online access costs \$99 per year. Updates to *ACP Medicine* appear monthly with the online version; subscribers are notified via e-mail of the content of these updates. The book's title says 2004–05, so we assume a new text is published yearly.

The book's general style is very appealing. The font is larger than most textbooks, making it easy to read, and we did not notice any typographical errors. The contents span the broad range of general internal medicine. *ACP Medicine* begins with a "Clinical Essentials" section that sets an excellent tone and includes chapters on preventive health care, ethics, palliative care, psychosocial issues, and alternative medicine. Subsequent sections are organized by medical subspecialty and are written with a clear emphasis on relevance to daily patient care. The authors we recognized are expert clinicians, educators, and investigators, representing institutions across the United States. We appreciated the inclusion of the disclosure statements (at the ends of the chapters) regarding authors' links to industry. The tables and graphics are superb; the style will be familiar to readers of *Scientific American* magazine. Imaging studies are of good quality in the textbook, but some did not project as well online.

The CD ROM and online versions offer some unique features, and we liked the online version best of all. The Web site was easy to navigate and moved much more quickly than the CD ROM on both our home

and work computers. Contents are listed by section, which you can click on to show an outline of the subheadings. One can scroll through the entire section or click on the contents tab to jump ahead to specific topics. Unlike the printed textbook, the month and year of most recent revision appears at the top of each chapter in the online version. (Most of the chapters have been revised within the past 3 years; the oldest chapters we found were written in 1997.) Within the online text, the figures and tables are made available by clicking on the highlighted figure, which can be enlarged to fit your entire screen. Each section can be printed as a PDF (portable display format) file. Internet access enables quick links to abstracts and full-text references in PubMed, web sites, and published guidelines. In a few chapters, authors included brief summary outlines and "best references" that can be downloaded to a handheld computer. Key-word searches provide links to chapters, prioritized by key-word presence in the chapter title or text and the frequency of occurrence. We found the key-word search tool more helpful than the printed textbook's index. For example, an online keyword search for "dizziness" found the word appeared on 56 pages; the "Evaluation of the Dizzy Patient" chapter was listed first and the context of every appearance was noted in the search results. In the print index, that chapter was listed along with "See also *vertigo, vestibular dysfunction*."

Access to the online version requires either Internet Explorer 5.5 (or later) or Netscape 7.0.2 (or later). The CD ROM can be run on both Windows and Macintosh systems (requires Macintosh Power PC or Pentium-based system running Windows 95 (or later). It is recommended that you have at least 32 MB of RAM, and Java must be enabled in the browser. Updated discs are sent periodically to registered purchasers. Online access is required if you want to use the CD ROM links to the Internet resources. Both the online version and the CD ROM offer yearly continuing medical education credit. If you complete a monthly set of 10 case-based questions, you can receive 10 hours of Category 1 credit (ie, as much as 120 credit hours per year) for an additional fee of \$85.

The promise of *ACP Medicine* as an evidence-based and up-to-date text is fully realized in chapters covering general medi-

cine topics. "Hypertension," revised in January 2004, covers the topic in definitive fashion. This chapter could teach medical students and residents all they need to know about epidemiology, pathophysiology, and diagnosis, and also help experienced providers manage over 99% of their hypertensive patients. The discussion of treatment addresses results from recently completed major clinical trials such as the Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT) study,<sup>3</sup> and from the references it is possible to pull up full-text treatment guidelines such as the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure.<sup>4</sup> In similar fashion, chapters on diabetes, depression, and dyslipidemia include detailed discussions of pathogenesis, as well as practical, evidence-based expert advice regarding daily management. These chapters were helpful to us while seeing patients or teaching residents, to reinforce points or provide links to key references.

The coverage of some other general medicine topics was not as helpful. Every conceivable joint pain is covered in "Back Pain and Common Musculoskeletal Problems." The author gives a magnificent rendering of the subject, but this is simply too vast a topic to be covered in a fashion that would contain practical management advice for specific conditions. A provider evaluating a patient with shoulder pain, for example, would be reminded of the differential diagnosis and essential clinical points, but would not find instruction in how to perform the diagnostic physical examination maneuvers mentioned or how to inject the subacromial bursa. In addition, some topics change so rapidly that even chapters written recently fall quickly out of date. The chapter on "Adult Preventive Care" (May 2002) lists old United States Preventive Services Task Force screening recommendations for cervical, breast, colorectal, and prostate cancer, as well as outdated recommendations from the Centers for Disease Control Advisory Committee on Immunization Practices regarding influenza immunization.

Readers of *RESPIRATORY CARE* will be interested in the respiratory medicine section of this text. The section begins with a chapter on functional assessment and diagnostic techniques, and provides a brief review of lung physiology, interpretation of pulmo-

nary function testing, and descriptions of the indications and utility of various imaging techniques. It is a good overview, but we did not consider the depth of information sufficient for teaching advanced interpretation and would need to consult a lung physiology text for a better understanding. The chapters on asthma and chronic obstructive pulmonary disease are thorough and well written, with good discussions on diagnosis, pathophysiology, and treatment. The remaining chapters in this section offer assistance in diagnosing specific conditions by being able to categorize a disease appropriately. The chapter entitled "Focal and Multifocal Lung Disease" goes through a differential diagnosis based on specific chest-radiograph patterns. There are also chapters on: interstitial lung disease; sleep disordered breathing; chest wall disorders; disorders of the pleura, hila, and mediastinum; pulmonary edema; and pulmonary hypertension. Those chapters briefly review the pathophysiology of the disease category. They focus mainly on differential diagnosis and workup and provide less information on treatment and outcomes. The respiratory section has minimal information on critical care medicine. There is a single chapter on respiratory failure, which gives a very brief review of modes of mechanical ventilation and terminology. That chapter includes discussions on the management of mechanical ventilation in the specific settings of chronic obstructive pulmonary disease, asthma, and

acute respiratory distress syndrome. Although the information is up to date, it is merely a superficial overview to familiarize the reader with terminology and issues that may arise in those clinical settings. This would not be a good reference for specific questions regarding day-to-day ventilatory management but will provide a good background for any generalist who needs to communicate with a specialist assisting in the care of a ventilated patient.

In summary, we applaud the editors' efforts to create an up-to-date, multimedia text. We are excited to have a new and powerful tool to assist us with our daily teaching and patient-care activities. The information is indeed evidence-based and highly relevant to clinical care. The text is clearly targeted toward a general internal medicine audience. We found the online version to be the most user-friendly, and we particularly appreciated knowing when the section had been updated, having quick links to supplemental information, and being informed of potential author conflicts of interest. For primary care providers looking to invest in a single general medicine text, *ACP Medicine* would be an excellent choice. For students and specialists seeking more in-depth information regarding pathophysiology, treatment and outcomes of less common diseases, further consultation from a disease-specific text or specialty journals will be necessary.

**Annie Akita Chun MD**  
**John VL Sheffield MD**

Division of General Internal Medicine  
Department of Medicine  
Harborview Medical Center  
University of Washington  
Seattle, Washington

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