

associated with conducting research in the palliative care patient population.

The text begins to address specific clinical issues in Chapter 4, "Principles of Drug Use in Palliative Medicine," and continues through Chapter 8, "Palliative Care in Non-Malignant Disease." For reasons not clear to me, Chapters 13 and 15, which are also specific to clinical issues, were placed later in the text.

Each chapter contains an abundance of valuable information; however, the reader may find it more useful to reference the detailed index for specific clinical information. In addition to a review of medications commonly used in palliative care, Chapter 4 provides concise information on decision making in drug therapy, as well as the off-label uses of certain drugs, a practice frequently seen in this population. Depending on one's clinical specialty, education, and experience, the remainder of these chapters provide enough information to serve as either a review or an in-depth learning guide for specific clinical issues. Because the text approaches these issues from a palliative care perspective, there is useful information for experienced palliative care clinicians.

The effective assessment and management of pain continues to be a challenge. Patients consistently report that they are not afraid of dying, but rather of dying in pain. Family members frequently express concern that their loved ones will suffer or be in pain. For these reasons, I recommend that all clinicians, from novice to expert, read Chapter 6, "Symptom Management." The chapter encompasses all aspects of pain management, from definition to treatment of both nociceptive and neuropathic pain. The content is concise and well-organized, using bullet points that allow the reader to move easily through the information. In addition to the introduction, this chapter should be considered a "must read."

The final chapters are dedicated to a variety of other equally important palliative care issues. Clinicians should resist the temptation to dismiss these chapters as not applicable, especially Chapter 9, "Spiritual Care." The majority of clinicians receive no formal education in spiritual care, and even some clergy are not specifically educated in palliative care. For this reason, spiritual care issues are often not addressed by clinicians, despite some evidence that faith and spirituality are critically important to many patients and families. An appreciation for the possible role of faith and spirituality in a

patient and family's life can be a tremendous asset when developing goals of care. The intent of the chapter is not to make clinicians spiritual care providers, but rather to assist them in recognizing spiritual issues that can impact the patient's and the family's quality of life and death.

Overall, this text is a valuable resource for all clinicians. Similar texts include the *Oxford Textbook of Palliative Medicine*, 3rd edition (edited by Doyle et al) *Palliative Care Perspectives* (by Hallenbeck), and *End-of-Life Care: Clinical Practice Guidelines* (edited by Kuebler et al). Unlike other palliative care reference texts, the **Oxford Handbook of Palliative Care** is succinct and pocket-size. The book is advertised as an invaluable tool for physicians, nurses, and allied health professionals; however, the authors rarely mention providers other than physicians (eg, advanced-practice nurses or physician-assistants). It appears that it was written by physicians for physicians, with the decision to market it to other disciplines made after publication. Readers should not let this lack of recognition of nonphysician clinicians be an obstacle, as the book's content will be useful to anyone who participates in providing palliative care. One other minor note is that the text is written in "the Queen's English," which some readers may find a distraction.

As the population continues to age and the number of people with life-limiting or life-threatening illness increases, there will be a greater need for all clinicians to provide skilled and competent palliative care. The **Oxford Handbook of Palliative Care** is an excellent reference guide that can assist them in providing such care.

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Prevention of Allergy and Allergic Asthma: World Allergy Organization Project Report and Guidelines. SGO Johansson MD PhD and Tari Haahtela MD PhD, editors. *Chemical Immunology and Allergy* series, volume 84. Johannes Ring et al, series editors. Basel, Switzerland: S Karger. 2004. Hard cover, 211 pages, \$81 for individuals, \$162 for institutions.

With the continuously increasing prevalence of allergy and asthma, it becomes obvious that there is a need for a strategy for

prevention, particularly at the primary level. But prevention requires a high degree of understanding the disease pathogenesis. Allergy, or immunoglobulin-E-mediated hypersensitivity, plays a major role in the development and severity of asthma, particularly in children. Asthma is often associated with other allergic disorders, particularly allergic rhinitis, and is generally severest in patients with atopic eczema. Also, fatality from anaphylaxis is highest in subjects with asthma. Hence, it would be appropriate to combine allergy and allergic asthma in strategies for prevention.

Prevention of Allergy and Allergic Asthma: World Allergy Organization Project Report and Guidelines was prepared as an extension of the World Health Organization's Strategy for the Prevention and Control of Chronic Respiratory Diseases. The World Health Organization estimates that asthma affects 150 million people worldwide, with substantial impact on quality of life, productivity, and medical costs.

The book provides a relatively comprehensive, yet concise, easy-to-read review on the subject. It was edited by Johansson, of the Department of Clinical Immunology, Karolinska University, Stockholm, Sweden, and Haahtela, of the Skin and Allergy Hospital, Helsinki University, Helsinki, Finland. The project group and contributing authors form a long list of international experts that can be considered "Who's Who" in allergy and asthma.

The novelty of this document is in its providing guidelines and recommendations for allergy and asthma prevention, mostly at the primary level, and partly at the secondary and tertiary levels. Ideally, primary prevention of allergy sensitization should be the aim. Nevertheless, early diagnosis and appropriate treatment of allergic rhinitis or atopic eczema can also reduce the subsequent development of asthma.

Another peculiar feature of this document is that it codes the cited references according to the World Health Organization's categories-of-evidence system and consequently codes the strength of the recommendation for the various interventions. For clarity of interpretation and uniformity in application, it was essential in this document to use the nomenclature of allergy terminology and definitions that was recently developed by the European Academy of Allergology and Clinical Immunology (adopted by the World Allergy Organi-

zation as a global allergy nomenclature) and is included in the Introduction.

The document comprises 7 main chapters, each written by multiple experts, mostly from different parts of the world, which enhanced the provision of balanced information and recommendations. Each chapter ends with conclusions and relevant references.

The first chapter is on genetics and addresses atopic disease heritability, molecular regulation, susceptibility genes, and disease-modifying genes. The second chapter deals with environmental influences on asthma and allergy, including the effects of diet, infection, indoor and outdoor allergies, and exposure to air pollutants, with special details on tobacco smoke. The third chapter addresses early immunological influences, both antenatal and postnatal. The fourth chapter addresses prediction and early diagnosis by using family history, genetic markers, immunologic markers, clinical findings, and allergy testing. The fifth chapter deals with preventive measures through early interventions during infancy and measures specific for occupational allergies and asthma. The sixth chapter addresses allergy and asthma education, which is an important component of disease management. Examples of education programs for asthma, allergic rhinitis, and eczema are provided. The seventh chapter deals with a topic that is rarely addressed in textbooks, namely, the costs of allergy and asthma and the potential benefit of prevention strategies.

The text concludes with a chapter entitled "Summary and Guidelines," in which the editors summarize the key messages of the preceding chapters. For each of the 7 main chapters the editors wrote a concise paragraph on the current knowledge or guidelines and another paragraph on further actions required.

Complementing the document are 2 appendixes. Appendix 1 provides information on practical allergen-avoidance measures for house dust mite, pollen, pets, cockroach, and mold, as well as recommendations for patients with anaphylaxis. These instructions can be reproduced for patient education. Appendix 2 provides outlines in the contents of educational programs on allergic asthma, rhinitis, eczema, and anaphylaxis.

The contents, format, and authorship of **Prevention of Allergy and Allergic Asthma** make it a very timely addition to the medical library. The basic science content of the book is adequate and well-linked

to the relevant clinical aspects of the diseases. I wished the document included more figures, to illustrate certain information. Nevertheless, I found the contents well-organized and easily readable. The book has an exceptionally detailed table of contents and a comprehensive subject index.

Since allergic disorders affect 20–30% of people and asthma affects 5–15% of various populations, patients with such diseases are frequently encountered by general practitioners, pediatricians, internists, dermatologists, otolaryngologists, pulmonologists, and allergists/immunologists. In addition to these health-care providers, the book will be very valuable to preventive-medicine specialists, epidemiologists, health-care planners, and government officials.

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Asthma Information for Teens: Health Tips About Managing Asthma and Related Concerns. Karen Bellenir, editor. *Teen Health* series. Detroit: Omnigraphics. 2005. Hard cover, illustrated, 386 pages, \$58.

The issue of asthma management is a daunting enough task, but with teenagers the challenge is all the more complex. That is why it is important for teens to understand at their level the best line of attack by which to manage their asthma. As a father of 3 teenagers, I can appreciate the intricacies of imparting wisdom to teenagers (whether they like it or not). Teaching and reaching teenagers becomes all the more important when they have asthma. This text sets out to reach the teenage patient population and I believe it will achieve that goal.

The intended readers are teens in middle school and high school. The flow of the book is easy to follow and one does not get lost or distracted along the way. Most of the information presented is of short duration, with to-the-point messages that won't cause the reader to lose attention. The book is broken into the following logical sections: "Asthma Facts," "Diagnosing and Monitoring Asthma," "Medical Issues in Asthma Management," "Lifestyle Issues in Asthma Management," "Asthma Research," and "Resources for Additional Help and Information." The editor was correct in prefacing the book by stating that, while asthma cannot be cured, it can be successfully man-

aged with knowledge and proper care. If any take-home point should be made to teenagers, it is this one: *Asthma can be managed, but the patient must be actively engaged in making it happen.*

Part of this book that makes the reading interesting is the liberal allotment of "Tips" and "It's a Fact" sidebars, which offer information snippets that relate to the topic, but in a shorter and concise manner. Even for the adult reader this is much appreciated.

In the section on asthma facts the writer took great pains to detail the causes of asthma and how it is diagnosed. An entire chapter in this section is devoted to frequently asked questions, which are appropriately placed. Questions are asked and answered that would probably concern a teenager. For instance, one question asks, are asthma medicines addictive? Another asks, are inhaled steroids dangerous? All of these are answered in a straightforward, compassionate, and clear approach.

Interestingly, the book includes more than 6 pages about coughing, but has no substantial discussion about why cough is important, as it is a classic sign of uncontrolled asthma. This is especially true during the nighttime, but this is never mentioned in the book. In addition, there are mentions of certain drugs that cause cough, but the book does not specifically state what those drugs may be. I found this omission to be lacking.

I did find useful the section dedicated to dispelling the myths about exercise-induced asthma. It was well-referenced and discussed the subject with a personal touch in that it was told by former Olympian Joanna Zeiger, a world-class triathlete who has exercised-induced asthma. That personal perspective brings the information to life and helps the reader better relate to the topic. Role models are important to this age group.

The second section is focused on diagnosing and monitoring asthma, and I found the chapter "How to Find an Asthma Doctor Who Meets Your Needs" most useful. It provides many sensible and common-sense questions that must be asked when trying to find a physician who will adhere to the needs of the patient and family. Critical questions and due diligence recommendations are provided. These are considerations that adult readers can benefit from as well.

This text is up to date and even presents a discussion of the role of exhaled nitric oxide as a monitoring tool for the asthma inflammatory process, as well as information about the use of anti-immunoglobulin-E