

tice, including neurologic emergencies, acute renal failure, nutritional support, sedation, infection control, and medical ethics. Virtually all the chapters in this second volume are clear, readable, and well researched. Most of the chapters function as well-presented evidence-based reviews and updates of current clinical practice, and they provide effective practical recommendations and tables for rapid reference.

The discussion on acute lung injury concisely summarizes recent findings from the Acute Respiratory Distress Syndrome Network and other authors. It also reviews the current evidence behind commonly attempted rescue maneuvers for patients with refractory hypoxemia, although there is no discussion of airway-pressure-release or high-frequency oscillatory ventilation. The chapters on exacerbations of obstructive lung disease, critical care sedation, and pain management provide excellent and systematic pharmacology reviews. There is a helpful discussion of the risks and benefits of bronchial artery embolization and surgery in patients with hemoptysis, and an outstanding summary of the current evidence and practical management of massive pulmonary embolism and chronic thromboembolic pulmonary hypertension.

Highlights of the section on cardiology include a concise summary of the clinical importance of positive troponins in the ICU, and discussion of the evolving role of antiplatelet therapies other than aspirin in acute coronary syndrome. Although the discussion of  $\beta$  natriuretic peptide in congestive heart failure is good, the subsequent section on nesiritide lacks balance. This section would have been strengthened with an evaluation of the recent meta-analysis that suggested that nesiritide may be associated with an increased risk of death after treatment for acutely decompensated heart failure.<sup>1</sup>

The most original contributions to this volume are the chapters on pneumonia and ethics. Wunderink provides a very clear and interesting analysis of a vast and sometimes confusing body of literature on ventilator-associated pneumonia and severe community-acquired pneumonia, and explains the rationale for current management guidelines. The chapter on practical medical ethics in intensive care traces a simple approach to bioethics problems that would be a useful guide for any hospital ethics committee, and contains some interesting and specific recommendations for the management of pain and other symptoms at the end of life.

Neurologic issues are covered extensively, including a concise approach to stroke, encephalopathy, and brain death in the ICU, with easy-to-reference tables. The chapter on neurologic respiratory failure is one of the most comprehensive and complete reviews I have read on this subject, but the practical management issues are a little lost in the overall scope and detail that it provides.

The reviews of sepsis, acute renal failure, gastrointestinal bleeding, and infection control all continue to provide very clear, practical, and evidence-based guidance toward effective critical care management strategies. The chapter on nutrition provides an excellent discussion of the timing, route, and composition of nutritional support, including a good summary of the current evidence for immunomodulating diets and specific enteral formulations. Although few would argue the benefits of enteral over parenteral nutrition in critically ill patients, this chapter's strongly negative conclusions about parenteral feeding clearly reveal the author's bias and should be tempered by other more balanced reviews.

The volume ends with a chapter on the "electronic ICU," providing an excellent overview of the process-based advantages and challenges of the electronic medical record, and a very complete review of the currently available electronic critical care applications and databases. I was somewhat surprised to see no discussion of the electronic ICU movement, which is a current issue of some interest and controversy in critical care.

I will continue to use electronic databases and reference materials as my primary resource for the day-to-day questions that arise in my ICU practice. However, I will also add Mosenifar and Soo Hoo's textbook to my shelf of reference books, and in an easy-to-reach location, because of its excellent literature summaries and bibliographies, useful graphics, and accessible information that are applicable to the issues our critical care team discusses daily on rounds.

**Alexander S Niven MD**

Pulmonary and  
Critical Care Medicine  
Madigan Army Medical Center  
University of Washington  
Tacoma, Washington

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**Disorders of the Respiratory Tract: Common Challenges in Primary Care.** Matthew L Mintz MD. *Current Clinical Practice* series, Neil S Skolnik, series editor. Totowa, New Jersey: Humana Press, 2006. Hard cover, illustrated, 343 pages, \$79.50.

Patients with respiratory disorders jam physician waiting rooms every day. Allergic rhinitis, upper-respiratory infections, and asthma: most primary care practitioners become adept at managing these disorders. However, these same practitioners face many challenges. Respiratory problems are so common, it's easy to be lulled into making the "obvious" diagnosis when another unusual diagnosis is lurking beneath the surface. The persistent cough in a male smoker may simply be acute viral bronchitis, or it may represent the initial manifestation of sarcoidosis, bronchiectasis, or lung cancer. This does not mean that every patient with a persistent cough should receive computed tomography or bronchoscopy. The prudent family physician and general internist know when to immediately investigate a problem and when to allow time to sort things out. There are other challenges, including maintaining the balance between over-treating and under-treating respiratory conditions such as infection, asthma, and chronic obstructive pulmonary disease, and providing treatments that are supported by strong evidence in the medical literature. And, of course, primary care practitioners must strive to offer therapies that are effective, safe, and inexpensive. Sometimes a follow-up telephone call, e-mail, or office visit suffices.

In this book, Mintz navigates primary care practitioners through the evaluation and treatment of common respiratory diseases. Though not mentioned on the title page or cover, each chapter is co-authored by Mintz's colleagues at the George Washington School of Medicine, at which Mintz is director of the ambulatory care rotation in the department of internal medicine.

The book is divided into 4 parts: "The Basics," "Disorders of the Upper Airway," "Disorders of the Lower Airway," and "Non-Airway Disorders That Present With Respiratory Symptoms." The first part reviews the general approach to patients with respiratory disorders; it covers basic anatomy, physiology, and pulmonary function testing. The second part reviews common upper-respiratory problems such as allergic rhinitis, sinusitis, pharyngitis, and laryngitis. Part 3 examines lower-airway problems, including croup, asthma, chronic obstructive pulmonary disease, cough, sarcoidosis, and bronchiolitis. The final part includes chapters on sleep apnea, obesity, vocal-cord dysfunction, pulmonary embolus, hemoptysis, and gastroesophageal reflux.

Each chapter includes, in this order: a table of contents; a case presentation that introduces the chapter; key clinical questions and learning objectives; the epidemiology, pathophysiology, differential diagnosis, diagnosis, and treatment; and future research directions of the particular respiratory disorder. This chapter conformity makes the book easy to read, and the fact that the author co-wrote every chapter gives the book an evenness and consistency. The subsections on pathophysiology and future directions are particularly well-written and interesting. They will provide medical students, residents, and seasoned physicians with the necessary background to understand respiratory disease processes and what the future holds. That said, I believe busy primary care practitioners will be primarily interested in what treatments work today.

There are a few problems with the book. Most importantly, there is no mention of levels of evidence when the authors make treatment recommendations. The authors failed to tell which treatment recommendations are based on expert opinion and which are based on analysis of randomized controlled studies. Although some chapters reference Cochrane reviews as the source of recommendations, other chapters rely on dated articles. For instance, in the section on allergy avoidance strategies (page 40) the recommendation to use impermeable bed coverings is based on a 1992 article. Recent evidence suggests that that method is ineffective.<sup>1</sup> When evidence-based recommendations are included, they are often buried in the text alongside expert-opinion-based recommendations.

There are other problems: the pediatric and adult asthma chapters present overlap-

ping material, and the flow-volume loop on page 22 is incorrect. Summary answers to the questions posed at the beginning of the chapter would have been helpful. These are minor quibbles.

This book is best suited for medical students, residents, and primary care practitioners who want a great overview of the epidemiology, pathophysiology, and evaluation of common respiratory disorders. For treatment recommendations *and* the levels of evidence that support them, the practitioner must look elsewhere.

#### Dean Gianakos MD

Lynchburg Family Medicine Residency  
Clinical Family Medicine  
University of Virginia  
Lynchburg, Virginia

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**Pulmonary Medicine Review**, 2nd edition. Michael Zevitz MD and Richard Lenhardt MD. *Pearls of Wisdom* series. New York: McGraw Hill. 2006. Soft cover, 314 pages, \$69.95.

The *Pearls of Wisdom* series includes over 30 review books on various specialties and subjects in clinical medicine. Specific titles target nurses, allied health professionals, and doctors. **Pulmonary Medicine Review** is for preparing to take the board examination in pulmonary medicine or for a general review of pulmonary medicine. It is written as a set of rapid-fire questions and answers, grouped by topic. The authors suggest that the book be used either as a pre-clinical assessment of one's own knowledge or as a post-textbook assessment of retention and comprehension. They suggest doing a primary review with another source and using this book for self-assessment.

There are 2 things anyone preparing for the boards wants from a review book: that it covers the material to be tested, and that it does so in a concise manner, emphasizing "high-yield" subjects and weeding out need-

less minutia. The authors proffer this text as all-inclusive, but that seems to be an erroneous claim. For all of their board examinations the American Board of Internal Medicine publishes a "blueprint" that lists the test topics and their relative percentages in the test. A complete board review and a thorough pulmonary review should touch on each of the 19 topics in the pulmonary medicine test, but this book does not cover the categories epidemiology/ethics/statistics, quality/safety/complications, and cell biology, which represent one eighth of the test. As a general review of pulmonary medicine, however, these missing topics are probably not as clinically important as the topics the authors did include.

There are similar information deficits in the individual subjects reviewed. For instance, the coverage of sleep medicine, which constitutes 10% of the board examination and is an important component of clinical pulmonary medicine, is relatively superficial. Of the 15 subtopics under the blueprint categories "sleep, respiratory" and "sleep, nonrespiratory" at least 7 (and arguably 10) are not discussed. A reader preparing for a board review should be aware of these important gaps in coverage. Similarly, a reader trying to achieve a general pulmonary review should be aware that clinically relevant aspects of sleep medicine are not reviewed.

Perhaps it is unreasonable to expect that a review book be all-encompassing. While lacking in breadth, this book does succeed in being brief. The questions are rarely longer than a single sentence, and the answers are usually even more terse. Chapters are readily manageable in a single sitting. Next to each question there is an open bubble the reader can mark to signify interest, weakness, or simply that it has been read. This could make a re-read more efficient. As a board review, however, several topics are over-represented, including airway management and altitude medicine, each of which has an entire chapter but represents only a small fragment of the board examination. And within some of the other chapters certain subtopics seem somewhat over- or under-represented for a board review.

A consequence of this book's brevity is that the answers often lack sophistication. While some of the answers are both brief and sufficiently comprehensive, many of them fail to represent the complexity pulmonary fellows should expect. This oversimplification is exemplified by 4 consecu-