

the poorer survival prognosis of patients who require invasive ventilation.

Chapter 11 is a quick overview of long-term care of COPD patients in a primary care setting and a very brief look at palliative care. Again emphasizing the need for early detection, 2 simple questionnaires are presented: one to help evaluate the risk of COPD, and the other to help differentiate COPD and asthma. The second questionnaire is somewhat confusing, because you get more points toward the diagnosis of COPD if you answer "no" to the question "Breathing problems in the past 3 years?" References to studies that support the reliability and validity of these questionnaires would be very useful. Other tables are more helpful in providing a dyspnea score and suggested checklists of issues to review for initial and subsequent clinic visits. As COPD is a chronic and progressive illness, this section would have benefited from providing more information on how to assess quality of life and details on coping strategies to help patients as their disease progresses. The most disappointing section was on palliative care. Elaboration on distracting techniques, coping strategies for both patients and caregivers, as well as end-of-life issues would have been very useful to help primary care providers during this very difficult period of patient care.

The book ends with a chapter on future treatments. Approaching COPD from a variety of angles, including improvement in bronchodilators, better medications for smoking cessation, and treating the inflammatory mediators, the chapter provides a nice overview of treatments for physicians to keep an eye out for in the future.

This concise primer on COPD would be very valuable for respiratory therapists, nurses, medical students, and residents in their early years of training. It can be read in a single sitting and covers all the basics of COPD. The further-reading lists at the ends of the chapters are useful in pointing out important consensus guidelines available to providers. Practicing primary care physicians might find it useful for a quick review of the basics, with perhaps more gleaned from review of pathogenesis, oxygen therapy, and noninvasive ventilation. However, it would not likely be a book that primary care providers would return to over and over, because of the very basic nature of many of the chapters and the lack of a

bibliography to further review cited studies.

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Chronic Obstructive Pulmonary Disease.

Robert A Stockley, Stephen I Rennard, Klaus Rabe, and Bartolome Celli, editors. Malden, Massachusetts: Blackwell. 2007. Hard cover, illustrated, 892 pages, \$264.95.

This is a comprehensive book on chronic obstructive pulmonary disease (COPD) and is edited by 4 acknowledged international scholars. The editors' objective is that the text "will provide both background and an update necessary for physicians/scientists/health care workers with an interest in COPD." The editors embarked upon a project to meet the need for a comprehensive textbook that covered normal and abnormal physiology, the latter being particularly related to patients with COPD, and to address a spectrum from basic to clinical science that was missing. The original editors, Rennard and Stockley, asked 2 world-renowned clinician translational scientists, Celli and Rabe, to join them in the task. The book succeeds quite well in accomplishing its mission. The book is organized into 7 major sections, each of which is subdivided into multiple chapters. The sections include "Physiology," "COPD and Allied Conditions," "Host Defenses and Inflammation," "Pathogenesis," "Clinical Considerations and Complications," "Current and Future Treatment," and "Pharmacotherapy: Developing Therapies." This effort does effectively achieve its goal of an excellent blend of both the basic science and the clinical science of COPD. The book is 892 pages, with a comprehensive index.

The reference list is quite good, although there appears to have been a delay in the publication of the book, since some of the more recent articles that are important to this field were not included. The chapters on pharmacoepidemiology of COPD (Chapter 65) and Guidelines (Chapter 67) do include more recent references. Figures and tables are also extensively used and are quite effective. Although in the preface the edi-

tors talk about the book providing background and an update for physicians/scientists/health care workers who have an interest in COPD, in my view, clinicians, nurses, and respiratory caregivers such as respiratory therapists will benefit the most.

The first section, on pulmonary physiology, is well done by expert writers, and the information will be particularly useful to respiratory clinicians and therapists. Basic structural/function relationships, muscle physiology, circulation, and gas exchange are intertwined with the physiology of breathlessness, exercise limitations, and cardiopulmonary exercise testing in COPD, in cough, as well as sleep.

Section 2 contains valuable information on a number of relevant allied conditions such as cystic fibrosis, bronchiectasis, obliterative bronchiolitis, and asthma. The relationship of these problems to COPD is explored. These sections are practical and timely. Included in this section are particularly interesting and useful chapters to clinicians, including the natural history of COPD, clinical presentation and evaluation, and monitoring and outcomes.

Section 3 is devoted to host defenses and inflammation, and the section discusses timely issues such as mucociliary clearance, mucosal immunity, pulmonary surfactant, and the role of macrophages, eosinophils, neutrophils, lymphocytes, cytokines, leukotrienes, and mesenchymal cells. In addition, there are chapters on airway epithelial defense, repair and regeneration, cigarette smoking, emphysema, and lung endothelium.

Section 4 is on pathogenesis, with thorough chapters on lung development, animal models, proteinases and COPD, oxidants, cigarette-smoke-induced disease, air pollution, viruses, bacteria, and genetic factors. In addition, interesting chapters on alpha-1 antitrypsin deficiency, body weight, and lung connective tissue are included.

Section 5 will be particularly useful to respiratory therapists, nurses, and clinicians, for it is practical, with chapters on aerosols and delivery systems, gastroesophageal reflux, upper-airway disease, pulmonary embolism, lung cancer, infection, mechanical ventilation, and comorbidity. These chapters also quite successfully achieve their goals and are very well written.

Section 6 is somewhat of a mix of current and future treatments, with chapters devoted to primary care, pulmonary rehabilitation, social support, long-term mechanical

ventilation, smoking cessation, oxygen therapy, and surgical therapy. In addition, there are some very good chapters on pharmacotherapy, including chapters on anticholinergic, β_2 agonists, corticosteroids, phosphodiesterase 4 inhibitors, antibiotics, antioxidants, and mucolytics, each written by acknowledged experts in the field. There are some useful chapters on end-of-life and palliative care. Also, economic burden, pharmacoepidemiology, and social and behavioral impacts of COPD are comprehensively covered. COPD guidelines are extensively reviewed by Calverley, who has been involved in their development.

Section 7 is perhaps the most exciting section. It includes pharmacotherapy and developing therapies such as protease inhibitors, retinoids, and chemokines. These give us a nice insight into possibilities for future respiratory drugs.

Overall, the editors succeeded in accomplishing their mission. I don't think that this will be a major resource for scientists who focus on selected aspects of COPD biology. However, it could be an extremely helpful and very useful resource for those who practice and those involved in translational research, all trying to improve the management of patients who suffer with COPD.

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Pulmonary Disorders of the Elderly: Diagnosis, Prevention, and Treatment.

Thomas L Petty MD FAARC and James S Seebass DO, editors. Philadelphia: American College of Physicians. 2007. Hard cover, illustrated, \$49.95.

Pulmonary Disorders of the Elderly is the creation of authors who have the collective experience of over 250 years in treating patients with pulmonary and cardiac disease. Written primarily for physicians, it is a small textbook that contains crucial information to help older adults avoid preventable pulmonary disease and guide therapeutic interventions for those already diagnosed with chronic or acute lung disease.

There are 15 chapters altogether, presented in a logical sequence. Chapter 1, "The

Aging Lung," sets the stage for subsequent chapters. Understanding age-associated physiologic change in lung function is a key ingredient in caring for elderly pulmonary patients. The information about aging lungs is artfully presented. An explanation for age-associated functional change is offered when known. Physiological change related to structural alteration is presented accurately and succinctly. The author provides technical information without belaboring the point. A delightful surprise at the end of the first chapter (and in each subsequent chapter) was the bibliography/reference section. Looking to see if references were current, I was immediately drawn to a 1993 publication date. My concern dissipated when the citation ended with the following quote from the author: "An authoritative chapter on the subject. Although more than a decade old, most of the information is still relevant." From that point on the book ceased being a medical compendium and became a personal message to all who care for older adult patients. I was excited to read more.

The 2nd chapter deals with the 2 most frequent presenting symptoms: dyspnea and cough. The author's common-sense approach, which involves more reliance on a good history and physical examination initially to narrow down the potential cause of the symptom, is refreshing. An outline, in table format, lists specific observational findings related to dyspnea, and pairs them with potential diagnoses. Another table gives added meaning to the "look, listen, and feel" approach to patient assessment, with a discussion of percussion, palpation, and auscultation. A third table presents a step-wise approach to patient evaluation and factors in the diagnostic tool, the cost of the procedure (\$ through \$\$\$\$), potential risk to the patient, and the need for a consultation. Acute versus chronic symptoms are discussed with suggested causes and potential solutions. The 2006 American College of Chest Physician guidelines are generously added to the text, interspersing the current approaches to treatment with tried-and-true therapeutic interventions. This, from the collective wisdom of renowned physicians, serves to set this book apart from others.

Chapters 3 through 12 each cover an individual disease process. Though not written in a "cookie cutter" manner, most follow a similar format, starting with the disease process and progressing through etiology, diagnosis, treatment, and summary. The majority of chapters have very instructive ta-

bles, which range in content from recommended drugs and dosages to common appearance of parenchymal abnormalities on imaging studies to differentiating asthma from chronic obstructive pulmonary disease (COPD) in the elderly. Many chapters include algorithms for helping to make treatment decisions. Three chapters are devoted to pneumonia, referred to as "the friend of the aged" by Osler in his 1901 edition of *The Principles and Practice of Medicine*.¹

Chapters 3 through 7 cover various forms of infectious disease. This is fitting, as "infection is exceeded only by atherosclerosis as the most frequent cause of death in people 85 and older."²

Chapters 8 through 10 are important in their coverage of venous thromboembolism, interstitial lung disease, and congestive heart failure, respectively. The risk of developing any of these conditions greatly increases after age 50. The terminology in these chapters is up to date, and the suggested therapeutic interventions include newer drugs. Current recommendations for prophylaxis and the use of video-assisted thoracoscopic lung biopsy to establish a diagnosis of interstitial lung disease are covered. A figure that subdivides patients with heart failure into 4 categories, based on perfusion/congestion status, is presented for guiding therapy. The recommendations for nonpharmacologic therapy in congestive heart failure are specific, and the section on pharmacotherapy discusses an important consideration when treating any disease process in elderly patients: avoidance of polypharmacy!

In Chapter 11 the authors point out that since about 10% of the population is believed to have COPD and another 10% are probably asthmatic, it is possible that 1 in every 5 patients seen by a primary care physician may have airway disease. The fact that asthma and COPD are so common in older adults gives added importance to this chapter. One major concern voiced by the author is that elderly patients with asthma, COPD, or emphysema are often misdiagnosed or never diagnosed, and symptoms of dyspnea, cough, and wheezing are attributed to aging. In addition to a discussion of prevalence, diagnosis, treatment, and prognosis, Chapter 11 includes a chart to help differentiate asthma from COPD in patients over age 40. Newer medications are discussed, and a short paragraph on future trends, including drug categories under investigation, adds to this text. Of interest, visiting nurses are mentioned as being a