

Managing Chronic Obstructive Pulmonary Disease. Laura Blackler RN BSc MSc, Christine Jones RN, and Caroline Mooney RN, editors. Hoboken, New Jersey: John Wiley & Sons. 2007. Soft cover, illustrated, 274 pages, \$50.

Even if it is not your central focus of practice as a respiratory therapist, nurse, or physician, chronic obstructive pulmonary disease (COPD) impacts all health-care workers, many on a daily basis, but certainly frequently enough that it makes sense to own a high-quality comprehensive reference such as this book. In their contributions, 18 multidisciplinary clinicians and lecturers provide details from which the 3 editors created a framework that coordinates efforts across primary and secondary COPD care. Extremely sensible and intuitive, the book is organized to take the reader from the “big picture” of epidemiology, cost, and risk while introducing the disease, to the 12 chapters that outline facets of living with COPD, arranged in the order that many afflicted individuals experience them, from diagnosis through end of life. Each chapter includes an impressive list of references, and there are also lists of COPD organizations’ contact information and Web sites.

Chapter 1, on the pathophysiology of COPD, begins with an accepted definition of COPD, and touches on risk factors, before looking with greater detail into lung pathology. Though a simple schematic of COPD pathophysiology is included, I would have appreciated a cartoon of, for instance, the parenchyma and centrilobular versus panlobular forms, to describe the mechanisms of airflow limitation and cor pulmonale.

The section on diagnosis of COPD is detailed. It begins, appropriately, by examining simple clinical features and common subjective complaints, and the section includes a graded dyspnea scale. I particularly liked the section on spirometry, which was distilled in a very understandable manner, and includes annotated classic flow-volume loops that will be extremely helpful to clinicians who only occasionally deal with COPD, as will the end of Chapter 2, which

describes when to refer a patient to a respiratory specialist.

Chapter 3, on symptom management, and Chapter 6, on quality of life, are the largest sections, and are broken into much appreciated and logical subunits. Chapter 3 comprises sections on pharmacologic management, adherence/concordance, nebulized therapy at home, long-term oxygen therapy, and surgical interventions.

Addressing quality-of-life issues in any chronic illness is a core challenge in health care, and Chapter 6 efficiently provides much needed perspective and structure to help guide both daily life and difficult decisions. Appropriately, the chapter begins by reviewing fatigue management. I was delighted the authors included specific considerations about travel and holidays, and sensitive but pertinent information regarding sexuality. The quality-of-life section seems comprehensive and outlines essential information in a very user-friendly way.

I was happy to see all of Chapter 7 devoted to psychological needs and interventions for people living with COPD. Included is a cognitive behavioral therapy model, with specific material on living with breathlessness. Detecting and dealing with depression and anxiety is also covered in sufficient detail to be extremely helpful.

The overview of noninvasive ventilation contains a nice summary of its utility in acute hypercapnic ventilatory failure and will help many clinicians become familiar with this option.

The remaining sections cover more commonly encountered topics, such as smoking cessation, pulmonary rehabilitation, and COPD management in the community. All the topics are handled similarly, in a very understandable and logical manner. The text concludes intuitively, with consideration of end-of-life care and a look into the future care of those with COPD.

I highly recommend **Managing Chronic Obstructive Pulmonary Disease**. It is a very comprehensive, especially well-organized, well-written text that covers COPD topics from societal impact to onset of COPD, and emphasizes

quality of life as the disease progresses and affects the end of life.

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

Asthma Care in the Community. Jill Waldron RN BSc. Hoboken, New Jersey: John Wiley & Sons. 2007. Soft cover, illustrated, 187 pages, \$50.

Asthma is a chronic disease that is important worldwide. It can affect a person’s entire lifespan or develop at any point. Management of asthma begins with a clear understanding of what is known about the underlying pathological processes that create asthma symptoms. **Asthma Care in the Community** is written primarily for nurses, but the author (a respiratory specialist nurse) notes that it should also be of value to other clinicians, such as respiratory therapists, psychologists, and people in public health.

This book is easy to read, logically presented, and an excellent reference for any health-care professional learning the basics of asthma. The content includes a discussion of the epidemiology of asthma in the United Kingdom, a basic review of the pathologic mechanisms of asthma, and a basic introduction to asthma management, including chapters on complementary alternative medicine, asthma management for special populations, factors that relate to the process of care, and new innovations on the horizon for asthma care. Each chapter includes adequate recent and older references that provide good evidence to support the important points of discussion. In addition to evidence-based recommendations, the author provides clinical pearls based on years of experience, to help the reader understand the complexity of asthma care.

The book has a few gray-scale figures, which are of good quality, with one exception: the asthma action plan is scaled down to fit the page, which made the writing too small for comfortable reading. The remaining figures are not overly complex, and those

that represent anatomical or mechanical structures are accurate depictions with adequate details.

Several case studies are discussed that highlight common problems in the care of persons affected by asthma. The case studies illustrate the value of a holistic approach to disease self-management, consistent with nursing's philosophical underpinnings and theoretical foundations. This approach sensitizes nurses and other health-care providers to the complexity of asthma care, which goes well beyond medical management alone. A holistic approach to the individual and family affected by asthma takes the clinician to the heart of the matter, which is the affected individual and the complex environment in which disease self-management takes place. Based on current research and guidelines, this less traditional approach is essential to achieve quality health care.

The book's title, **Asthma Care in the Community**, is a bit misleading, because the book does not clearly address community care until Chapter 11, where the author describes asthma action plans, the role of the district nurse, and asthma care in nursing homes and schools. It is well recognized that, despite recent advancements in disease-management options, treatment failure due to the interaction of complex individual and environmental factors in the community substantially contributes to asthma morbidity. The value of this book could have been strengthened by presenting more content on evidence-based practices that have proved successful in the community.

The book is primarily focused on asthma care in the United Kingdom, and specifically addresses asthma care based on the 2005 British Thoracic Society guidelines.¹ Readers should realize that there have been recent updates to guidelines from the British Thoracic Society (British Guidelines on the Management of Asthma), the Global Initiative for Asthma (GINA Report, Global Strategy for Asthma Management and Prevention),² and the United States National Heart Lung and Blood Institute (Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma).³ Unfortunately, the author did not provide references to any other guidelines or note that more recent versions may be available. The acknowledgment of additional guidelines and of the ongoing updates of guidelines would benefit readers outside the United Kingdom

and help people compare the recommendations of the various guidelines.

Chapter 1 begins with a description of the epidemiology of asthma in the United Kingdom. The incidence, prevalence, morbidity, mortality, and social and economic burden are discussed. To increase the appeal of the book to a broader audience, the author could have compared available global data on asthma epidemiology in adults and children. Limited findings from global studies, such as the International Study of Asthma and Allergies in Childhood, are presented. The author may have decided to limit the discussion to epidemiologic data from the United Kingdom because of the well known methodological difficulties (described in the book) for collecting asthma prevalence data, such as differences in systems of asthma classification, symptom interpretation, and diagnostic criteria. Those issues are critical to interpreting the discrepancies in the asthma epidemiology literature from different countries and communities.

Chapters 2 and 3 provide an excellent abbreviated review of the basic functions of the respiratory system, which provides the foundation for the discussion that follows on the mechanisms of asthma. Although this content can be complex and difficult to understand, it is clear that the author took considerable care to use basic terminology and to state the most complex physiologic and pathologic mechanisms of the respiratory system in easy-to-understand and easy-to-read language. A glossary of terms is included at the end of the book.

Chapters 3, 4, and 5 discuss the history of asthma, how to make the diagnosis, and the various classes of asthma medications. The medication review includes indications, mechanisms of action, efficacy, and some of the differences in usage between the pediatric and adult populations. In the section on presentation and diagnosis of asthma the author states that "the physical examination is not helpful unless the patient is exhibiting current signs and symptoms of asthma." On the contrary, the physical examination is important whether the client is symptomatic or not, in that additional clues may be found that aid in diagnostic decision making. For example, it is well established that some persons with asthma have nasal allergies that contribute to asthma exacerbations. Though a person may not have asthma symptoms during the visit, he or she might have symptoms that suggest chronic allergic rhinitis.

In such cases the physical examination may provide evidence of factors that contribute to asthma symptoms that would otherwise go undetected.

The final chapters briefly cover a wide array of topics, such as special populations, complementary alternative therapies, and the role of nurses. Although the author does an excellent job of introducing each topic, there are several that deserved more in-depth coverage. In particular, the last chapter, on the role of nurses, is limited to 2 pages. Although the author describes the role of nurses in other chapters, this final chapter would be an excellent place to summarize all of the information on the role of nursing in asthma care and to further extend the discussion.

Nurses are an essential part of the health-care team that contributes to positive health outcomes for people with asthma. This section could have better highlighted the evidence-based interventions that nurses implement in concert with other health-care team members to achieve desirable health outcomes. Nurses possess valuable assessment skills that allow them to implement key international guidelines. The 2007 GINA international guidelines suggest that implementation begin with collaboration between diverse professional groups.

Further office visits are often limited to brief encounters with busy clinicians. Little time is available for patient education on asthma self-management. The nurse has a unique opportunity in office settings, hospitals, schools, and other community health settings to provide the additional and often neglected care beyond medical management. The author points out that all patients with asthma should have an office visit that is not focused on an asthma exacerbation. These visits can be coordinated and managed by nurses in the clinic or other health-care setting, where care can be focused on disease self-management, including goal-setting and support for strategies that prevent exacerbations. Prevention is a foundation of asthma nursing practice and again points to the unique role and value of nursing practice.

In summary, **Asthma Care in the Community** is a good introductory reference for health care professionals. Overall the book provides the most important information for professionals to gain a basic scientific understanding of asthma and asthma management. Although the book has a few opportunities for improvement, the value of the

content included far outweighs any criticisms. I applaud the author who took on this awesome task and the fine product she developed.

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

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Chest X-Ray Made Easy. D Karthikeyan and Deepa Chegu. Kent, United Kingdom: Anshan. 2007. Soft cover, 150 illustrations, 180 pages, \$27.95.

I recall the words of a prominent local surgeon who spoke at the ceremony marking my medical school class passage into clinical practice: "Learn to read a chest radiograph and learn to read it well." That was in 2001. Since then it seems that high-resolution computed tomography (CT) has replaced the chest radiograph as the basic mode of chest imaging, at least in my experience as a pulmonary physician. The authors of **Chest X-Ray Made Easy** aim to renew interest and competence in chest radiograph interpretation. Though I appreciate the clarity of a CT scan as much as anyone, I can argue that, in the interest of using health-care dollars wisely and minimizing radiation to our patients, reviving competence in reading a chest radiograph is a timely notion.

Chest X-Ray Made Easy is a 180-page, pocket-size reference with ample illustra-

tions and chest radiographs (many with corresponding, representative CT images) that demonstrate various normal and disease patterns. The book has 3 chapters, an appendix, and an index. The authors, both radiologists, identify medical students, physicians, and "various post-graduates" as the intended audience, although, at least one Web-link listed the book as "nursing genre," which indicates allied health professionals as another target audience. The glossy pages, font size, chest radiograph images, and color scheme are attractive, and, for the most part, easy to read. Accompanying the book is a miniature CD-ROM with every image and diagram in the book, which can easily be downloaded for inclusion in slide presentations.

Chapter 1, "Chest X-ray," consumes 94 of the book's 180 pages. It begins with explanations of and rationale for the various views and techniques, with both good and bad examples. The chapter systematically demonstrates normal anatomy visible on chest radiograph, using (generally) well-labeled images, as well as multiple diagrams to illustrate and simplify. One exception to this is Figure 1.37, which attempts to show mediastinal lines, but the lack of discernible color coding makes interpretation nearly impossible, although this is not a problem on the accompanying CD-ROM, where multiple colors are used. In the next section, normal variants are illustrated, followed by abnormalities such as air under the diaphragm and dextrocardia. After that introduction, the authors move on to interpretation of the chest radiograph, sagely beginning by recommending comparing the patient's newest radiograph with previous radiographs. This section is concise, well organized, includes posteroanterior/lateral interpretation, and reinforces the anatomy described earlier in the chapter, which is exactly what the beginning practitioner needs. The book's organization then becomes a bit less clear, in that the authors provide examples of various abnormal findings, which may have fit better in the next chapter, "Disease Patterns." Nevertheless, the authors do a fair job of illustrating various parenchymal findings such as silhouette sign, air bronchogram, consolidation (with a list of causes), collapse (complete with both radiograph and diagram examples of various collapsed lobes), and atelectasis shown on chest radiograph and representative axial CT slices. This is followed by abnormal pleural findings on posteroanterior, lateral, supine and

decubitus radiographs (with examples and lists of various causes of pleural effusion, pneumothorax, hydropneumothorax, pleural calcification/thickening, and pleural mass) and diaphragm perturbations. There is also a very detailed tutorial of cardiac diagnoses that can be made from (optimal) chest radiograph examination. Though I found this section quite interesting, and certainly benefited from carefully reading the section on pulmonary vascular assessment, I think it goes beyond "chest radiograph made easy" and perhaps beyond the practical usefulness of a chest radiograph, especially when trans-thoracic echocardiography is available. This section culminates with a flow chart, Figure 1.80, that illustrates "basic classroom approach" (presumably of cardiac diagnosis via chest radiograph), which I found quite difficult to interpret. Not addressed in this chapter (or elsewhere) is assessment of tube and line positions, which is exceedingly important in hospitalized patients. At a minimum the book should have addressed the desired position of an endotracheal tube and central venous catheter. Still, overall, this chapter was the strongest of the three.

Chapter 2, "Disease Pattern," encompasses pages 95 to 130. Whereas Chapter 1 moved logically through initial interpretation of the normal chest radiograph to abnormal findings, grouped anatomically, Chapter 2 is less well organized. It begins with a review of how to determine the relative density of tissue and a list of descriptive terms for lesions, based on size and shape, and then moves quickly to examples of various abnormalities, with chest radiograph examples (some with features over-drawn or better shown on axial CT images, and some that appear to be coronal reconstructions of CT scans rather than chest radiograph images). Chapter 2 seemed particularly plagued by numerous typographical and grammatical errors, such as "military pattern" (when referring to diffuse nodular opacities of < 5 mm) and the labeling of a chest radiograph as having "classical military modular pattern" or "classical batwing appearance." Overall, this chapter, though not as strong as the first, did not detract from the book as a whole.

Chapter 3, "Differential Diagnosis," was quite problematic in that the organization was difficult to discern, there were non-standard, unexplained abbreviations, and annotations that seemed incomplete. For example, on page 135, findings for lobar pneumonia are listed, followed by "com-