

ically cover assessment (focusing on key history and examination elements) as well as diagnosis and management of a specific symptom. Although the chapters are short, the authors have done a good job referencing other sections of the handbook for more in-depth review of particular diseases and procedures. This limits the duplication of information, to which this type of layout is prone, without sacrificing crucial details.

The second section covers specific disease entities. It is comprehensive, to say the least, consisting of 35 chapters. Common topics, such as asthma, chronic obstructive pulmonary disease, and lung cancer, of course warrant their own chapters, but the handbook does not neglect rarer topics, such as pneumoconiosis, gastrointestinal disease and the lung, and lung transplantation. There are even chapters on altitude, diving, and pediatric lung disorders that are relevant to adult medicine. The chapters are short, the longer ones being 20–25 pages, which was essential for this to remain a quick pocket reference. Obviously some detail and depth must be sacrificed for brevity's sake. However, a very nice feature throughout this book is journal and Web-site references at the end of the chapters, which will help readers get more detailed information. I especially liked the inclusion of journal references, as I found many to be key, recent publications on the topic at hand, though they draw a bit heavily from the British literature. Unfortunately, a section that is glaringly absent is one devoted to mechanical ventilation, both basics and more advanced techniques. Instead, this topic is covered in the critical care handbook in this series. Though its placement there is by no means inappropriate, it obligates the purchase and storage of 2 handbooks for readers whose practice scope is primarily intensive-care-related pulmonary medicine.

The last 2 sections are titled "Supportive Care" and "Practical Procedures." "Supportive Care" is a bit of a hodge-podge section, running the gamut from noninvasive ventilation, to long-term oxygen therapy, to immunosuppressive drugs, to ethics, to palliative care. Although it contains vastly different topics, each chapter covers an important, relevant pulmonary-medicine topic that does not necessarily fit into the previous sections.

The section on procedures is, indeed, fairly practical. Although few readers will ever perform a cricothyroidotomy, the rest of the section is devoted to more common

pulmonary procedures, including thoracentesis, chest-tube insertion and management, bronchoscopy, and pleurodesis. The chapters cover the basic procedural information and the indications, contraindications, and potential complications, which, in my opinion, are more difficult to learn than the procedure itself. This section is, however, limited to only pulmonary procedures, so those whose practice involves a large portion of intensive-care patients and who may need to know about invasive hemodynamic monitoring or central venous access will again need to turn to the handbook on critical care.

The appendix is brief but covers key topics likely to be referenced by readers. It includes sections on acid-base balance, blood gases, pulmonary-function testing, and computed-tomography anatomy and pattern of pulmonary diseases. It also contains charts for calculating body mass index and forced expiratory volume in the first second, and converting kilopascals to millimeters of mercury. The latter is crucial to American readers, who will probably reference it often to interpret the blood gas values throughout the book. The inclusion of a section on computed-tomography anatomy is unique and particularly noteworthy, as, in my experience, many practitioners of various backgrounds have difficulty with this subject, particularly when evaluating mediastinal structures. It's as close as one can get to having a radiologist in your pocket.

American readers will find this book a little less useful than their British counterparts. In some cases the information or references given in a particular chapter are very specific to patients and physicians in the United Kingdom. As an example, the section on financial considerations for patients explains potential eligibility for "statutory sick pay" and "incapacity benefits" and gives Web addresses and telephone numbers for United Kingdom government agencies. Similarly, the section on long-term oxygen therapy provides explicit instructions on how—in the United Kingdom—to write the prescription, organize the delivery, and arrange follow-up. Such United Kingdom information is, of course, not applicable "across the pond." This criticism, however, is rather minor, since such United-Kingdom-specific information makes up perhaps 5% of the book.

Overall this handbook is very well organized and laid out. It is easy to use and find information of interest. It concisely summarizes an extremely wide range of pulmo-

nary topics and provides useful and up-to-date references. It would be a useful and fairly economic addition to various practitioners' coat pockets or ward or office shelves.

Amy J Knopke-Mooney MD

Pulmonary and Critical Care Division
University of Minnesota
Regions Hospital
Minneapolis, Minnesota

Evidence-Based Respiratory Medicine.

Peter G Gibson, editor. Malden, Massachusetts: Blackwell Publishing. 2005. Hard cover, illustrated, 593 pages, with CD-ROM, \$189.95.

Many of us would like to think that we are practicing evidence-based medicine (EBM), but keeping up to date with the medical literature can be daunting. Not only is there an immense amount of information, but clinical controversies, conflicting evidence, and sheer lack of time and resources can confuse the busy medical practitioner. The result is that in respiratory medicine there is a large discrepancy between what the literature states and current practice patterns. Moreover, many bedside questions are not answerable with the current data. It is in this context that **Evidence-Based Respiratory Medicine** attempts to accomplish several important goals: to dissect the available clinical evidence in a given subject, to summarize the findings collectively, and to educate the reader about what the review of the evidence says or does not say. In the introduction, contributors Rowe and Klassen discuss these aims while emphasizing that such exercises must keep a patient-centered focus. This evidence-based, patient-centered framework is long overdue, and purchase of the resulting text is worthy of consideration.

The book is divided into 6 main parts concerning general aspects of pulmonary medicine. The contributors and editor are affiliated with the British Medical Journal and the Cochrane Database collaboration, and many of the references cited are from the Cochrane reviews. Notably, the book has a major emphasis on obstructive airway diseases, with asthma and chronic obstructive pulmonary disease (COPD) each devoted an entire part. It is not clear if this was intentional, but it may be that there are more data to discuss regarding these diseases.

Part 1 begins weakly, in that the evidence-based approach did not resonate clearly in the beginning; nor is there a consistent focus on the patient and common bedside dilemmas. Much of the focus in the early chapters in Part 1 is on tables that discuss the sensitivity and specificity of symptoms and tests, but a clinical context is not emphasized. The “take-home” points are not elaborated in the text, but, rather, within the brief chapter conclusions.

Part 1 also lacks clear organization. For instance, in the chapter on diagnostic strategies there is a long discussion of the etiology of cough, but the management of cough is not discussed until much later in the text, buried within a brief discussion in Chapter 4.1 concerning bronchitis and sinusitis. On a positive note, the reader can gain an appreciation of the various debates in the literature, can learn to diagnose common diseases (especially asthma and COPD) with a fair bit of evidence-based experience, and can learn a decision-analysis algorithm for the workup of hemoptysis.

The next 2 chapters of Part 1 read more like reviews rather than evidence-based summations of the literature. Perhaps most disappointing was the section on radiology, which is a broad overview of basic radiology interpretation and had little to do with evidence-based medicine. Here I had expected discussions of important clinical radiology controversies, such as the application of positron emission tomography in lung cancer or the utility of high-resolution computed tomography for characterizing interstitial and airway pathology. My expectations therefore were not immediately met, since the majority of this early text read much like other pulmonary medicine texts.

The book's emphasis became clearer in the next several chapters, beginning with a very-well-written summary on the approach to venous thromboembolic disease; the author concisely discussed both traditional diagnosis modalities and newer technologies in development or on the horizon. The subsequent section provides an important understanding of the controversies in lung-cancer screening. I particularly enjoyed the chapters on patient adherence to treatment modalities and on smoking cessation; these were very practical and widely applicable to a variety of care providers. Moreover, these issues are not often discussed in similar texts and therefore improve the utility of Part I.

Parts 2 and 3 are entirely devoted to the care of asthma and COPD, respectively, and

they make for exceptional reading. The chapters are clear, well-written, thorough, and pay particular attention to handling important questions, with a patient-centered focus. Nearly every chapter begins with a case scenario, followed by how the literature was approached and dissected to answer the question. After analyzing the literature, the authors return to the case to apply their research to the patient's outcome, at times noting their own opinions. The approach is elegant in that, within each chapter the individual case scenario generates a series of questions, and each question is handled in a similar evidence-based fashion. For those who are trying to understand how to apply basic EBM practices at the bedside, especially with regards to the care of patients with obstructive airway diseases, these sections make for extremely worthwhile reading.

Within Parts 2 and 3, a number of aspects of asthma and COPD care are discussed accurately with attention to EBM—from management of exacerbations, to the approach to out-patient disease management, to discussions of more novel therapies. Particularly interesting were the chapters devoted to nonpharmacologic therapies, the role of asthma education programs, difficult-to-treat asthma, and an entire chapter about the evidence surrounding lung-volume-reduction surgery for COPD. The chapters read smoothly, flowing from one subject to another, and keep the reader involved with their attention to pragmatic clinical questions. Notably absent are guidelines for managing asthma in pregnant women, the diagnosis or treatment of chronic sinus disease (discussed lightly in Part 4), and the role of gastroesophageal reflux disease in relation to asthma. In addition, there was no discussion of recent data on adverse effects of long-term inhaled corticosteroids and their questionable efficacy in patients whose airway symptoms are controlled. Overall, though, I think these sections will serve as valuable references for practitioners who want to gain a better understanding of the asthma and COPD literature from a patient-centered, evidence-based paradigm.

Part 4, which centers on respiratory infections, reverts to the style in Part 1; the chapters in Part 4 don't include case scenarios, the chapters read somewhat technically and overall seem less inviting. Broad aspects of respiratory medicine are addressed, from simple and complicated infections (eg, sinusitis and tuberculosis) to respiratory dis-

eases that have infectious components (eg, cystic fibrosis, bronchiectasis). I particularly enjoyed the chapter on influenza vaccination, as it addressed many of the common questions that concern clinicians, epidemiologists, and health-care policy-makers. Also useful was Table 2 in Chapter 4.5, which gives a cogent summary of the available evidence on therapies for bronchiectasis. On the negative side, the chapter on community-acquired pneumonia is too basic, focusing mainly on vaccination to prevent community-acquired pneumonia. There was little or no mention of the utility of invasive diagnostic testing, antibiotic coverage for hospital-acquired infections, isolation precautions, or the impact of various forms of immunosuppression upon treatment considerations. In another negative note, within the chapter on cystic fibrosis much information is presented, but it is presented out of patient context; the result is that this chapter reads like a reference manual rather than a patient-centered EBM review. Moreover, the organization of this section is not as refined. For example, one chapter discusses the utility of antibiotics in a COPD exacerbation, but I think it would have made more sense to include this section in Part 3 (with other COPD issues) rather than with cystic fibrosis and bronchiectasis therapies. Overall, Part 4 is useful but could have been improved to fit the rest of the text.

Part 5, concerning acute and chronic respiratory failure, treats the reader to important pragmatic questions, with the EBM patient-centered approach found in Parts 2 and 3. I believe Part 5 would have fit more aptly just following the sections on asthma and COPD, for both its content and engaging style. Important evidence is discussed about the potential of pulmonary rehabilitation, noninvasive ventilation in COPD, and the issues surrounding the efficacy of long-term oxygen therapy in patients with COPD. Chapter 5.4, about sleep-disordered breathing, seemed initially to be in an odd location in the book, but it will serve as an excellent resource. I was hoping here to also find chapters concerning mechanical ventilation and lung-protective ventilation strategies in patients with acute respiratory distress syndrome, the management of patients with chronic tracheostomy tubes, and the role of lung transplantation in respiratory failure. Overall, however, I was very pleased with this section and think it will be a useful resource.

Part 6 is a collection of evidence-based reviews on other important aspects of pulmonary medicine for which there are inadequate data to merit a separate section or they simply do not belong elsewhere in the text. Again, a series of thorough and well-referenced reviews fill the pages; moreover, the chapter authors are eminent authorities within their specialties. The section is thus very informative. A number of tables summarize the available evidence, but the emphasis is not on bedside clinical questions, and I found the writing style rather monotonous. I expected discussion about environmental and occupational lung diseases, but these were not included.

In summary, the majority of the book is overall successful in its endeavor to provide an up-to-date, evidence-based, patient-focused perspective on various aspects of respiratory medicine. It does this particularly well in its approach to obstructive lung diseases such as asthma and COPD, whereas other sections are composed mostly of topic reviews that can be found in other textbooks.

The content relies heavily on data summarized by the Cochrane Collaboration; this provides academic rigor but can miss recent developments. The book suffers slightly from its occasionally loose organization and lack of a clear and consistent style throughout. The black-and-white text, often with little use of headings and subheadings, made for some very tedious reading at times. The most enjoyable sections use case scenarios to engage the reader, and the book's highlights include some seldom-discussed issues (eg, adherence to therapy, smoking cessation). Thus, overall the book is quite good.

As enjoyable as I found much of this book and feel privileged to have been able to critique it, I am torn as to whether I would spend the \$190 to purchase it. The target audience is primarily providers who desire to achieve a certain depth of understanding in their approach to respiratory diseases. For this reason I think it would be an excellent library resource. However, I am guessing many more individuals would probably be numbed by the sheer number of statistics

discussed, lengthy tables full of often-conflicting data, and exceedingly dull black-and-white format of the entire text. Nor is the included CD-ROM much help in this regard, since its search capabilities are limited, there are no hyperlinks to selected resources, and the on-screen format of CD-ROM material shares the book's nondescript style and lack of visual appeal. With the advent of online access to most journals and other references, textbooks today need to be exceptional to merit individual purchase. I would like to see a more refined second edition before I made a stronger recommendation to spend the money on this text for one's personal library, though overall the book is quite good and necessary for the field of respiratory medicine.

Jaspal Singh MD MHS

Department of Medicine
Division of Pulmonary, Allergy, and
Critical Care Medicine
Duke University
Durham, North Carolina

Evidence-based medicine is not just about using evidence to design treatment plans; It also encourages a dialogue between patients and providers, so patients can share in the decision-making and make their values and preferences known. Together, patient and provider can determine an appropriate course of action—or no course of action if that’s™s on the joint decision. The benefit of this approach is that providers listen to patient concerns and take them into consideration to determine the appropriate treatment plan. The Five Ways Evidence-Based Medicine Adds Value to Health Systems. Evidence-ba... Evidence-Based Series: Evidence-based Respiratory Medicine, part of the acclaimed series BMJ Evidence-based medicine textbooks that have revolutionised clinical medicine literature, comes with a fully searchable CD-ROM of the whole text. Note: CD-ROM/DVD and other supplementary materials are not included as part of eBook file. Evidence-based medicine (EBM) is "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients." The aim of EBM is to integrate the experience of the clinician, the values of the patient, and the best available scientific information to guide decision-making about clinical management. The term was originally used to describe an approach to teaching the practice of medicine and improving decisions by individual physicians about Evidence-based studies have shown that there are certain systems that are better than others when it comes to delivering high-quality Respiratory Care to patients. It takes into consideration the following: Medical Direction.Â 6. What is Evidence-Based Medicine? It is an approach that relies on the following practices: A rigorous and systematic review of evidence, Critical analysis of available evidence, and A disciplined approach to incorporating the literature with personal experience and practice. 7. What is quality?