

### Vascular disease in the elderly

Wilbert Aronow, Edward Stemmer, Samuel Eric Wilson; Armonk, N.Y.; 1997; Futura; 547 pages; \$120.

As the title of this text suggests, *Vascular disease in the elderly* represents a fusion of two disciplines that are closely related: the treatment of vascular disease (including surgical, endovascular, and medical therapy) and geriatrics. The authors note the economic and social consequences of caring for an increasingly aged population, and they address important issues pertinent to the care of the elderly, including changes in physical, social, and psychologic functioning. They also provide a comprehensive review of the physiologic changes that occur with aging, especially in the vascular system.

The book contains an amalgam of chapters relevant to aged populations in general, as well as a systematic, site-specific treatment strategy for vascular diseases in older persons. There are well-written chapters that cover such topics as the epidemiology of vascular disease, with special emphasis on age stratification, physiologic versus chronologic age, comorbid conditions frequently encountered in the elderly, issues pertaining to the perioperative care of the aged, and the importance of the quality (and not just quantity) of life. The middle portion of the text contains a thoughtful and unbiased review of the management of vascular diseases, including hypertension; coronary, cerebrovascular, aortic, and infrainguinal occlusive disease; aortic aneurysm; and venous disease.

This book has several strengths and only minor weaknesses. It is extremely well written and organized. Most of the authors present sophisticated statistical analyses of the pertinent medical literature in a manner that is easily understood, and this presentation is augmented by generally excellent graphics and illustrations. The content of the text is valuable for a diverse audience, including both vascular disease specialists and primary care physicians. The book is an enlightening adjunct to the library of any specialist who treats vascular diseases because it places the disease within the context of the complex physiologic and psychosocial needs of those who are most often afflicted. On the other hand, primary care providers who treat the elderly will benefit from a very thoughtful review of the indications and treatment options for their patients who have vascular diseases. The content is sufficiently sophisticated to be appreciated by physicians and surgeons at any level of experience.

Although this book does occupy a unique niche, it provides neither a complete review of geriatrics nor vascular surgery. For example, there is little information provided on either renal or mesenteric arterial disease, and only a cursory treatment of abdominal aortic aneurysms. Furthermore, because many of the vascular diseases discussed in this book are indeed largely confined to the elderly (defined in this book as age greater than 60 years), some of the chapters that address treatment provide little novel information compared with any standard vascular surgical text.

These criticisms aside, I would recommend the purchase of this book to both specialists in vascular disease and primary care providers. The assimilation of the unique needs and considerations of elderly patients with the principles of management of vascular diseases is enlightening and valuable.

Michael T. Caps, MD  
University of Washington  
Seattle, Wash.

### Current therapy in critical care medicine

Joseph Parrillo; St. Louis; 1997; Mosby; 430 pages; \$84.95.

Like other members of the *Current therapy* series, *Current therapy in critical care medicine* provides a topical reference book devoted to a general field of study. The editor, Dr. Joseph Parrillo, along with 99 contributors, has compiled a text that provides concise summaries regarding pathophysiology and treatment of disorders encountered in the intensive care setting. The organization of this third edition of this text begins with chapters dedicated to diagnostic and therapeutic techniques. This section covers such interventions as endotracheal intubation, cardiac testing, and invasive monitoring. Characteristic of the overall design of the text, each chapter appeals to a wide range of experience in its readership. Illustrative citations include the basic discussion of intubation techniques, which would interest those with limited expertise in this field, and the more contemporary discussion of nuclear cardiac testing, which updates the reader on available isotopes and testing sensitivities.

The text progresses to cardiovascular therapeutics, with a third of the entire text contained in this section. This is somewhat of a misnomer as there are no chapters devoted to any noncardiac vascular disease in this section. This highlights a deficiency of this text and similar constituents of the critical care genre, particularly in the context of this review. Prominently absent are any discussions regarding the critical care management of stroke and aortic reconstructions, both topics that have management issues unique to their pathophysiologic mechanisms and that are not addressed in any of the provided segments. Inclusion of these topics would make the text more appealing to vascular surgeons and trainees. Instead, this section begins with chapters that address the somewhat general topics of shock and its causes, along with a discussion of adrenocortical insufficiency. The remainder of this section includes specific chapters revolving around cardiac disease states such as heart failure, arrhythmias, valvular heart disease, and ischemic heart disease. This section concludes with a somewhat out-of-place general discussion of traumatic shock. Most surgeons would find this specific chapter supercilious in a discussion of medical intensive care.

The text continues with rather detailed chapters

Elderly patients with a history of coronary artery disease, cerebrovascular disease, or peripheral vascular disease are at high risk of disabling events. Risk can be reduced by aggressive management of vascular risk factors (eg, hypertension, smoking, diabetes, obesity, atrial fibrillation, dyslipidemia). Heart failure. Morbidity due to heart failure is significant among the elderly, and the mortality rate is higher than that of many cancers. Appropriate, aggressive treatment, especially of systolic dysfunction, reduces functional decline, hospitalization, and mortality rate. Chronic obstructi The vascular events studied were stroke, coronary heart disease, and death (from vascular disease and from all causes). Stroke was defined as either a cerebrovascular accident or a transient ischemic attack. Coronary heart disease was defined by the occurrence of angina, myocardial infarction, coronary angioplasty, or bypass surgery.Â Our findings provide new, relevant evidence of risk among elderly men and comprehensive information on the dichotomous relation of Lp(a) lipoprotein and sex. This prospective study helps to clarify the role of Lp(a) lipoprotein in the prediction of vascular disease in older adults, in whom the applicability of some traditional risk factors has been questioned.<sup>1,2</sup> Hypertension is a common disease among the elderly in most developed countries. It is considered a very important, if not the most important, risk factor for all subtypes of vascular diseases and risks of death. Many clinical trials in the elderly have demonstrated a significant reduction in myocardial infarction and stroke when using antihypertensive drugs.Â Hypertension is a common disease among the elderly in most developed countries. It is considered a very important, if not the most important, risk factor for all subtypes of vascular diseases and risks of death. Many clinical trials in the elderly have demonstrated a significant reduction in myocardial infarction and stroke when using antihypertensive drugs.

Content. 1 Features of blood pressure measurement in the elderly.