

low pick a revealing view through the mystery affliction's contradictions.

Is COPD the same as emphysema and chronic bronchitis? As asthma? Yes and no, with how and why. Is COPD serious? It is the fourth leading cause of death in this country and expected to move up to third in the next 15 years. Can COPD be cured? No. But, in the first genuinely heartening statement contained in this section, the doctor points out that in most cases its progress can be vastly slowed. This thin ray of sunshine, though, is clouded by the fact that the symptoms of COPD are obvious to those who have them—smokers, usually—who tend to feel that phlegm and shortness of breath are just part of smoking or aging, and who always detect their presence but without recognizing them as part of a disease. Almost bitterly, Dr Quinn points out the alarming fact that while 70% of smokers see a primary physician at least once a year for some reason, few of these clinicians bother to review the history of smoking and symptoms that would identify those who could be saved by early diagnosis.

If I may interject a personal bit of my own history here, I am prompted to mentally replay the mild passing counsel I heard from various clinicians in my own past, including those who kindly suggested I might try to give up smoking. Some even urged, gently, and almost all were willing to prescribe a patch or tranquilizer that might help me quit. None, however, had ever suggested testing for anything as specific as COPD. I heard the term only after an alert leader of the aquatic exercise program I finally tried to join referred me to a pulmonary program. I share Dr Quinn's bitterness more deeply than I can say.

Without laboring the point-by-point thoroughness with which they are developed, the 9 parts succeeding the first apply the same disciplined relevance to their subjects. Part 2's discussion on complications and associated diseases segues seamlessly into Part 3's discussion on lung-function monitoring and Part 4's discussion on living with COPD. In Part 5, Questions 54 and 56 correct myths about smoking and COPD and provide realistic advice for quitting. Part 6 explores medical treatment of COPD. Questions 57 through 73 define  $\beta$  agonists, steroids, and expectorants, and discuss specific treatment suggestions for the different levels of COPD. Part 7, on oxygen therapy for COPD, suggests general guidelines for proper care and safety of oxygen and oxy-

gen medical equipment, and defines oxygen-related therapy.

Part 8 discusses the steps in a pulmonary rehabilitation program and answers common questions on this important subject. Part 9 describes and explains surgical treatment of COPD, discussing candidacy for lung-volume-reduction surgery, lung transplantation, and bullectomy. Part 10 sets out nutritional guidelines for people with COPD, including the effects of deficient diets, anabolic steroids, alternative medicines, malnourishment, and the impact of nutrition on immunity.

Ultimately, Dr Quinn's altogether helpful book applies more specifically to its avowed subject matter than any other I've encountered that covers the same ground, with authority and conviction. His 100 questions and answers provide a multitude of correlating facts that call for further reading and research. To that end, the book includes an unusually extensive appendix, glossary, and index, which fill some 25 pages. In my opinion, the near-total lack of illustrations does not detract from the book's strong impact as a basic reference.

In conclusion, I'd like to thank Cheri Duncan RRT, Pulmonary Rehabilitation Coordinator for Baylor University Medical Center at Dallas, Texas, for recommending me as this book's reviewer; and the rest of the pulmonary staff for keeping me alive.

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**Current Essentials of Critical Care.** Darryl Y Sue MD and Janine RE Vintch MD. New York: Lange Medical Books/McGraw-Hill. 2005. Soft cover, 293 pages plus index, \$29.95.

Pocket reference books, designed to be a "peripheral brain" for health-care providers, are available for almost every specialty in medicine. A new critical care pocket reference guide, **Current Essentials of Critical Care**, is available from Lange Medical Books. Although the editors do not explicitly state their target audience, this hip-pocket-sized manual advertises itself as a "must for medical students, residents, internists, surgeons, anesthesiologists, nurse practitioners, and physician assistants." This paperback contains single-page reviews of 234 clinical syndromes that commonly occur in the critical-care setting. Each review addresses the diagnosis, differential diagnosis,

and treatment, using bulleted points, and concludes with a clinical pearl and a single citation of interest. The topics are grouped by organ system (eg, pulmonary, renal, cardiology) or conceptual grouping (eg, supportive care, pregnancy).

With its advertised audience including physicians, medical students, and clinical providers, this book may be courting too large a readership. The brevity and breadth of the topics make it useful to anyone working in a general intensive care unit (ICU) with both surgical and medical patients, but it lacks the depth that most physicians, physician's assistants, and nurse practitioners need. Its concise and digestible structure is ideal for students rotating through an ICU clerkship. Respiratory therapists might find this book helpful for understanding the clinical syndromes that necessitate mechanical ventilation, but they may be disappointed to see their role in the ICU summed up in a few bulleted pages.

The breadth of topics covered is the book's strongest point. They include standard critical-care pocket-book topics such as shock and acute respiratory distress syndrome, as well as some less-commonly covered topics such as critical care in pregnancy and end-of-life care. The dermatology chapter offers excellent coverage of germane and often overlooked dermatologic critical-care topics, such as miliaria, toxic epidermal necrosis, and drug reactions.

The book has a well-defined structure; each page covers a single topic with bulleted points, a clinical pearl, and a citation. This structure would make it perfect for a medical student trying to cram studying into a busy call night, or an ICU nurse who wants a quick review of botulism before a patient arrives from the emergency department. Unfortunately, the single-page format gives disproportionate weight to certain subjects while minimizing others. Ventilator-associated pneumonia (VAP) receives only a single bulleted page, as does iron-overdose and *Mycobacterium tuberculosis*. Both of the latter diseases appear infrequently in the critical-care arena, whereas VAP occurs in 10–25% of ventilated patients. Yet each topic receives a page in the book, which might cause inexperienced readers to overestimate the importance and frequency of certain diseases.

The quality of recommended management is excellent, although occasionally it is compromised by the constraints of the single-page format. In the page on acute

inhalational injury, carbon-monoxide poisoning is mentioned and supplemental oxygen is recommended, but there is no cross-reference to the page on carbon-monoxide poisoning, in which 100% inspired oxygen is recommended and the controversy of hyperbaric oxygen is addressed. In the same manner, the VAP page does not comment on the benefits of raising the head of the bed with ventilated patients, but a recommendation to raise the head of the bed is made in the page on enteral feeding, without referencing its importance in the prevention of VAP.<sup>1</sup>

Each page sports a single citation of interest, most of which are reviews from top-tier journals, but a few landmark, high-quality randomized controlled studies are cited, such as the Acute Respiratory Distress Syndrome Network low-tidal-volume ventilation study.<sup>2</sup> The majority of the citations are prior to 2003. The editors promise an expansion of evidence-based recommendations as the critical-care-research field expands.

This book could benefit from illustrations. Many topics, including the chapter regarding monitoring in the ICU, are more easily understood pictorially than in text. On the page on brain death there is sufficient space in which to review the oculocephalic reflex, for providers who rarely perform brain-death examinations. In addition, many critical-care pocket guides place frequently used formulas and drugs on a summary page for quick access. Without this amenity, the provider needs a second book or card to have everything at their fingertips. Though this book makes an excellent reference when the diagnosis is known and can be looked up in the index, it would not be the quintessential pocket guide for a critical care provider with questions at the bedside.

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#### REFERENCES

1. Shorr AF, Kollef MH. Ventilator-associated pneumonia: insights from recent clinical trials. *Chest* 2005;128(5 Suppl 2):583S-591S.

2. Ventilation with lower tidal volumes as compared with traditional tidal volumes for acute lung injury and the acute respiratory distress syndrome. The Acute Respiratory Distress Syndrome Network. *N Engl J Med* 2000;342(18):1301-1308.

**Manual of Intensive Care Medicine**, 4th edition. Richard S Irwin, James M Rippe, editors. Philadelphia: Lippincott Williams & Wilkins. 2006. Spiral-bound soft cover, illustrated, 920 pages, \$49.95.

Established as one of the most important bedside information sources in adult intensive care medicine, the 4th edition of the portable-size **Manual of Intensive Care Medicine** comes as a polished and improved version of the 3rd edition of the same format. This handbook is designed to complement and synthesize the hard-cover reference text *Irwin and Rippe's Intensive Care Medicine*, which is in its 5th edition.

The **Manual of Intensive Care Medicine** is intended to be a reference at the ICU front desk, on an accessible shelf or counter, or in the not-so-loaded coat pocket of a medical student, resident, fellow, respiratory therapist, or practicing specialist in various ICUs. Does it reach its goal? Splendidly, considering that it is only about 580 g, of pocket size, and with a single-spaced 8-point font. It is well chaptered, covers many facets of the ICU specialties, is user-friendly, and has a brief, annotated, and nicely formatted outline for quick and direct bedside referencing of the required information, plus an extensive (40-page) index.

The handbook is divided into 16 sections, including an extensive "Procedures and Techniques" part, several organ-system-format sections, covering cardiovascular, pulmonary, renal, gastrointestinal, biliary and pancreatic, endocrine, hematology-oncology, neurology, and surgical problems in the ICU; as well as infectious disease, shock and trauma, solid-organ and stem-cell transplantation, rheumatology, psychiatric, and ethical issues. Of note, the section on pharmacology, overdoses, and poisoning is substantially shorter in this edition, in part because of a more extensive review of the topic in another book by the same authors (and Christopher Linden), *Manual of Overdoses and Poisoning*, which was released in conjunction with the **Manual of Intensive Care Medicine** handbook, as a more specialized, in-depth publication on the topic.

Though in this new edition 6 sections have new editors, the general structure and format are similar to the previous edition. The editors' (well accomplished) task was to ask the authors to synthesize more and to present the problems in a very succinct, bulleted format, with bolded titles and subtitles, and with a shortened body of text and fewer references. Two brand new sections are welcome in this new edition: (1) "Echocardiography in the ICU," which I think calls for sections on general abdominal, thoracic, and vascular ultrasonography in the next edition, especially given the success of the American College of Chest Physicians latest introductory courses, and (2) a well-recognized problem, "Weakness in the ICU."

Each chapter in the section "Procedures and Techniques" includes general principles, elements of relevant anatomy, indications, descriptions of the procedure, post-procedure considerations (including complications and special situations), and selected readings. The anatomy and the procedure are succinctly described in the text, while good illustrative images, diagrams, and tables provide a valuable visual approach to the techniques and procedures. The authors also included special notes on recent advances in the instruments used for these procedures, such as catheters that have self-contained guidewires for arterial cannulation.

The section "Cardiovascular Problems and Coronary Care" starts with a short and relevant chapter on cardiopulmonary resuscitation, which emphasizes the algorithmic approach in various clinical scenarios, reviews the available drugs, and references several relevant articles. The reader should add to the reference list the latest landmark document, "2005 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations,"<sup>1</sup> which was published around the same time as this book.

"Pharmacologic Management of the Hypotensive Patient," another novel chapter in the new edition, deals with general principles (background and adrenergic receptor physiology), followed by a short overview of the main vasopressors and inotropic agents used in practice.

Several other chapters are also inspired additions to the 3rd edition, such as "Syncope," "Cardiac and Thoracic Trauma," "Complicated Myocardial Infarction," "Per-

Critical Care aims to improve the care of critically ill patients by acquiring, discussing, distributing, and promoting evidence-based information relevant to intensivists. Critical Care aims to provide a comprehensive overview of the intensive care field. June editor's pick. The rational use of antibiotics is one of the main strategies to limit the development of bacterial resistance.