the assessment of severity of COPD exacerbation. This chapter has useful tables with guidelines, and a discussion of relevant translational research. The section on the complexities of the cardiopulmonary interactions in COPD exacerbation focuses on predictive models and is an interesting read, but, again, hard to apply in practice. Skeletal muscle weakness is a major issue in COPD, especially at the end stages, and this is covered in an excellent chapter that includes discussion of bed rest, deconditioning, oxidative stress, and systemic inflammatory response syndrome.

Water and electrolyte imbalance, metabolic derangements, and nutrition are covered in individual chapters. It was nice to get into the details of these topics and to learn more about the complexities of the nonpulmonary aspects of COPD exacerbation. In addition to background, these chapters provide useful guidelines for management. The chapter on sleep is adequate but might have benefited from a discussion of translational research on this subject.

The treatment of COPD exacerbation has inched forward with very slow progress over the past 20 years. The chapters on antibiotics, corticosteroids, and oxygen include little new data. There is a nice discussion of how to identify responders to corticosteroids. The topic of carbon dioxide retention and oxygen treatment is also covered, but, again, there is not much new here.

There are 3 chapters devoted to mechanical ventilation. These chapters are good and well worth a read. They provide useful practical guidelines and are easy to read. Home management of COPD exacerbation and rehabilitation are covered, but there is not much new here either. I was, at first, puzzled by the title of Chapter 31, "Acute Exacerbations of COPD as Outcome of Therapeutic Interventions." The chapter is more of a treatment summary, and, again, there is not much new here. The final chapter is an interesting discussion of research and future advances, and gives one hope for the future of COPD-exacerbation treatment.

So, in summary, the volume is comprehensive and covers the pertinent issues of COPD exacerbation. I enjoyed reading it and learned a lot. However, I had some problems with it also. The chapters are not all consistent. For example, not all have summaries, which is a pity. There are some topics that I was surprised were not included. A chapter on the role of smoking in COPD exacerbation would have been worthwhile. An outline of nicotine-addiction treatment strategies would have been helpful and relevant. This is a common problem in treating COPD exacerbation. Pollution can also contribute to oxidative stress and is relevant to COPD exacerbation and probably could have been included. The genetics of COPD and COPD exacerbation is a growing subject and might have warranted a chapter at the end.

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Fast Facts—Chronic Obstructive Pulmonary Disease, 2nd edition. William MacNee and Stephen I Rennard. Oxford, United Kingdom: Health Press. 2004. Soft cover, illustrated, 129 pages, $24.

This book, **Chronic Obstructive Pulmonary Disease**, is part of a series called *Fast Facts: Indispensable Guides to Clinical Practice*, which is published by a British publisher, Health Press. The authors, both highly regarded scholars and thought-leaders in research on chronic obstructive pulmonary disease (COPD), state that the book's goal is to "present an up-to-date summary of our understanding of COPD and of how patients should be evaluated and managed." Though a target audience is not explicitly stated, the language of the text and the inclusion of chapters on pathophysiology (with discussion of, for instance, cytokines) suggest an intended physician audience, of general practitioners, family physicians, internists, and physicians in training. At the same time, in my view, the concise, well-presented material recommends itself to practicing respiratory therapists, advanced students, and to nurses in practice and training.

The book consists of 126 pages, organized into 9 brief chapters: "Pathology," "Etiology and Natural History," "Clinical Features," "Lung Function Tests," "Imaging," "Smoking Cessation," "Therapy in Stable Disease," "Acute Exacerbations of COPD," and "Future Trends." The final page offers useful Internet addresses, including those of important American and British Web sites. Indeed, the joint authorship, which includes professors in Scotland and the United States, gives the book a more global scope and flavor, with discussions of the magnitude and health-care burden of COPD in both the United States and the United Kingdom. For example, the chapter on COPD exacerbations begins with a discussion of the scope of exacerbations and their burden on the British health system. In the context of this international focus, the book may be of interest to respiratory clinicians on both sides of the Atlantic Ocean.

In keeping with the "Fast Facts" appellation, the style is succinct and the included material is current, clinically relevant, focused, and designed for easy availability. For example, each chapter has a distinct color scheme that is indexed on the book's cover, and coordinated colored margin tabs make it easy to locate material. The text combines readability with scholarship. The figures are cited from key studies and summaries, such as the 2003 update from the Global Initiative for Chronic Obstructive Lung Disease (GOLD). In keeping with the 2004 publication date, the citations are current (eg, they include the 2003 update of the GOLD guidelines and COPD staging system), though, as is inevitable with publication deadlines for books, some late-2003 guidelines (eg, the American Thoracic Society/European Respiratory Society standards document on managing alpha-1 antitrypsin deficiency[1]) are not cited.

As another helpful feature of the text, the first 8 chapters conclude with tables of key references and of key points summarizing the material in the chapter. Readers who want an accelerated review of the essentials of COPD will find these 8 tables a succinct primer.

The tables and figures are crisp and clearly rendered, with excellent readability. Of particular value is the authors' dedicating an entire chapter to smoking cessation—a critical intervention in clinical management of COPD—and their inclusion of a table that very nicely summarizes the various nicotine delivery systems (eg, patch, gum, inhaler, and nasal spray). One small exception is Figure 4.5, which depicts flow-volume loops from patients with various degrees of airflow obstruction. To my eye, the classically "coved" appearance of the expiratory loop, representing the concave appearance of the curve that stems from the decreased flow rate at lower lung volume, was difficult to appreciate in Figure 4.5.c.

Features that especially commend the book to respiratory therapists are its concise

style, inclusiveness of clinically important material by recognized thought-leaders, clarity of presentation of text, tables, and figures, and citation of important Web sites for readers who want more detail.

Though in no way eclipsing the substantial value of the book, a persnickety reviewer would quibble with several statements in the book. For example, the stated criteria (on page 49) for reproducibility of forced expiratory volume in the first second (FEV_1) measurements is 200 mL, according to recently published American Thoracic Society criteria, rather than the stated "100 mL or 5% criterion." Also, as a clinician with a particular interest in alpha-1 antitrypsin deficiency, I would submit that the statement on page 62, "In patients younger than 45 years who develop COPD and/or have a strong family history of the disease, levels of alpha-1 antitrypsin should be measured." is too narrow. Though suspicion of alpha-1 antitrypsin deficiency is certainly warranted in such young patients and in those with family histories of COPD, recent international standards call for greater suspicion and more widespread testing. Specifically, the aforementioned American Thoracic Society/European Respiratory Society standards document[1] recommends testing all symptomatic adults who have fixed airflow obstruction, and broader, focused testing for many others.

Overall, Drs MacNee and Rennard are to be commended for **Chronic Obstructive Pulmonary Disease**, which is a very valuable contribution and which addresses a subject of enormous interest and relevance to clinicians. Respiratory therapist clinicians, students, and educators will find this a current, concise, and readable addition to their libraries.

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1. American Thoracic Society/European Respiratory Society Statement: Standards for the diagnosis and management of individuals with alpha-1 antitrypsin deficiency. Am J Respir Crit Care Med 2003;168(7): 818–900.

Fast Facts—Obstructive Sleep Apnea. Barbara Phillips MD and Matthew T Naughton MD. Oxford, United Kingdom: Health Press. 2004. Soft cover, illustrated, 74 pages, $24.

Fast Facts—Obstructive Sleep Apnea is one of a series of brief reference manuals, each of which covers a single common medical disorder. The series purports to be expertly written, up-to-date, and easy to read.

The intended readership is not plainly stated. Its concise bent finds its best fit in the hands of a busy clinician who encounters obstructive sleep apnea and wants a small and pithy reference. **Fast Facts—Obstructive Sleep Apnea** would also serve as a quick review or update on obstructive sleep apnea for interested primary caregivers who want a brief overview. It may be useful in the coat pocket of a respiratory therapist, nurse, or physician's assistant who cares exclusively for patients with sleep apnea. This is not, however, a "how to" pocket manual. There is no guidance for the hands-on aspects of sleep medicine, such as scoring or conducting sleep studies or fitting continuous positive airway pressure equipment. Nor is this book a substantial academic text. You will not find research summaries or discussions of data analysis.

As advertised, the book is concise, at 74 pages. The authors also cite contemporary sources, thus living up to the book's billing as "up-to-date." The text is generally an easy read and the illustrations and graphs are cleanly rendered. Key points and key references are neatly summarized at the end of each chapter, but unfortunately the references are not indexed in the text. It's only my personal bias, but I am bewildered when a purported reference source doesn't make at least a token attempt to support the text with footnoted references. Each chapter is followed instead by a respectable list of nonfootnoted literature citations. That style may be a hallmark of this book series, but with the text-processing software available today and with no substantial space savings gained by the nonfootnote method, its use grates on sensibility.

The material is well organized and the chapters are thoughtfully chosen. The writing style is easy to understand and logically presented. Charts and graphs, which are liberally sprinkled in appropriate places throughout the text, summarize and clarifying the concepts. A list of useful Web sites for further enlightenment is included at the end of the book.

Shakespeare's Hamlet observed that "Brevity is the soul of wit." But scrupulous brevity may have limits in the writing of a short reference text, because it predisposes to overstatement. In the discussion of sleep-apnea prevention, I doubt the authors meant to convey that breast feeding (as opposed to bottle feeding) of infants prevents the development of sleep apnea, but that was what was conveyed. Adults who were breast fed as infants and yet developed sleep apnea would probably take issue. I suspect that the authors meant to convey that certain evidence points to bottle feeding as a risk factor for the development of sleep apnea.

This soft-cover text would fit as neatly into your lab-coat pocket, as it would on your bookshelf. I learned several new things in my read. Minor imperfections aside, the authors should be congratulated on a well done first edition that should find widespread use.

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ACP Medicine, 2004–2005 edition. (A publication of the American College of Physicians). David C Dale MD and Daniel D Federman MD. New York: ACP Medicine/WebMD. 2004. Hard cover, illustrated, 2,859 pages (2 volumes, with CD ROM for 3 months' online access, http://www.acpmedicine.com), $229.

As general internal medicine clinician-teacher faculty at the University of Washington, we are fortunate to have access to many online resources to answer clinical questions and prepare for teaching activities. For help with the evaluation of specific symptoms, differential diagnosis, and practical advice regarding diagnostic testing and management, we generally refer to Upto-Date online and full-text articles on PubMed. When a more detailed understanding of pathophysiology is required we turn to traditional internal medicine textbooks such as *Harrison's Principles of Internal Medicine*[1] or *Cecil Essentials of Medicine*.[2] We have also had online access to *ACP Medicine* through our University of Washington "Care Provider Toolkit," but neither of us had previously clicked on that link. Our goals in reviewing *ACP Medicine* were to compare it with general references we currently use and determine how well it might serve practitioners looking to purchase a general medical textbook.

Chronic obstructive pulmonary disease is usually suspected in people who experience the symptoms described above and can be confirmed by a breathing test called "spirometry" that measures how much and how quickly a person can forcibly exhale air. Chronic obstructive pulmonary disease is not curable. However, available medical and physical treatments can help relieve symptoms, improve exercise capacity and quality of life and reduce the risk of death. The most effective and cost-effective available treatment for COPD in people who continue to smoke is smoking cessation. Smoking cessat Chronic obstructive pulmonary disease (COPD) is a type of obstructive lung disease characterized by long-term breathing problems and poor airflow. The main symptoms include shortness of breath and cough with sputum production. COPD is a progressive disease, meaning it typically worsens over time. Eventually, everyday activities such as walking or getting dressed become difficult. Chronic bronchitis and emphysema are older terms used for different types of COPD. The term "chronic bronchitis" is still