

**Clinical Assessment in Respiratory Care**, 5th edition. Robert L Wilkins PhD RRT FAARC, Richard L Sheldon MD, Susan Jones Krider RN MSc. St Louis: Elsevier Mosby. 2005. Soft cover, illustrated, 439 pages, \$54.95.

**Clinical Assessment in Respiratory Care**, 5th edition, is a comprehensive guidebook; the authors' goal was to "teach the fundamentals and concepts related to the assessment of patients with cardiopulmonary disease." Picking up the book for the first read, I really did not think I could absorb even one more book on respiratory assessment, but the layout of the topics and chapters quickly caught my attention. Each chapter lists learning objectives and key terms, and has an overview, summary, and review questions. Throughout the chapters are "Simply Stated" boxes that emphasize key points. All the tables are concise and easy to read. The book is filled with illustrations and photographs appropriate to the topics. The case studies presented help to drive home key points. Although the intended readership is primarily respiratory therapy students, the text, which is well written, concise, and organized, might also be excellent for respiratory therapists (RTs), nurses, and nursing students.

Chapters 1 and 2 appropriately start with information valuable to all health-care professionals: patient introduction and history-taking. These are harried times for health-care workers; we are asked to do more and more, it seems, with less and less time to do it. Professional patient interaction and communication remain an integral part of the RT's ability to effectively assess the patient and then communicate that assessment to other members of the health-care team, as well as to the patient. Chapter 1 introduces the student to preparing for the patient encounter. It is easy to dismiss the patient-interaction portion of the interview process, but how we communicate and present ourselves in the patient interview process sets the tone and partially determines the success of the interview. Chapter 1 discusses basic medical communication skills, including introduction, assessment, follow-up, and communicating the findings to other members of the health-care team. Other important top-

ics, such as the use of space, eye contact, touch, and listening skills are also covered.

Chapter 2 stresses the importance of the patient interview and includes tips on using mnemonics, using several types of questions, using a conversational style that can help the interview go smoothly, and addressing the general content of a health history. I think it would be easy for many practitioners to dismiss these chapters, saying "I already know that stuff," but good communication skills are essential to good patient care. I would have liked the book to have included some interviewing case scenarios for students to address some "wrongs things to say and do" in a patient interview and further drive home the chapter's points.

Chapters 3 through 5 give in-depth description of patient assessment, including cardiopulmonary symptoms, vital signs, and physical assessment. Chapter 3 describes the signs and symptoms of cardiopulmonary disorders, including cough, sputum, hemoptysis, and dyspnea. Chest pain, edema, and fever are also covered. Several tables give characteristics and causes of those symptoms. The "Questions to Ask About" boxes will be helpful for practitioners.

Chapter 5 gives an overview of physical examination techniques, including inspection, palpation, percussion, and auscultation. The authors appropriately stress in the chapter overview that, although the techniques are not hard to learn, proficiency is attained through *hands-on practice*—an excellent message for any entry-level practitioner. The reader is led through all of the standard practices of physical assessment. The numerous figures and tables throughout the chapter are informational and will help the reader digest the concepts. I compared Chapters 3–5 to comparable chapters in the 8th edition of *Egan's Fundamentals of Respiratory Care* (edited by Wilkins et al) and *Respiratory Care Principles and Practice* (edited by Hess et al). All the chapters were comparable in content, but Chapters 3–5 of **Clinical Assessment in Respiratory Care** did not give me the feeling of wading through a textbook, per se. Rather, it was easy reading and leads the reader through the topics in a fashion that would be especially helpful for a student. Several well-designed figures describe adventitious lung sounds. The

mechanisms of wheezing and crackles are described in figures that will help students visualize the process. Coupling the portion on auscultation with a well-designed audio program would be especially helpful in the classroom setting.

Chapter 5 also includes a section on neurologic examination, which is new to this edition. As the authors note in the foreword, a "detailed neurologic examination is not part of an RT physical assessment," but it is important to understand the impact of neurologic function on the respiratory system and how it relates to cardiopulmonary disease. Discussed are basic neurologic anatomy and physiology, assessment of the central nervous system (including level of consciousness, brainstem function, and spinal-cord function), and assessment of the peripheral nervous system (including the spine and cranial nerves). Although cough is described in detail in Chapter 3, a nice addition to the text would have been a discussion on how the different levels of spinal cord injury affect the adequacy of cough and respiratory strength, and how those affect secretion clearance. A case study involving neurologic examination findings would also be helpful for giving the respiratory care student insight into how the level of spinal injury affects many aspects of respiratory care, one of the most important being bronchial hygiene.

Chapters 6 through 10 are more clinically oriented; they cover the basic principles of laboratory samples and values, blood gas values, pulmonary function testing, chest radiography, and electrocardiograms, describing the testing procedures in good detail. Several case studies help the reader with interpretation and help to drive home key points. Several tables, charts, and figures give information on normal, predicted, and abnormal values and their associated causes, as well as indications/contraindications for many of the tests. Chapter 9, "Clinical Application of the Chest Radiograph," gives a good overview of what a chest radiograph is, how it is obtained, and special radiograph views, and there is a nice box describing the indications for a chest radiograph. The chapter has several chest radiographs for the reader to review. Chapter 10 gives an overview of electrocardio-

grams, and there are several practice electrocardiogram strips at the end of the chapter.

Chapters 11 and 12 give well-written overviews of pediatric assessment and older-adult assessment. These chapters describe the differences between those patient groups and normal adults. Chapter 11, "Assessment of Neonatal and Pediatric Patients," describes in detail the assessment challenges that children can pose, and discusses differences in communication, laboratory values, pulmonary function, and radiographs common in pediatric patients. Chapter 12 discusses the "graying of America" and the challenges that older adults pose. The chapter gives tips on communication and how the aging process can affect communication, which I think will be very useful to students and a good refresher for practicing professionals. The chapter stresses the importance of good patient-assessment skills and how crucial they are in caring for the elderly. Changes in vital signs, inspection, laboratory values, and diagnostic tests are described and give good insight on what to expect when caring for this increasing patient population.

Chapters 13, 14, and 15 cover respiratory monitoring in the intensive care unit, assessment of cardiac output, and assessment of hemodynamic pressures, respectively. Ventilation and oxygenation assessment is the primary topic in Chapter 13. Overviews of lung volumes, pressures, and flows are given as they relate to the ventilator. There is a nice overview of how to assess the patient/ventilator interface, plus examples of several basic ventilator waveforms. A selection of practice ventilator waveforms at the end of the chapter (similar to those in the chapter on electrocardiograms) would be a nice addition and would give the student reader an opportunity to practice this vital ventilator-assessment tool.

Chapter 16 is devoted entirely to flexible fiberoptic bronchoscopy. The chapter gives a brief history of the bronchoscope and then describes bronchoscopy equipment, the capabilities of the bronchoscope, and the indications for bronchoscopy, including masses, hemoptysis, pneumonia, interstitial lung diseases, and foreign bodies. The chapter has several tables and boxes that outline bronchoscopy complications and contraindications, several pictures and illustrations, and an overview of the role of the RT in bronchoscopy.

Chapters 17, 18, 19 cover assessment of nutrition, breathing, and home care. Nor-

mally, it is the registered dietitian or clinical nutritionist who assesses the patient's nutritional status and makes the nutrition plan, but Chapter 17 points out that, in patients with lung disease, nutrition has emerged as a major determinant in short-term and long-term outcomes. As the role and responsibilities of the RT continue to expand, so does the expectation that RTs understand all the factors that influence respiratory medicine, including nutrition. The chapter outlines the interdependence of respiration and nutrition. A brief but well-written section on the role of the RT in nutrition assessment stresses that nutrition assessment *can* occur during respiratory assessment.

Assessment of sleep and breathing, in Chapter 18, describes the normal sleep stages and disorders, including obstructive sleep apnea, central sleep apnea, and upper-airway-resistance syndrome. Sleep-disordered breathing in children is also discussed. Polysomnography is the accepted standard for evaluating obstructive sleep apnea, and the chapter briefly describes polysomnography and gives examples and interpretations of polysomnograms. I found it difficult to read a chapter on sleep assessment without more detailed description of treatment options such as continuous positive airway pressure and bi-level positive airway pressure and assessment of those treatments as part of a respiratory assessment. I compared this chapter to *Egan's* and *Respiratory Care Principles and Practice*, and I thought it was comparable to the one on sleep assessment in *Respiratory Care Principles and Practice*, but the latter also had a separate chapter on treatment of obstructive sleep apnea, which included assessment of the treatment tools. *Egan's*, however, includes sections on treatment and assessment in its chapter on sleep disorders. It describes interventions such as behavior modification, position therapy, and medical interventions, such as continuous positive airway pressure and bi-level positive airway pressure. *Egan's* describes adverse effects of therapy, and it gives several troubleshooting tips on the most common problems associated with the treatment options described. RTs play a crucial role in assessing sleep disorders, and good reassessment skills are critical. More and more of our respiratory assessment includes patients using positive-pressure devices, and our assessments should also include assessing the patient-interface problems that these devices can present. This increasing part of the respiratory assessment

might have warranted an additional section in Chapter 18.

Chapter 19 thoroughly describes assessment of the home-care patient, which is a rapidly growing segment of patient care. Problems encountered in the home-care setting are discussed, and the chapter gives an overview of the differences between the hospital assessment and home-care assessment. Assessment tools mentioned in the previous chapters are reviewed. Special considerations unique to the home-care assessment are also discussed. Physical and functional limitations, psychosocial evaluations, assessment of the home environment, and equipment needs are discussed. The chapter emphasizes the respiratory-care plan and the importance of follow-up.

Chapter 20 reviews documentation of the patient assessment. Three charting methods are described: SOAP (subjective, objective, assessment, plan), APIE (assessment plan intervention evaluation), and PIE (problem, intervention, evaluation). The chapter includes 3 well-written case studies that illustrate the differences between these 3 charting styles and give excellent examples from which to pick the style best suited to the individual practitioner.

Overall, the 5th edition of **Clinical Assessment in Respiratory Care** is a very-well-written respiratory assessment text. The inclusion of chapter objectives, case studies, scenarios, and review questions contributes to an accepted learning style that will benefit any respiratory care student. The tables are well designed and the illustrations are easy to interpret. Each chapter is well referenced and invites further reading. Students and health-care practitioners alike will find the book's information interesting and useful. The material is directed at respiratory care students, and by design it meets its objectives.

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**Communicating in the Health and Social Sciences.** Joy Higgs PhD MPHEd, Ann Sefton PhD DSc MBBS, Annette Street PhD, Lindy McAllister PhD MA (SpPath), and Iain Hay PhD MA. South Melbourne, Victoria, Australia: Oxford University Press. 2005. Soft cover, illustrated, 274 pages, \$49.95.

Each year, employers, professional associations, graduates, and national news networks remind us that the most important skill in the workplace is communication. Frequently, these reminders are followed by an assessment of the communication skills of today's workforce as something less than ideal. Academic programs and the faculties who construct them work to address this issue in the first weeks of class and throughout the students' matriculation. Finding a text that addresses the full complement of communication occurring in the health and social sciences is particularly difficult, especially when searching for one that can be used in a multidisciplinary course. **Communicating in the Health and Social Sciences** strives to illuminate the full nature of communication as well as the varied communication issues that face teachers, students, and practitioners in the health and social science fields. The authors readily acknowledge that some chapters will be of more interest to students, others to entry-level clinicians, and others to those working in health sciences and human services. While a substantial number of the chapters in Parts 1 and 2 might not be of interest to those working in the health and social science professions, the majority of the text will be useful to the student and entry-level practitioner.

The text is structured into 4 parts. Part 1 includes a brief chapter that introduces foundational communication content and the approach of the text. The second part is on communication in the academic and field-work settings; it covers the basics of academic writing style and format, with chapters that address essays, journal submission, and theses. Also included are chapters devoted to searching the literature and issues of academic integrity. In addition, this portion of the text offers content related to communication in the online environment and problem-based learning courses. Professional writing and communication are addressed in the chapters on report writing, case presentation, construction of a community health proposal, and communication with the public about health issues.

In Part 3 the authors provide a mix of the technical and practical aspects of preparing materials for presentation via posters, in-class "talks," Microsoft PowerPoint slide shows, and professional conferences.

In the fourth and final part, the authors address interpersonal communication, including communication in groups and with

colleagues, patients, clients, and caregivers. Issues relative to cultural diversity, giving feedback, clinical reasoning, and the challenges of community health communications are covered.

Overall, the material in the text is well selected and organized. The section on academic and field/clinical writing is especially strong, with the exception of the chapters on study skills and academic honesty. The study-skills chapter does not deal with communication or a communication skill. No attempt is made to make the connection between this chapter and the wider content of the text. While Chapter 3 is also relevant to the student audience, it is more consistent with the theme of the text in that it covers academic honesty with regard to written work, examinations, group work, and research. Sections of this chapter and the previous one read like a college or university handbook, not a communication text.

While the content area in the chapter on referencing and citations fits more clearly into a communication text, the approach is problematic. Sections on formatting for bibliography, quotations, and referencing a variety of sources are not really helpful, because the overview is so general. The chapter does emphasize use of the appropriate reference system for the reader's assignment or purpose. This, however, seems to make the remainder of the chapter unnecessary, given the broad generalized approach to quotations, bibliography, and source citations.

Part 3 includes a mix of material that addresses presentation styles, skills, and strategies with which the authors seek to inform the novice presenter with regard to constructing a presentation or poster. The content for the most part is strong, but three of the 6 chapters cover aspects of text style, template selection, PowerPoint slide construction, and how to construct a table or chart. This content is very technical, and most students acquire it in a computing course. There is, however, very good information on what makes a good presentation, including identifying the objective, audience consideration, plans for content/graphics, and the importance of practice. The emphasis on visiting the venue is particularly good and should be appreciated by the novice presenter.

In Part 4 the authors deal with interpersonal communication, covering topics related to communication in groups, between individuals, and within the community, and they address issues such as intercultural communication, giving feedback, and the

practitioner's roles in consulting, advocating, mediating, and negotiating. My only critique here is that the first chapter in this section would best fit as a closing chapter for the section. The chapter covers basic information regarding the purpose of groups, group processes, and member roles, and it will be especially useful in programs that heavily utilize groups.

Chapter 23 is the first in the text that substantially addresses communication in the clinical or social-services settings. The chapter covers the purposes of conversations between professionals, colleagues, patients, and other caregivers. The chart that outlines purposes and gives examples of each will be especially useful for the student entering a clinical setting for the first time. The one thing missing in this chapter is an emphasis on nonverbal communication. While it is introduced as something the student and practitioner need to be aware of, the concepts are not covered. Much of the world of nonverbal communication is new to students in entry-level courses, and many practitioners do not have a full understanding with regard to the scope of nonverbal communication and its impact on the health-care/social-service worker's ability to convey meaning. The authors did very well, however, in addressing communicating in challenging situations. Additionally, the information provided on working with people who have difficulty communicating is an important contribution to this chapter, in that it both informs the reader about physical and language barriers and provides information regarding communication with individuals using augmentative or alternative communication methods.

The concepts of advocacy, mediation, and negotiation are very well covered in Chapter 24, which is rich in content, steeped in the practical, and enhanced by cases. In addition, the authors make a very clear distinction between the role the student is likely to play and the practitioner's role. The content on consulting, however, is particularly weak, because it includes a number of paragraphs on seeking consultative advice on a college campus and only one on delivering consultative advice in the clinical setting.

The chapter on intercultural communication provides a very general overview of communicating across and within cultures, which will be useful for students and practitioners. The section on working with interpreters is a welcome addition to a communication text and is especially strong. This

is followed by a brief but excellent chapter on giving feedback, a topic that frequently challenges both students and practitioners. The authors provide context as they make it clear that giving and receiving feedback may be challenging, but it is an essential skill in the health and social-science professions.

Another topic frequently not addressed in introductory communication texts is clinical reasoning, which is addressed in Chapter 27, "Learning to Communicate Clinical Reasoning." In teaching and learning respiratory care this chapter would be particularly beneficial, as it could aid the student in understanding the importance of articulating and providing evidence for his or her clinical reasoning.

The final chapter presents the differences between working as a health-team member within the community versus within a hospital. The section on health-promotion teams is strong in content and is enriched with practical examples and tips on communicating in the community setting. Given today's emphasis on teaming in hospitals and in the community outreach, this chapter's section on working in multidisciplinary and interdisciplinary teams will be useful to both the student and the practitioner.

Strong points in this text include an emphasis on professionalism and the role of communication in one's work, how one is perceived, and accountability for skills assessment, development, and mastery. The authors also fully and seamlessly integrate descriptions and discussions of currently available communication technologies, making them part of the content, not "add-ons," as they often are in communication texts.

Another attribute is the use of the terms "health-care professional" and "human-services professional." No single profession is highlighted in the examples, sources, or content. This makes the book very useful in multidisciplinary courses. In addition, the authors consistently begin sections with a presentation of why the material is important. Students will frequently ask, "Why do we need to know this?" The authors answer that question clearly at the opening of every chapter and refer back to it throughout the text, using practical workday experiences to illustrate the point.

While the writing style is very concise, readable, and clear, several of the examples are tied specifically to Australia, the University of Sydney, and Melbourne. Given the broad content, the approach could have

been more international. In addition subtle language and spelling differences might be distracting or interfere with comprehension of some of the content.

This soft-cover book is well constructed, with a cover illustration that clearly conveys the linkage between communication and excellence in the delivery of health care and social services. The illustrations, charts, and tables are clear, appropriately labeled, and very well utilized. The "Handy Hints" and "Case Study" boxes are nice additions that highlight and expand on key information. **Communicating in the Health and Social Sciences** will be a welcomed resource to those teaching communication in the health and social sciences. In addition, I compliment the authors on achieving their goal of providing a great deal of information that is very practical and useable for both students and practitioners in the health and social sciences.

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**Oxford Handbook of Palliative Care.** Max Watson, Caroline Lucas, Andrew Hoy, and Ian Back. Oxford, United Kingdom: Oxford University Press. 2005. Soft cover, illustrated, 819 pages, \$42.50.

The majority of deaths in the United States continue to occur within institutions, primarily acute-care and tertiary-care hospitals. Despite recent advances in pain management, studies of hospital deaths continue to find that two fifths of all patients across all disease categories spend their last days of life in severe pain at least half the time, and almost 30% experience moderate-to-severe dyspnea. Their families also report that both they and patients find it difficult to tolerate the physical and emotional problems associated with dying. Palliative care is the provision of comprehensive care, including expert symptom management, to people with life-limiting illness, and to their families. The primary goal of palliative care is the alleviation or reduction of suffering. While the number of medical centers with formalized palliative care services has increased in recent years, the majority of care provided to people with life-limiting illness continues to be provided by clinicians who are not specialists in palliative care. The **Oxford Handbook of Palliative Care** is a concise and

well-organized reference text for both palliative care clinicians and other clinicians.

The introduction provides a brief but accurate definition of palliative care, clarifies the role of the palliative care specialist, discusses the history of palliative care, and briefly addresses some of the challenges in attempting to determine prognosis in end-of-life care. These issues are particularly important, given the wide variability in clinicians' interpretation of each one of them. Many clinicians continue to define palliative care only as care provided in the patient's last days or weeks of life. They often incorrectly refer to palliative care as "comfort care," "terminal care," or "hospice care," all of which are but small components of the overall specialty of palliative care. The introduction provides a solid foundation from which the rest of the text is built.

At first glance, clinicians seeking palliative care specific information may be tempted to skip Chapter 1, "Ethical Issues." Although the chapter does briefly review basic ethical principles, it also includes useful case examples of common ethical dilemmas. These case studies, which include the withholding of artificial nutrition and hydration, disclosing prognosis, requests from families not to discuss diagnosis with loved ones, and euthanasia, are common in palliative care. Each scenario reviews the associated ethical principles, evidence related to the case, medical facts, and discussion. While all have the potential to assist clinicians, the example related to the withholding of artificial nutrition and hydration is particularly helpful.

Chapter 2 is a brief overview of how to break bad news. This chapter will probably serve as a review for the experienced clinician, as the content is very basic. For the novice clinician it is a succinct but accurate resource for learning the basic steps of delivering bad news. Though many clinicians have learned either through didactic programs or through modeling how to deliver bad news, not all do so consistently. Any clinician responsible for delivering bad news or for teaching the process to others should consider this chapter a good, but brief, review.

I doubt that clinicians who are not specialists in palliative care will find Chapter 3 useful. This chapter is a very limited review of research concepts and terms, much of which is not palliative care specific. The last section of this chapter is the most useful, as it addresses some of the complexities

associated with conducting research in the palliative care patient population.

The text begins to address specific clinical issues in Chapter 4, "Principles of Drug Use in Palliative Medicine," and continues through Chapter 8, "Palliative Care in Non-Malignant Disease." For reasons not clear to me, Chapters 13 and 15, which are also specific to clinical issues, were placed later in the text.

Each chapter contains an abundance of valuable information; however, the reader may find it more useful to reference the detailed index for specific clinical information. In addition to a review of medications commonly used in palliative care, Chapter 4 provides concise information on decision making in drug therapy, as well as the off-label uses of certain drugs, a practice frequently seen in this population. Depending on one's clinical specialty, education, and experience, the remainder of these chapters provide enough information to serve as either a review or an in-depth learning guide for specific clinical issues. Because the text approaches these issues from a palliative care perspective, there is useful information for experienced palliative care clinicians.

The effective assessment and management of pain continues to be a challenge. Patients consistently report that they are not afraid of dying, but rather of dying in pain. Family members frequently express concern that their loved ones will suffer or be in pain. For these reasons, I recommend that all clinicians, from novice to expert, read Chapter 6, "Symptom Management." The chapter encompasses all aspects of pain management, from definition to treatment of both nociceptive and neuropathic pain. The content is concise and well-organized, using bullet points that allow the reader to move easily through the information. In addition to the introduction, this chapter should be considered a "must read."

The final chapters are dedicated to a variety of other equally important palliative care issues. Clinicians should resist the temptation to dismiss these chapters as not applicable, especially Chapter 9, "Spiritual Care." The majority of clinicians receive no formal education in spiritual care, and even some clergy are not specifically educated in palliative care. For this reason, spiritual care issues are often not addressed by clinicians, despite some evidence that faith and spirituality are critically important to many patients and families. An appreciation for the possible role of faith and spirituality in a

patient and family's life can be a tremendous asset when developing goals of care. The intent of the chapter is not to make clinicians spiritual care providers, but rather to assist them in recognizing spiritual issues that can impact the patient's and the family's quality of life and death.

Overall, this text is a valuable resource for all clinicians. Similar texts include the *Oxford Textbook of Palliative Medicine*, 3rd edition (edited by Doyle et al) *Palliative Care Perspectives* (by Hallenbeck), and *End-of-Life Care: Clinical Practice Guidelines* (edited by Kuebler et al). Unlike other palliative care reference texts, the **Oxford Handbook of Palliative Care** is succinct and pocket-size. The book is advertised as an invaluable tool for physicians, nurses, and allied health professionals; however, the authors rarely mention providers other than physicians (eg, advanced-practice nurses or physician-assistants). It appears that it was written by physicians for physicians, with the decision to market it to other disciplines made after publication. Readers should not let this lack of recognition of nonphysician clinicians be an obstacle, as the book's content will be useful to anyone who participates in providing palliative care. One other minor note is that the text is written in "the Queen's English," which some readers may find a distraction.

As the population continues to age and the number of people with life-limiting or life-threatening illness increases, there will be a greater need for all clinicians to provide skilled and competent palliative care. The **Oxford Handbook of Palliative Care** is an excellent reference guide that can assist them in providing such care.

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**Prevention of Allergy and Allergic Asthma: World Allergy Organization Project Report and Guidelines.** SGO Johansson MD PhD and Tari Haahtela MD PhD, editors. *Chemical Immunology and Allergy* series, volume 84. Johannes Ring et al, series editors. Basel, Switzerland: S Karger. 2004. Hard cover, 211 pages, \$81 for individuals, \$162 for institutions.

With the continuously increasing prevalence of allergy and asthma, it becomes obvious that there is a need for a strategy for

prevention, particularly at the primary level. But prevention requires a high degree of understanding the disease pathogenesis. Allergy, or immunoglobulin-E-mediated hypersensitivity, plays a major role in the development and severity of asthma, particularly in children. Asthma is often associated with other allergic disorders, particularly allergic rhinitis, and is generally severest in patients with atopic eczema. Also, fatality from anaphylaxis is highest in subjects with asthma. Hence, it would be appropriate to combine allergy and allergic asthma in strategies for prevention.

**Prevention of Allergy and Allergic Asthma: World Allergy Organization Project Report and Guidelines** was prepared as an extension of the World Health Organization's Strategy for the Prevention and Control of Chronic Respiratory Diseases. The World Health Organization estimates that asthma affects 150 million people worldwide, with substantial impact on quality of life, productivity, and medical costs.

The book provides a relatively comprehensive, yet concise, easy-to-read review on the subject. It was edited by Johansson, of the Department of Clinical Immunology, Karolinska University, Stockholm, Sweden, and Haahtela, of the Skin and Allergy Hospital, Helsinki University, Helsinki, Finland. The project group and contributing authors form a long list of international experts that can be considered "Who's Who" in allergy and asthma.

The novelty of this document is in its providing guidelines and recommendations for allergy and asthma prevention, mostly at the primary level, and partly at the secondary and tertiary levels. Ideally, primary prevention of allergy sensitization should be the aim. Nevertheless, early diagnosis and appropriate treatment of allergic rhinitis or atopic eczema can also reduce the subsequent development of asthma.

Another peculiar feature of this document is that it codes the cited references according to the World Health Organization's categories-of-evidence system and consequently codes the strength of the recommendation for the various interventions. For clarity of interpretation and uniformity in application, it was essential in this document to use the nomenclature of allergy terminology and definitions that was recently developed by the European Academy of Allergology and Clinical Immunology (adopted by the World Allergy Organi-

zation as a global allergy nomenclature) and is included in the Introduction.

The document comprises 7 main chapters, each written by multiple experts, mostly from different parts of the world, which enhanced the provision of balanced information and recommendations. Each chapter ends with conclusions and relevant references.

The first chapter is on genetics and addresses atopic disease heritability, molecular regulation, susceptibility genes, and disease-modifying genes. The second chapter deals with environmental influences on asthma and allergy, including the effects of diet, infection, indoor and outdoor allergies, and exposure to air pollutants, with special details on tobacco smoke. The third chapter addresses early immunological influences, both antenatal and postnatal. The fourth chapter addresses prediction and early diagnosis by using family history, genetic markers, immunologic markers, clinical findings, and allergy testing. The fifth chapter deals with preventive measures through early interventions during infancy and measures specific for occupational allergies and asthma. The sixth chapter addresses allergy and asthma education, which is an important component of disease management. Examples of education programs for asthma, allergic rhinitis, and eczema are provided. The seventh chapter deals with a topic that is rarely addressed in textbooks, namely, the costs of allergy and asthma and the potential benefit of prevention strategies.

The text concludes with a chapter entitled "Summary and Guidelines," in which the editors summarize the key messages of the preceding chapters. For each of the 7 main chapters the editors wrote a concise paragraph on the current knowledge or guidelines and another paragraph on further actions required.

Complementing the document are 2 appendixes. Appendix 1 provides information on practical allergen-avoidance measures for house dust mite, pollen, pets, cockroach, and mold, as well as recommendations for patients with anaphylaxis. These instructions can be reproduced for patient education. Appendix 2 provides outlines in the contents of educational programs on allergic asthma, rhinitis, eczema, and anaphylaxis.

The contents, format, and authorship of **Prevention of Allergy and Allergic Asthma** make it a very timely addition to the medical library. The basic science content of the book is adequate and well-linked

to the relevant clinical aspects of the diseases. I wished the document included more figures, to illustrate certain information. Nevertheless, I found the contents well-organized and easily readable. The book has an exceptionally detailed table of contents and a comprehensive subject index.

Since allergic disorders affect 20–30% of people and asthma affects 5–15% of various populations, patients with such diseases are frequently encountered by general practitioners, pediatricians, internists, dermatologists, otolaryngologists, pulmonologists, and allergists/immunologists. In addition to these health-care providers, the book will be very valuable to preventive-medicine specialists, epidemiologists, health-care planners, and government officials.

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**Asthma Information for Teens: Health Tips About Managing Asthma and Related Concerns.** Karen Bellenir, editor. *Teen Health* series. Detroit: Omnigraphics. 2005. Hard cover, illustrated, 386 pages, \$58.

The issue of asthma management is a daunting enough task, but with teenagers the challenge is all the more complex. That is why it is important for teens to understand at their level the best line of attack by which to manage their asthma. As a father of 3 teenagers, I can appreciate the intricacies of imparting wisdom to teenagers (whether they like it or not). Teaching and reaching teenagers becomes all the more important when they have asthma. This text sets out to reach the teenage patient population and I believe it will achieve that goal.

The intended readers are teens in middle school and high school. The flow of the book is easy to follow and one does not get lost or distracted along the way. Most of the information presented is of short duration, with to-the-point messages that won't cause the reader to lose attention. The book is broken into the following logical sections: "Asthma Facts," "Diagnosing and Monitoring Asthma," "Medical Issues in Asthma Management," "Lifestyle Issues in Asthma Management," "Asthma Research," and "Resources for Additional Help and Information." The editor was correct in prefacing the book by stating that, while asthma cannot be cured, it can be successfully man-

aged with knowledge and proper care. If any take-home point should be made to teenagers, it is this one: *Asthma can be managed, but the patient must be actively engaged in making it happen.*

Part of this book that makes the reading interesting is the liberal allotment of "Tips" and "It's a Fact" sidebars, which offer information snippets that relate to the topic, but in a shorter and concise manner. Even for the adult reader this is much appreciated.

In the section on asthma facts the writer took great pains to detail the causes of asthma and how it is diagnosed. An entire chapter in this section is devoted to frequently asked questions, which are appropriately placed. Questions are asked and answered that would probably concern a teenager. For instance, one question asks, are asthma medicines addictive? Another asks, are inhaled steroids dangerous? All of these are answered in a straightforward, compassionate, and clear approach.

Interestingly, the book includes more than 6 pages about coughing, but has no substantial discussion about why cough is important, as it is a classic sign of uncontrolled asthma. This is especially true during the nighttime, but this is never mentioned in the book. In addition, there are mentions of certain drugs that cause cough, but the book does not specifically state what those drugs may be. I found this omission to be lacking.

I did find useful the section dedicated to dispelling the myths about exercise-induced asthma. It was well-referenced and discussed the subject with a personal touch in that it was told by former Olympian Joanna Zeiger, a world-class triathlete who has exercised-induced asthma. That personal perspective brings the information to life and helps the reader better relate to the topic. Role models are important to this age group.

The second section is focused on diagnosing and monitoring asthma, and I found the chapter "How to Find an Asthma Doctor Who Meets Your Needs" most useful. It provides many sensible and common-sense questions that must be asked when trying to find a physician who will adhere to the needs of the patient and family. Critical questions and due diligence recommendations are provided. These are considerations that adult readers can benefit from as well.

This text is up to date and even presents a discussion of the role of exhaled nitric oxide as a monitoring tool for the asthma inflammatory process, as well as information about the use of anti-immunoglobulin-E

therapy. By even mentioning these emerging technologies, the book made me realize that the editor sought to cover as much new information as possible. I also appreciated the level of "straight talk" that is presented. If a patient with asthma experiences a severe attack, proper steps must be taken or the person can die from asthma. This is stated more than once, and it is important to share the seriousness of the disease.

It would have been very useful to have a section dedicated to peer-pressure issues. It is important to understand ways to manage asthma without being conspicuous. In particular this would be important when it comes to taking medications or when displaying symptoms of uncontrolled asthma. I recall a friend of my daughter who was recently at our home with several other teens. Unfortunately, she stood out because she has severe persistent asthma. During the party she needed to hook up her nebulizer to take a rescue medication in the midst of the get-together. She ended up being the center of attention. How does a teen discretely manage asthma symptoms without standing out in the crowd? This issue should have been elaborated on. There could also have been photographs and color drawings. All of the text is in black-and-white and there are very few illustrations.

This is a unique text and could make an important contribution to the education of 13–19-year-olds, who have a wide variety of interests, peers, and perceived pressures. I would recommend it to all teens (or adults) who wish to learn more about asthma and the asthma issues facing this age group. It would even be useful for the respiratory therapist to read as well.

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**Smoking Cessation** 2nd edition. *Fast Facts* series. Robert West PhD and Saul Shiffman PhD. Oxford, United Kingdom: Health Press. 2004. Soft cover, illustrated, 78 pages, \$28.

The *Fast Facts* series of soft-cover books is designed to provide quick reviews of various medical conditions and treatments. This particular installment provides information on acute and chronic effects of smoking, smoking-cessation treatments, and the benefits and myths associated with smoking cessation. The target audience is broadly stated as all health-care professionals, and the information is provided in a clear and concise manner easily accessible to any health-care provider.

The book is short, 78 pages, with 8 chapters supplemented nicely with graphs and charts. The chapters include "Cigarettes as a Nicotine Delivery System," "Smoking Patterns," "Social, Psychological, and Economic Influences on Smoking," "Effects of Smoking and Smoking Cessation," "Cigarette Dependence," "The Clinician and Smoking," "Treatments to Aid Smoking Cessation," "Future Trends," and a section with useful addresses and resources.

Providing an international perspective on smoking cessation, the text is co-authored by 2 respected physicians from the United Kingdom and United States, who have over 20 and 30 years, respectively, in tobacco research. This international perspective is seen in the chapter "Smoking Patterns," which makes good use of graphs to show smoking patterns as high as 60–65% of men in Russia and China. The chapter "Social, Psychological, and Economic Influences" describes the economic impacts of tobacco-advertising bans and increased taxes on smoking, in both the United Kingdom and the United States.

Chapters 1, 4, and 5 describe cigarettes' ability to deliver nicotine and cause dependence, along with the consequences of smoking. In particular, I found the chapter "Cigarette Dependence" quite informative. This chapter simplifies the relatively complicated process, translating the technical aspect of nicotine's effect on the brain to its creation of tobacco dependence. There is effective use of graphs.

The importance of counseling is reviewed in the chapters "The Clinician and Smoking" and "Treatments to Aid Smoking Cessation." The authors correctly point out that all health-care providers should assist in

counseling for smoking cessation. As a respiratory therapist, I've always felt that our role is crucial in aiding smoking cessation. The book includes a simple algorithm that provides a nice visual decision tree for counseling choices. The pharmacologic and alternative aids to smoking cessation are described in easy-to-understand prose. There is correct emphasis on the importance of pharmacologic smoking-cessation aids and the consequent increase in cessation rates. The summary on nicotine-replacement products and bupropion is succinct yet complete.

The chapter "Future Trends" is only 3 pages long, but it provides a quick summary of cessation activities that are "on the horizon." The final section on resources will be helpful for those seeking more information.

One aspect of the book I found disconcerting was the lack of specific citations. As in other of the *Fast Facts* books, the authors provide a list of references at the end of each chapter. Some of the statements made in the text beg for further investigation. One case to this effect is in the chapter, "Social, Psychological, and Economic Influences"; the author states that, "In adulthood, there is a strong correlation between having a criminal conviction and being a smoker." While this may be true, I'm not sure all smokers would agree, and they would probably want to see the source of that information. Despite this personal preference for specific citation, I found the *Fast Facts* book format well organized and easy to read. Each chapter is color-coded for quick reference. I found the key points section at the end of each chapter quite beneficial.

I think the authors have nicely covered the topic in a brief, concise manner. The organization and content are good, and the information is current and topical. Allied health professionals will find this an excellent smoking-cessation resource.

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