not meant to be a day-to-day manual or single resource for respiratory therapists and sleep technicians. Also, at face value, the book’s title is a bit misleading, appearing to have a broader appeal, whereas the content is heavier on pharmacotherapy for sleep disorders.

An impressive 5-member editorial team assembled 125 knowledgeable and preeminent experts in sleep disorders and pharmacology. All aspects of diagnosis and therapies of sleep disorders are well represented. There are 55 chapters and 10 appendixes, which provide a tour de force through sleep pharmacology. The book has a durable and attractive hard cover, and crisp schematics, tables, and figures. The page and font setting are easy on the eyes, and the index is comprehensive and functional.

As a newcomer to the gamut of books in the sleep field, this book carves for itself a nice niche in sleep pharmacology. The editors and authors must be commended for their excellent efforts in dealing with 2 rapidly changing fields: sleep and pharmacology. There are many strengths to this product. This book serves as a “one-stop shop” for any questions a prescribing physician, therapist, or technician may have regarding the management and treatment of sleep disorders. Sleep Disorders: Diagnosis and Therapeutics belongs on every shelf of a sleep center or prescribing physician.

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This book is a good reference for respiratory medicine and the understanding of common respiratory problems encountered by subspecialty practitioners, general practitioners, and medical students. It provides in-depth understanding of commonly encountered pulmonary problems, utilizing a didactic approach to common questions and their answers, and incorporates the patient as a whole in the search for clinical diagnosis and medical decision making.

The book is divided into 3 main sections: the basics, cases, and self-assessment.

The first part of the book emphasizes the basic science related to the respiratory system and takes the reader from anatomy and physiology to understanding and evaluating major respiratory complaints through physical examination and additional investigative modalities that aid the physician in the diagnosis and management of different respiratory problems. This section provides a specific area of approach to the patient where the most common respiratory complaints are described in detail, including clinical definition, common causes, and risk factors that may contribute to their development. It also contains tables in which the most pertinent information about the topic under discussion is emphasized and easily recognized.

There are also charts and pictures that promote understanding through a direct visual approach to anatomy, physiology, physical examination, and medical thought-processing. Some of these even provide clinical-pathological correlations so that the reader understands the relevance of each clinical or pathological finding. The physical examination is presented with detailed descriptions of the “how to” and is aided with pictures that emphasize important examination techniques as well as pathological and non-pathological findings.

The first part of the book also presents the different diagnostic tools, such as chest radiograph and spirometry, which aid the clinician in making proper diagnostic and management decisions. It explains how they are obtained, how they function, and even explains the proper way of interpretation. Finally, it provides a general idea for treatment options for patients with respiratory ailments.

The second part of the book contains 29 different cases of commonly encountered pulmonary problems in medical practice. In each of these cases, questions pertinent to each problem are answered directly and with the aid of tables that exemplify general medical knowledge regarding the particular problem. Each case is presented in a methodological question-answer format that outlines relevant factors of the history of present illness, important findings of the physical examination, insight to relevant diagnostic techniques, and final clinical decision making regarding the management and treatment of each case. Most importantly, the cases are presented with questions that permit the reader to time to reflect upon the different stages of the clinical investigation.

At the end of each case there is a case review that summarizes the most important aspects of presentation of illness, diagnosis,
management, and outcome of the patient. There are also key points in a table that provide brief but concise information about the most relevant aspects of the particular disease, including definitions, presenting symptoms, diagnostic evaluations, and management guidelines. Each case guides the reader through the medical thought process of how different respiratory illnesses are approached and managed.

The third part of the book provides self-assessment, and is presented with 3 different formats of questions that review the knowledge acquired throughout the first 2 sections of the book.

The first group of questions is multiple-choice. It is presented as quick clinical cases, followed by a general question regarding the case. There are 4 different choices, of which only one is correct. The second group of questions is presented as clinical vignettes that need to be matched to the most appropriate answer. Lastly, the third group of questions consists of clinical vignettes followed by a series of pertinent questions that need to be answered with the previously acquired knowledge. The first 2 sets of questions have answers without explanations; however, the third set of questions provides useful insights.

The final portion of the book has an index of cases by diagnosis, as well as a regular index.

In general, this book provides an extremely coherent approach to respiratory medicine, starting with the basic science of the respiratory system, going through physical examination and evaluation techniques to thought processing and medical decision making. The readers encounter important information that provides a solid understanding of the main respiratory problems, how and why they come to be, and how we as clinicians can recognize them through a detailed clinical history, relevant physical examination, and diagnostic workup. Its case-based approach emphasizes patient continuity, which is the basis of the patient-physician relationship and may reassure the physician in his or her clinical decision making. The book gives the reader up-to-date information about the different aspects of basic respiratory medicine through the presentation of the most commonly encountered pulmonary clinical problems. Anyone eager to learn will find the approach in the book as a pathway to common sense rather than a memory game. The structure of the book gives the reader easy access to information through the bullet-format review tables and by highlighting pertinent information of the different themes in discussion.

One of the most important aspects of the book is the system-based approach to respiratory medicine. I believe this lets the student channel all information toward pulmonary problems but at the same time takes into consideration the other organ systems that affect the lungs, such as the cardiovascular system. It does this with broad differential diagnoses provided in different tables and charts. Also important is the fact that the book presents different clinical scenarios of real human beings who need our help. This is certainly a comprehensive way of understanding that, despite the lungs being a single organ system, they are part of a very complex organism: the human being. I definitely recommend this book to anyone who is eager to learn about respiratory medicine and who wishes to have a greater comprehension of this body system.

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Cardiopulmonary pharmacology represents the application of pharmacology to the treatment of cardiopulmonary diseases and disorders. It is essential for health-care professionals to acquire a sound background in the general principles of pharmacology and an in-depth knowledge of the drugs commonly used in the treatment of patients with cardiopulmonary disorders. The delivery of medications via the aerosol route has greatly increased in recent years. In the hospital setting, the respiratory therapist is at the center of the world of aerosolized medication delivery. Therefore, it is imperative for respiratory therapists to keep up with the latest advances and maintain their expertise in all aspects of cardiopulmonary pharmacology. Integrated Cardiopulmonary Pharmacology, now in its 2nd edition, is a well organized, comprehensive textbook that will help facilitate vital lifelong learning in medicine from the classroom to the hospital room.

In the preface to this 2nd edition, the authors are quick to let the reader know why their textbook is unique and how it addresses the concerns of keeping up to date with developments that may have taken place before it gets to bookstores. The authors state that in the current edition of this book, “the main changes include updating and revisions needed in any pharmacology textbook to keep up with the latest advances in this dynamic area.” Further, they also explain the advantage of the “integrated” approach of the textbook that links pharmacology to physiology and pathology, which gives the reader more relevant understanding of the material. On a lighter note, the authors reveal their frequent use of humor throughout the textbook. Educators would all agree that respiratory care students are especially delighted when learning is made easier when elements of whimsy are incorporated into serious subject matter.

Many special textbook features are incorporated to help students learn pharmacology more effectively. The “Get Connected to the Web Site” section enables the student to easily connect to an interactive companion Web site. It commendably includes updates on new drugs and treatments, videos, animations, references, additional readings, and sample National Board for Respiratory Care (NBRC) style test questions. There is also a “Learning Hints and Controversies” section in each chapter, to further engage the student. Clinical pearls are spread throughout the textbook to allow the student to apply the book knowledge to real patient situations. Key terms, including symbols, units, and abbreviations of medical terms, are included for easy reference. Chapter questions, in multiple-choice, matching, and case-study formats, can be found within each chapter, to check for student comprehension of the material presented. A separate pocket “Drug Companion Guide” is integrated with the textbook. The guide provides more detailed information concerning specific drug uses, routes, actions, interactions, and both pediatric and adult dosages. All of these special features are extremely valuable accomplishments to this well rounded textbook.

Integrated Cardiopulmonary Pharmacology is divided into 3 parts and uses a building-block approach to teaching pharmacology. Part one is the foundation material that is needed to begin learning. Part two is the next layer, that examines the specific drugs used in patient care. Part three is the
Get the most from clinical practice, with Clinical Cases Uncovered. This essential title in the Clinical Cases Uncovered series includes many important scenarios in respiratory medicine that feature in real-life clinical practice. Everything is covered, from respiratory arrest and asthma to environmental effects and abnormal chest X-rays. Anatomy, physiology and the relevant pathological background feature in the basic science section, with important advice on the approach to the patient. 

Cases meeting the following criteria should be reported to the Centers for Disease Control and Prevention (CDC) as suspected MIS-C: individuals < 21 years old with fever > 24 hours, laboratory evidence of inflammation, signs of ≥ 2 organs involved, and laboratory or epidemiologic association with SARS-CoV-2 infection (3). A similar multisystem inflammatory syndrome in young and middle-aged adults (MIS-A) also has been reported (4).

Moderate illness: Patients who have evidence of lower respiratory disease by clinical assessment or imaging, and an oxygen saturation (SpO2) ≥ 94% on room air at sea level. This essential title in the Clinical Cases Uncovered series includes many important scenarios in respiratory medicine that feature in real-life clinical practice. Everything is covered, from respiratory arrest and asthma to environmental effects and abnormal chest X-rays. Anatomy, physiology and the relevant pathological background feature in the basic science section, with important advice on the approach to the patient. 

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Section 1: Systems-related cases
- Cardiology
- Respiratory
- Abdomen
- Liver
- Renal
- Endocrinology
- Neurology
- Rheumatology
- Haematology
- Infection.

Section 2: General self-assessment cases.

Index.

These cases are no substitute for clinical experience with real patients, but they provide a safe environment for students to explore clinical problems and their own approach to diagnosis and management. Respiratory tract infections. Suvorova Margarita Petrovna Associate Professor Sechenov University. Department of Hospital Therapy. 

Respiratory causes (infection, pleural effusion, pulmonary fibrosis, intestinal lung diseases, tumors of the lung); Cardiovascular diseases (congestive heart failure, heart valve defects); Overweight; Abdominal causes (ascites, hepatomegaly); Psychogenic causes (hysteria); Head and neck tumors; Anatomical violations permeabilities of breathing passage; Musculoskeletal problems (pain, chest deformation, myasthenia); Pneumonia continues to play an important role in medicine. In the world, lower respiratory tract infections are the leading cause of death.