

niques such as 2-group comparison tests, correlation and linear regression, logistic regression, and survival analysis. The chapters discuss appropriate use of statistical techniques and situations in which techniques would be invalid. In keeping with the book's goal, the theory and mathematics underlying the techniques are not discussed in any depth. As with the first half of the book, these chapters are written with an efficiency that makes them approachable and easy to digest. Despite the authors' stated goal, I think these chapters work better as instruction for those seeking better understanding of the literature they read rather than providing the understanding necessary to implement the techniques for data analysis. On the other hand, these chapters would serve as accessible introductions to the topics for students and trainees who plan on gaining more knowledge on the techniques. These chapters discuss observational studies, randomized controlled trials, and sample size. Like the other chapters, these are succinct, well written, and demystify important issues that are frequently misunderstood.

In summary, this is a very well written introductory statistics text that meets its goal of providing a readable self-study guide for improving your reading of the medical literature. The minimal use of statistical notation, the frequent use of examples from the literature, the well demarcated sections, and the self-study questions add to the book's quality. Though the text does not provide enough depth to serve as the sole instruction in statistics for a budding clinical investigator, the extremely accessible style makes this a valuable companion even for those students engaged in formal training in applied statistics. I highly recommend this text for anyone seeking to improve his or her skills in interpreting the medical literature, and for students and trainees entering the world of clinical research.

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The Comfort of Home for Chronic Lung Disease: A Guide for Caregivers. Maria M Meyer and Paula Derr RN, with Mary E Gilmartin BSN RRT AE-C. Portland, Oregon: CareTrust Publications. 2008. Soft cover, 345 pages, \$24.95.

According to Friedland, 83% of people with health problems that require long-term care live at home, and of that group 78% do not hire outside help.¹ This means that family members, few of whom have formal training in providing care and who themselves are affected by their loved one's diagnosis, are the main caregivers for the chronically ill. Medical professionals do not aid this burdensome task by presenting to the patient and family that chronic lung disease is a death sentence. What is needed is a guide to *living*, and that's what this book is.

The book's title is supported by the feeling of warmth and comfort from the picturesque and colorful book cover and the note pages at the end of the book, which make the book feel welcoming. This book, which is part of the *The Comfort of Home* caregiver book series, is divided into 3 parts: Getting Ready; Day by Day; and Additional Resources. Each part is divided into chapters, which include appropriate illustrations, highlighted notes and tips of special importance, and an extensive resource directory. The print is in a large, easy-to-read font. The language is appropriate for its target audience: the patient and family. Medical terminology is kept to an appropriate minimum, and abbreviations are explained on first mention. Most of the abbreviations also appear in the "Common Abbreviations" section in the third part. This will help readers understand the terminology that medical professionals frequently use unaware that the patient/family does not fully understand the terms. The chapters are short, which makes for easy reading and contributes to the ease of using this book as a guide for addressing particular problems and questions.

The 10 chapters of Part 1 cover the basic information needed after diagnosis, to understand what the diagnosis means. "Now what?" is the driving question for the content. This section covers treatments both in the clinic/hospital and at home.

For continuity of topics, Chapter 4, "Using the Health Care Team Effectively," should have come before Chapter 3, "Getting In-Home Help." Chapter 4 has several helpful lists to improve communication be-

tween patient/caregiver and the medical community. The majority of Part I is dedicated to the home as the site of care. This section would have been better if it began with the important question raised in Chapter 3: Is home care for you? The discussion of home preparation and supplies is basic to any chronic disease cared for at home.

The chapters on financial aspects of home care include information about financial assistance, which is often one of the first concerns because of the high cost of drugs. Again, for continuity, Chapter 8, "Planning for End-of-Life Care," should have come at the end of Part 1. This section should have included the general outline of the legal documents the chapter presents, and options, including but not limited to hospice. Most chronically ill patients with a terminal disease want to know what the end will be like. The authors could have better served the reader by going there, when many medical professionals won't.

The 8 chapters of Part II are devoted to the day-in/day-out tasks of caring for someone. The idea of a written care plan, which is discussed extensively in the first chapter of this section, is probably beneficial but not always practical. The chapters on activities of daily living, diet, nutrition, and exercise are broadly covered and would apply to any chronic illness. Information specific to chronic lung disease was missing. For example, the section "The Shower" indicates to turn on the cold water then the warm water, to prevent burns, but turning on the water in that order prevents the production of steam, which affects the lung patient's breathing. The chapters on activities of daily living were interrupted in flow by the chapters on therapies and special challenges. Chapter 14, which covers the allied health professionals the patient will encounter, was out of place in a part titled "Day by Day," and was the most disheartening of all of the chapters. The emphasis on the physical therapist and the occupational therapist and the de-emphasis of the role of the respiratory therapist was surprising, considering the book was co-authored by a Registered Respiratory Therapist—the one allied health professional that is seen by every patient with chronic lung disease. The one-paragraph description of the respiratory therapist shares the same page as "Pet Therapy." Is it any wonder the members of the respiratory care profession are not given proper recognition when their own are not champions for the profession? Maybe the authors

should have asked patients with chronic lung disease which profession above all others has educated, treated, and encouraged them to live?

The chapter "Special Challenges" covers a topic of great interest to patients with chronic lung disease and their families, especially: "the Vicious Cycle of Dyspnea." The illustration makes a wonderful presentation of the cycle. In turning the page, however, we find page 342 of the index, not page 242, which would have been a continuation of the discussion on seasonal affective disorder and whatever the next topic was.

Another topic important to the target audience is traveling with oxygen equipment. This section should have received a more prominent place in the chapter, rather than being behind the section on consumer fraud. Diet and nutrition are topics of interest to most people and need to be addressed when caring for someone with any disease process. The authors cover several dietary plans directed more at the person with or trying to prevent cardiac disease. On a couple of occasions the authors mention the idea of nutritional snacks for patients with COPD. A list of suggested types of snacks would have been helpful.

The chapter on emergencies is a quick reference to first aid. Putting the topics in alphabetical order might have made this resource more user-friendly. A concern about the book's suggested handling of shortness of breath was the directive to increase the oxygen liter flow.

Being a caregiver is physically and emotionally demanding, and the authors comprehensively cover both aspects. Part II ends with a chapter on body mechanics for the caregiver. The illustrations and step-by-step instructions are well written. The emphasis on the caregiver was well deserved and could have been amplified by moving the section on caregiver burnout to this same position in Part II. The analogy of caregiving to a race was used throughout the chapter. The suggestions made were simple and augmented by highlighted "tip windows." Author Derr's personal experience as a caregiver assisted this chapter and is a wonderful addition to the guide. The authors mention in the acknowledgments that portions of the book were taken from previous books in the series. This was evident throughout the text, but especially in the section "Respite Time," which uses the word "survivor." Obviously,

some modification of those borrowed passages should have been made.

Part III includes a list of common abbreviations. Medical professionals often speak and write with acronyms, which can be confusing and limit a patient's understanding of the disease process. Some of the acronyms used in the text are not included in the list.

The section "Caregiver Organizations" is a wonderful resource for additional help; it supplements the chapter-by-chapter resource guides that make this book valuable to the caregiver. I think many readers will find the last section, "Glossary," to be their "caregiver bible." The definitions provided are clear and easily understandable and will take some of the mystery and fear out of medical jargon.

This book meets the goals of the authors and the mission of CareTrust Publications, and it meets a caregiver's need for a general resource. However, the specific challenges faced by and the specific information needed by the caregiver of a person with a chronic lung disease would not possibly have been missed had the authors utilized respiratory therapists to review the manuscript.

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REFERENCE

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Manual of Pulmonary Function Testing, 9th edition. Gregg L Ruppel MEd RRT RPFT FAARC. St Louis: Mosby Elsevier. 2009. Soft cover, illustrated, 512 pages, \$59.95.

Many textbooks enjoy short runs of popularity in respiratory therapy and pulmonary medicine, but only a few span the careers of several generations of clinicians. First published in 1975, Ruppel's **Manual of Pulmonary Function Testing** is one such textbook. It is a "must-have" for respiratory

therapy students, pulmonary function test (PFT) laboratories, and anyone preparing to take the National Board for Respiratory Care PFT examinations. I began my training in respiratory care one year after the publication of the 4th edition (which is still on my bookshelf), and it is an honor to review such a distinguished and important book.

Key components of the book's successful format have carried over to the 9th edition, including learning objectives, interpretive strategies, case studies, and tests for each chapter, which are divided into entry-level and advanced-practitioner categories. Ruppel's changes and additions to the 9th addition were prompted by reader input and in response to evolutionary changes in the field of pulmonary medicine, including American Thoracic Society/European Thoracic Society guidelines, office-based spirometry, and exhaled gas analyzers (eg, nitric oxide). In addition, online learning materials are available at Elsevier's *Evolve* Web site (<http://evolve.elsevier.com>).

Aesthetically, this is a very nice book. It includes 229 illustrations, which successfully depict the intended teaching points. The photographs are in black-and-white, but this does not distract. The index and glossary are comprehensive and useful. The appendices provide predicted regressions and pulmonary function equations.

Each of the 11 chapters begins with a chapter outline, a list of learning objectives for entry-level and advanced practitioners, and key terms. One of my favorite features is the "PFT Tip" teaching vignettes, which offer important insights. Each chapter ends with a bullet-format summary, case studies, self-assessment questions, and a selected bibliography. I prefer textbooks that are referenced in the style of journal articles, and I think this book would be improved by incorporating that format. Throughout the book the writing style is concise and intelligible; however, there are some areas where the text is redundant to the point of distraction. For example, pages 173 and 174 repeat the elementary fact that respiratory frequency can be derived from capnography.

Chapter 1, "Indications for Pulmonary Function Testing," would be more appropriately named "Introduction to Pulmonary Function Testing," since the chapter's content includes not only indications for PFT but also a well organized overview of the types of tests, preliminaries to testing, report layouts, and technologist-adapted protocols.

Advanced lung disease, like so many chronic illnesses, afflicts one individual, but affects entire families. Family caregivers are essential in helping the person with the disease—and families and friends become involved in making practical arrangements to care for the patient on a day-to-day basis. People with advanced COPD may need help with daily tasks, such as fixing food and getting dressed, and with other chores, such as running errands and housekeeping. Xiii, 346 pages : 23 cm. A complete guide for caregivers with everything you need to know to care for a person with chronic lung disease or COPD at home. Includes index. Understanding lung disease -- Treating lung disease -- Is home care for you? -. - Using the health care team effectively -- Getting in-home help -- Paying for care -- Financial management and tax planning -- Planning for end-of-life-care -- Preparing the home -- Equipment and supplies -- Setting up a plan of care -- How to avoid caregiver burnout -- Activities of daily living. -- Therapies -- Special challenges -- Diet, nutri