Book

Understanding chronic respiratory diseases

At first it was a surprise to see that this impressive textbook covered both asthma and chronic obstructive pulmonary disease (COPD) in one volume. *Asthma and COPD: Basic Mechanisms and Clinical Management* is edited and written by prominent individuals who have done everything possible in the past to convey the message that asthma and COPD are two different diseases: that they are characterised by different risk factors; have a different pathophysiology; are characterised by clinical phenotypes that are distinctly different; require different therapeutic strategies; and probably pose very different challenges to the health-care system. Yet in this textbook they now provide a truly novel approach towards our understanding and perception of asthma and COPD.

The recent decision by WHO's 61st World Health Assembly, in 2008, to launch a 6-year action plan to tackle non-communicable diseases—now the leading threat to human health—specifically supports the notion that chronic respiratory diseases are a major health-care problem. This move has focused our attention on both asthma and COPD because of the associated increasing morbidity (asthma) and mortality (COPD) worldwide.

While other chronic diseases, such as cardiovascular disease, mental disorders, diabetes mellitus, and HIV/AIDS, have been recognised as major threats to human health, for some reason asthma and COPD have not in the past made it to the WHO agenda. Therefore, the recent developments can only be enthusiastically welcomed by those calling for further investment into the prevention and study of these prevalent diseases. Indeed, such steps are vital given the number of people worldwide living with chronic respiratory diseases. WHO data for 2007 show that 300 million people have asthma, about 210 million individuals have COPD, 400 million people have allergic rhinitis, more than 100 million people have sleep apnoea syndrome, and over 50 million people live with other preventable chronic respiratory disorders. Therefore, the combined approach set out in this book towards asthma and COPD is not so much the Dutch hypothesis revisited, rather it is a more than sensible approach to understanding the nature and the challenges of chronic respiratory diseases in general.

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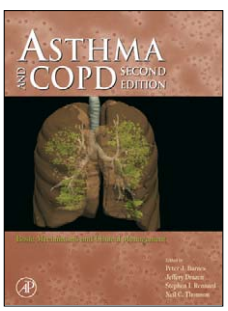
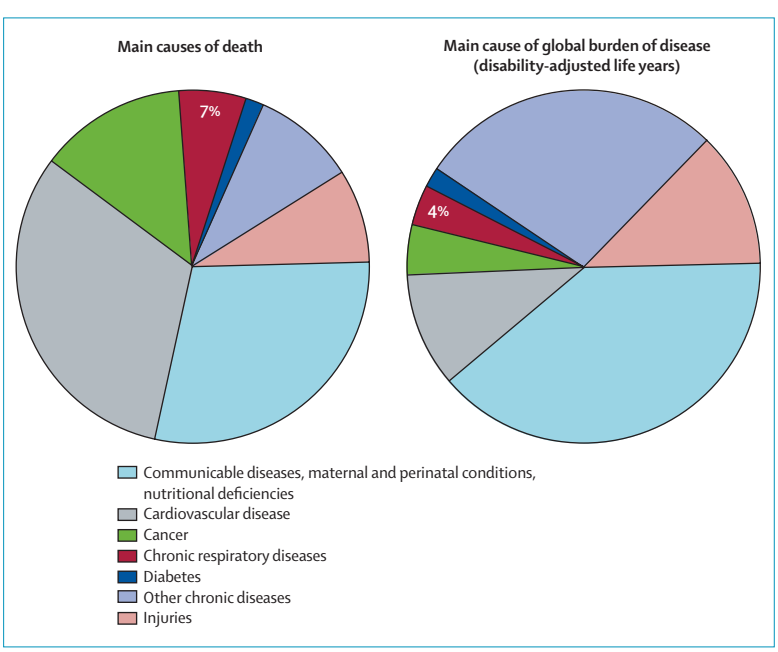
Asthma and COPD provides a superb synthesis of the most up-to-date knowledge on obstructive airways diseases by leading experts in the field. The structure of the volume follows a classic pattern from clinical definitions to the description of the burden of respiratory diseases, covering pathology and pathophysiology, and giving a detailed account of underlying mechanisms and the immunology of chronic inflammation of asthma and COPD. The description of basic mechanisms is a particularly strong feature, but the reader also finds excellent chapters on the pathogenic mechanisms of asthma and COPD, a description of risk factors and triggers, and a clinically useful description of the clinical assessment of these frequent conditions. Finally, a detailed account of the pharmacotherapy and non-pharmacological interventions is given before specific management issues of the diseases, education, and self-management are discussed. The chapter on paediatric asthma is a perfect example of how this topic can be elegantly dealt with.



Asthma and COPD: Basic Mechanisms and Clinical Management Second Edition
Peter Barnes, Jeffrey Drazen, Stephen Rennard, Neil Thomson, eds. Elsevier/Academic Press, 2008. Pp 896. US$149·95 (£75·00). ISBN 0-12-374001-0.



Projected global deaths and disability-adjusted life years in 2005
Data from WHO's Global Alliance against Chronic Respiratory Diseases.

This textbook is close to being complete; it is a joy to browse through and to read; it is very well illustrated, and the tabulated material is truly educational. A complex volume such as this one must be enormously difficult to edit and the editors deserve credit for what they have achieved. I hope that this book will become one of the major reference sources for information on asthma and COPD and that it might have the potential to serve a much wider medical community than respiratory textbooks usually do.

I am a little uncertain whether physicians with a more general background or primary care physicians will find it easy to navigate through this book for clinical problem-solving. In addition, the allergists' community may want some more detailed information on immunotherapy and specific therapies to modulate IgE-mediated allergic reactions. The chapter on "cardiovascular effects", under the heading of therapies for asthma and COPD, might seem misplaced and a bit out of context. Also, I was at times uncertain whether the main aim was to present asthma and COPD in an integrated way or whether the primary intention of the book was to highlight their similarities and differences. This is the only point where I think this excellent book sometimes loses focus, but given the vast number of contributors and topics that is probably too much to ask.

Chronic respiratory diseases are here to stay. An increasingly ageing population and the growing awareness of the huge presence of non-communicable diseases and chronic conditions in the developing world have prompted a number of global activities. WHO's programme launch of the Global Alliance against Chronic Respiratory Diseases (GARD, http://www.who.int/respiratory/gard/en) is leading the way and will help health-care organisations, governments, and the professional respiratory societies to define research agendas and a road map for improved clinical care under varying health-care systems. Up-to-date information, reference sources, research, educational material, and affordable textbooks, such as the one discussed here, are all essential in shaping a necessary way forward to fight chronic respiratory diseases worldwide.

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Breathing Space: How Allergies Shape Our Lives and Landscapes
Gregg Mitman. Yale University Press, 2007. Pp 336. US$30·00. ISBN 0-300-11035-9.

In brief

Book Treating the symptoms

In *Breathing Space: How Allergies Shape Our Lives and Landscapes*, Gregg Mitman explores the epidemic growth of allergic disease in the USA from the late 1800s to the present day. He uses individuals' experiences to describe the complex relations between the ecology of animal, plant, insect, and man-made allergens and environmental, medical, and cultural factors.

This frustrating, and occasionally deadly, malady has seen an endless stream of solutions, ranging from annual "hay fever holidays" at resorts, government-mandated herbicidal assaults on ragweed, the development of air-conditioned homes, and various medications. Mitman contends that efforts narrowly focus on treating the symptoms of allergies, yet have failed to address the issues underlying their acquisition. He suggests that we need to address how our changing environment—physical, biological, social, and economic—has helped to create the USA's allergic landscape.

Mitman discusses how hay fever was initially thought to be a curse that only afflicted white, urban professionals. However, hay fever flourished among people from rural populations when they, too, moved into cities. Subsequently, allergies and asthma have disproportionately affected poor, non-white urban populations who often have inadequate access to medical care and may live in areas nearby polluting industries. Wealthier people may seek relief from allergies by moving cities, changing building materials for their homes, altering what they buy, and changing their lifestyle, but impoverished urban residents do not have access to these alternatives.

Allergy has also been a growing market, making pollen both a poison and profitable entity. Today, more than 50 million Americans, including myself, suffer from allergies and spend billions of dollars trying to alleviate the symptoms. Although medications, such as antihistamines, are an easy pill to swallow for the luxury of getting on with our daily lives, they do not treat the causes of allergic diseases. Harder to swallow is the idea that true solutions for allergic disease include improvements in public health that address the structural inequities in housing, health care, building construction, and land use. Mitman's wide-ranging history of the complex cultural, social, and physical relations in the environment that have left Americans struggling to breathe is nothing to sneeze at. Unless the public health issues are addressed, this epidemic disease will remain unchecked.

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