

dipped into selectively. The primary focus of this book is to introduce EBM to trainees, and it is probably best used as a supplement to a workshop, journal club, or other didactic activity that includes active participation in clinical problem solving. The book also serves as a clear introduction for more experienced mental health clinicians from various disciplines who wish to apply EBM principles in their clinical practice.

Brevity is an important accomplishment in such a manual. Packed in are

useful tables and graphics (eg, a nifty visual tool for understanding and communicating numbers needed to treat) and targeted references. The tone is pragmatic but refreshingly irreverent with historical examples of past excesses in the field (eg, the notion of “schizophrenogenic mother” and prefrontal lobotomies). This book is a welcome tonic for evidence-based sword-brandishing and provides many ideas worthy of contemplation by teachers and their students.

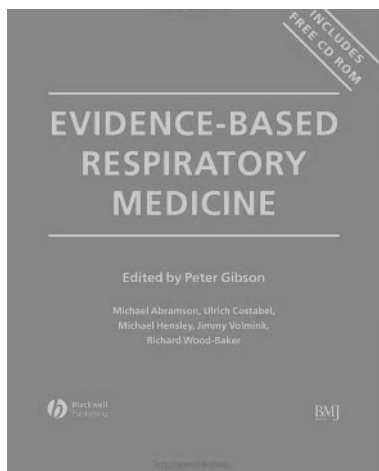
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RATINGS

Methods ★★★★★

Clinical usefulness ★★★★★

Gibson P. *Evidence-based respiratory medicine*. Oxford: Blackwell BMJ, 2005.



Evidence-Based Respiratory Medicine can be obtained from www.blackwellpublishing.com for £105.

The stated aim of *Evidence-based respiratory medicine* is to provide clinicians with a desktop reference that summarises published information and provides advice in specific situations to advance patient care. Its 550 pages are divided into 6 chapters, each with its own editor.

The first chapter discusses practising evidence-based diagnosis and therapeutics. The next 5 chapters cover specific diseases, with asthma, chronic obstructive pulmonary disease, and pulmonary infection providing the bulk of the book. The final 2 chapters cover respiratory failure, sleep disordered breathing, interstitial lung disease, pleural disease, pulmonary hypertension, and thromboembolic disease.

The contents clearly reflect the worldwide burden of airways disease. However, like all evidence-based texts, it is naturally weighted to those areas with the most studies and systematic reviews. I was surprised to see an intervention as important as smoking cessation could justify only 5 pages in comparison to the 7 that corticosteroid induced osteoporosis could fill. The book borrows heavily from the ongoing work of the Cochrane Airways Group based in London at St George’s Hospital. The work of this group, which has produced many high quality systematic reviews, forms the backbone of much of this book.

To make this book both useful and user friendly for clinicians, each section is structured similarly, providing real world case scenarios. Questions are then generated using a population, intervention (comparison treatment), and outcomes approach. The literature search strategy is described, a summary of available evidence produced, and finally a summary approach to the case scenario presented.

I found each section easy to access, readable, and ultimately useful and informative, providing clinically useful answers. Most importantly, I can imagine using this book both as a general educational resource and in specific problem situations.

The book is reasonably priced for the depth and breadth of information provided. A fully searchable CD Rom is included. The publishers’ stated aim is to continue to keep the book updated online pending further paper editions.

In short, does this book add something new to our ability to provide effective evidence-based patient care, and would I recommend it to colleagues as value for money? On both counts my answer is yes.

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RATINGS

Methods/Quality of information ★★★★★

Clinical usefulness ★★★★★