

large- and medium-sized arteries, arteritides, capillaritis, and finally diseases of the pulmonary circulation. The remaining 18 chapters cover the fundamentals of practicing cardiovascular pathology in a tertiary care setting. To that end, chapters unique to this edition include one on interactions between heart and brain, pathology of heart valve substitution, cardiac transplantation and significantly updated cardiovascular interventions, effects of drugs on the cardiovascular system, and genetic causes of disease affecting the heart and great vessels. Although a solid understanding of pathophysiologic mechanisms is implied, the text is well written and understandable for a first-time reader of the medical sciences.

The text, as one would expect, is heavily illustrated with updated and newly published color photographs. However, several chapters have maintained black and white format, which detracts from many of the gross and microscopic formats. There are many radiographs, echocardiograms, and angiograms to support the gross and microscopic examples. Line art and tabular formats are used to expand and enumerate discrete data sets and to illustrate pathophysiologic processes not implicit in either gross or microscopic pictures. The index is comprehensive and reflects the detailed nature of the entire book.

This edition of Dr Silver's original book is a must have for any student of cardiovascular pathology. Drs Gotlieb and Schoen, in conjunction with Dr Silver, have brought together an internationally recognized group of cardiovascular pathology experts who, in outstanding fashion, represent the state of the art in cardiovascular pathology. Significant changes include a single volume format, color photography, imaging studies, and new chapters reflecting changes in cardiovascular interventions related to treatment of cardiovascular disease.

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doi:10.1067/mva.2002.121773

Evidence-based manual of coronary care management

Mark Cannughton; London; 2001; Churchill Livingstone; 215 pages; \$35.00.

The "manual" genre of medical books can in many ways be considered an art form. The gold standard of this art form is, for most practicing physicians, *The Washington Manual*. It is concise, clinical in its perspective, and practical in its approach, while at the same time, medical evidence is seamlessly referenced throughout the text. In the *Evidence-Based Manual of Coronary Care Management*, the author tries the opposite approach whereby the medical evidence is entirely extracted from the text and is placed on the opposing page. This approach and structure make it unique and may make it more appealing to some readers.

For the most part, the text provides a basic review of current management of acute myocardial infarction and unstable angina. The unique structure of the text seems to potentially serve the reader well here. Because of the large number of studies that have been performed on these common cardiology problems, comprehensive discussions of each aspect of therapy can be cumbersome at the wrong time. Readers who need a quick reference resource should find that the clinical recommendations are fairly straightforward and easy to follow, although details on dosing and administration can sometimes be difficult to find.

Sections on treatment are highlighted and numbered with a three-star rating system for weight of evidence supporting the recommendation. However, for those readers who are interested in more information about the various studies behind the evidence, a brief review can always be found on the opposite page. As a result of this constant juxtaposition of clinical scenario and medical evidence, readers are forced to think about which of their own treatment patterns are experience-based and which are evidence-based merely by the presence of text on the opposite page.

There is always a price to pay for simplification. Whereas it seems fair to say that the author has made great efforts to be objective and evidence-based, in the end, the treatment recommendations are based on his conclusions of available data. In fairness, the author does acknowledge when insufficient medical evidence exists to make firm recommendations, but consensus papers from the American College of Cardiology and American Heart Association are less likely to be biased and are easily accessible on the Internet. In addition, the potential danger does exist for a text like this to be abused. It is not designed to be a cookbook and does not really provide enough detail for an inexperienced clinician to take care of cardiac problems. The "user-friendly" format can be potentially misleading by making treatment decisions and plans seem simple when in actuality they can at times be quite complex. There may be a role for the text to provide enough information to initiate an appropriate work-up and treatment plan, but expert consultation should still be sought.

Overall, *Evidence-Based Manual of Coronary Care Management* provides an excellent review of common cardiac problems, including myocardial infarction and unstable angina. Its unique structure allows the more in-depth discussions of the medical evidence to remain separate from the text that emphasizes clinical scenarios and treatment strategies. Although this manual does not seem to provide sufficient detail to be a guide for direct patient care, it will provide the reader with a solid background in both the treatment strategies and the weight of evidence that supports various therapies in common cardiac problems. On one level, it is a book for beginners, such as medical students or medical/surgical interns, so that they can familiarize themselves with treatment algorithms and protocols. On another level, it is a book for advanced trainees such as residents and fellows and for noncardiology attending surgeons who are interested in a fairly concise evidence-based systematic review.

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doi:10.1067/mva.2002.122135

Obesity: Impact on cardiovascular disease

Gerald F. Fletcher, Scott M. Grundy, Laura Hayman; Armonk, NY; 1999; Futura; 392 pages; \$69.00.

Obesity is the new epidemic in America. Recent data indicate that it is rapidly increasing, with 50% of Americans being overweight and 20% obese. The disease is very morbid and is a major contributor to type II diabetes, also on the increase. It only seems logical that cardiovascular disease is linked to the morbidity and mortality of obesity and is thus the basis for the book *Obesity: Impact on cardiovascular disease*. This book is well organized and covers many of the major issues. The background to the obesity epidemic is nicely outlined in "Part I: Epidemiology of obesity." It touches on the genetic as well as environmental issues, concluding with general ideas of prevention. A problem is that many of the references are 1998 and earlier, and the tenor of the prevention section is predominately general. "Part 2: Pathophysiology of obesity" is a collection of chapters on different aspects of the obesity disease. The "Obesity-related gene" section is a brief overview. It would have been more complete with expansion on the twin studies. The somewhat displaced chapter on "Diet, drugs, and valvular heart disease" covers this controversial area but falls short on real recommendations for exposed patients. Obesity and hypertension have been clinically associated for years, and this area is well covered in the related chapters. The work includes the relationships with obesity and the kidney and interesting changes in medulla function with high-fat diets. Vascular disease, obesity, and insulin resistance are also well cov-

ered, with references to the key areas of the pathophysiology and clinical basis.

In Part 3, the section on assessment, interventions, treatment, and outcomes, the editors would have been better served to have instructed the authors to discuss the therapy in relation to a three-tier classification such as overweight, obese, and morbidly obese. More recently, others have suggested overweight, obese, and medically significant obesity. Without this classification, the application of the approaches is somewhat confusing. An important area, energy expenditure, is well covered, providing topics related to diet and exercise. Recent advances in the pharmacologic therapy including the application of specific groups of drugs and their pharmacology and safety are well covered. Key components of obesity management, both exercise and diet, are given appropriate coverage, with a realistic presentation of their goals and effectiveness as well as prob-

lems of their independent limited success. Behavior modification is presented in a general sense, but the conclusions of its importance in treating all degrees of obesity are overstated. The area of body composition has been peripherally covered and does not leave the reader with a sense of application or equipment limitations.

The book is an excellent book on the general background to obesity and cardiovascular disease. If you need to have an overview of the issues and ideas behind obesity as it relates to cardiovascular disease, then this is the book for you. If you want to define a therapy program for your obese patient with cardiovascular disease, look elsewhere.

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doi:10.1067/mva.2002.120800

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However, obesity also has a protective effect on the clinical outcome of underlying cardiovascular disease, the phenomenon called obesity paradox. The improved cardiac imaging techniques allow the early detection of altered structure and function of the heart in obese patients. In this review, we attempt to summarize the relationship between obesity and cardiovascular diseases and outline the underlying mechanisms. The demonstrated new techniques of cardiac diagnostic procedures allow for the early detection and treatment of subclinical medical conditions and, therefore, the prevention of card... Obesity is a growing health problem worldwide. It is associated with an increased cardiovascular risk on the one hand of obesity itself and on the other hand of associated medical conditions (hypertension, diabetes, insulin resistance, and sleep apnoea syndrome). Obesity has an important role in atherosclerosis and coronary artery disease. Obesity leads to structural and functional changes of the heart, which causes heart failure. However, obesity also has a protective effect on the clinical outcome of underlying cardiovascular disease, the phenomenon called obesity paradox. The improved cardiac imaging techniques allow the early detection of altered structure and function of the heart in obese patients. Chapter 9. Obesity and Lipoprotein Metabolism: Relationship to Cardiovascular Disease. (B.V. Howard). Chapter 10. Is Insulin Resistance and Independent Risk Factor for Coronary Heart Disease? (S.M. Grundy). Chapter 11. Chapter 21. Economic Impact of Obesity and its Cardiovascular Sequelae in Managed Care Settings. (K. McManus). Summary. Keywords. Obesity Cardiovascular disease Heart failure Obesity paradox Weight reduction Bariatric surgery Regional adiposity Ectopic fat. This is a preview of subscription content, log in to check access. References. Ferguson L.D., Sattar N. (2017) Impact of Obesity on Cardiovascular Disease. In: Sbraccia P., Finer N. (eds) Obesity. Endocrinology.