

Clinical Management of Atrial Fibrillation by Peter R. Kowey, Adam Mohmand-Borkowski, and James F. Burke. Published by Professional Communications, Inc., West Islip, NY. 400 pages, \$24.95, 2011. ISBN 978-1-932610-49-9

Atrial fibrillation is the most common arrhythmia seen in clinical practice, increasing with advancing age and the presence of underlying structural heart disease. *Clinical Management of Atrial Fibrillation* by Kowey, Mohmand-Borkowski, and Burke is the first edition of a soft-cover book focusing on atrial fibrillation. The book consists of 16 sections of which the first 13 are content-based, section 14 provides five case studies, and the remaining two sections include abbreviations/acronyms and an index. The size of the book is such that it could easily be carried in a laboratory coat pocket.

Although the content of the textbook is not specifically focused on the acute management of atrial fibrillation, it does provide several excellent sections that will be of interest and application to those practicing in a critical care setting. In particular, sections 9 through 12 provide insightful information regarding initial strategies for rate and rhythm control of the arrhythmia. Section 13 provides methods and strategies to prevent stroke and embolism, including a subsection discussing the use of oral direct thrombin and factor Xa inhibitors.

The book is very easy to read. Each section is written in a concise style while still providing a thorough overview of topics and contemporary issues. The individual sections cover virtually all aspects of the management of atrial fibrillation, including epidemiology, pathophysiology, risk stratification, clinical presentation, and various strategies for prevention and treatment. Within each section, extensive use of tables and figures summarizes key information for readers. These include findings from clinical trials, guideline recommendations, and algorithms of specific treatment strategies. For individual drugs, specific information is provided on efficacy and clinical use, including dosing algorithms for more complicated drugs like dofetilide. General information is also provided on adverse effects and drug interactions. However, more detailed discussions of individual drugs and management of drug-induced problems

is not included and is beyond the scope of the book. Nondrug treatments such as ablation are also summarized in detail. Within each section, the text itself is not referenced, which some may view as a limitation.

Tables and figures are referenced as appropriate and the authors also provide a list of suggested readings at the end of each section. Many sections also end with a brief list of key clinical points. The last section of content consists of case studies. Each case presents a brief case vignette followed by key clinical questions and answers. In many cases, atrial fibrillation is chronic requiring lifelong therapy and strategies for stroke prevention. Because a clear understanding of this arrhythmia is essential not only for cardiovascular specialists, but those involved in long-term care, an authoritative overview such as this should appeal to a wide readership.

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Brain Death, Second Edition, by Eelco F. M. Wijdicks. Published by Oxford University Press, New York, NY. 250 pages, \$59.95, 2011. ISBN: 978-0-19-979336-5

There are only a handful of issues in medicine that intertwine science, ethics, religious beliefs, and politics. Death by neurologic criteria (also known as "brain death") is one of them. In this well-written, thorough yet concise second edition book by Eelco Wijdicks, we are given both a historical and scientific tour of the process of declaring someone dead by neurologic criteria.

After a comprehensive description of how brain death came to be understood and ultimately accepted by the medical and legal spheres, Dr. Wijdicks goes systemically through the process of declaration. He carefully details the initial criteria and then describes the neuroanatomical correlates for each component of the examination. He follows by taking us step-by-step through the apnea test and the pros and cons of ancillary (also known as confirmatory) testing.

The book then proceeds to educate about the acceptance of brain death worldwide and within each major religion. This part of the book along with the legal discussion is something all physicians who declare death by neurologic criteria would benefit from reading given our ever-expanding international society.

As a neurointensivist, I found the final part of the book where 25 clinical problems in brain death are explored to be some of the most insightful and clinically useful material I have read on the subject matter. These problems range from clinical mimics of brain death to declaration of brain death in a pregnant woman to family opposition in accepting brain death.

Dr. Wijdicks is a well-known and respected expert on the process of death by neurologic criteria. He has been at the forefront of defining its criteria and in educating the world's neuroscience and critical care physicians on its process. Any physician who meets their institutional criteria to pronounce death in this way should have this book readily available.

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Challenging and Emerging Conditions in Emergency Medicine edited by Arvind Venkat. Published by Wiley-Blackwell, Hoboken, NJ. 376 pages, \$84.95, 2011. ISBN 13-978-0-4706-5500-9

Newly published monographs exist on borrowed time. Most are outdated before they are even brought to press and online education is changing the playing field for medical education. If a monograph is going to retain relevance in this new generation, then it needs to move away from the staid formula of regurgitating the entirety of a subject and instead it must explore the interesting little crevices. That is just the approach taken by *Challenging and Emerging Conditions in Emergency Medicine*. The editor, Arvind Venkat, has assembled a group of experts to write about the very subjects that emergency and critical care