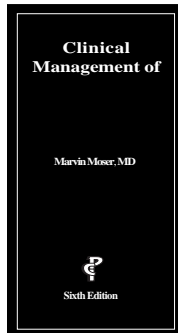


**Clinical Management of Hypertension**  
**6<sup>th</sup> Edition, By Marvin Moser, MD**  
280 pages. Caddo, OK; Professional  
Communications, Inc.; 2002  
\$21.95. ISBN 1884735738



The sixth edition of *Clinical Management of Hypertension* has just been released. The book is by Marvin Moser, MD, a Clinical Professor of Medicine at Yale, Senior Advisor to the National High Blood Pressure Education Program of the NHLBI, and the editor of this journal.

The publication is a manual, soft bound, and apparently designed to fit into the laboratory coat pocket of a busy attending physician, house officer, or medical student. There are 239 pages of text divided into 16 chapters with extensive references and a comprehensive index that allows, for rapid access to the critical studies.

The first four chapters are introductory, focusing on diagnostic procedures, lifestyle management, and the principles of drug therapy. Starting with chapter five is a series of chapters devoted to specific drug therapy classes, starting with diuretics. Following chapters are devoted to the remaining classes of pharmaceutical agents. The format for covering these various groups is somewhat confusing, with the order of classes presented in such a way that many of the very popular classes of agents, such as the ACE inhibitors, calcium channel blockers, and angiotensin receptor blockers, are the final single classes of agents discussed, essentially the back of the bus. I suspect that this placement at the end of the book is a carryover from earlier editions, when these agents were the newcomers to antihypertensive therapy. However, these are now well established and very useful agents whose popularity and effectiveness, to me, indicate that their chapters should be moved ahead in future editions, with the older agents that are now rarely used—central agonists, direct vasodilators, and peripheral adrenergic inhibitors—and are niche agents, moved to the later chapters.

In general the chapters are very well written. The material focuses on the clinical research studies available on each class of agents. There are extensive tables and charts that offer quick reference to agent strengths and dosing schedules and contain data from the various trials. The text is readable, offering a combination of academic data from research studies and personal observations/opinions

from the author. I do not have a problem with this combined approach, even though other reviewers might be critical of this. When we utilize these agents extensively as hypertension experts, we observe many properties of particular agents that cannot be studied in clinical trials. While I do not agree with all of Moser's opinions, I do think that it is appropriate for him to include them, particularly when he is candid in identifying them as opinions.

The great value of this book is in its summaries of the critical studies that have guided our approach to antihypertensive therapy. The studies are clearly summarized and available in such a way that this manual actually becomes a reference for serious clinicians who want to understand the science available in managing hypertension. I plan to keep the manual available in case I encounter a question about the various studies and their implications. For the next edition, I urge great caution in the write-up on ALLHAT, a difficult and controversial study.

There are some areas that could be improved in future editions. First, clinicians face situations where hypertension is complicated by other conditions—pregnancy, renal failure, cardiac disease—often enough that Moser should consider a chapter on treating hypertension in these complicated situations. Also, as the population evolves, we will be treating hypertension in groups we have not treated significantly before, specifically adolescents, young adults, and fertile females, that should be given special attention, probably in an additional chapter. Finally, I recommend that certain chapters on agents that are used extensively for problems other than hypertension receive more mention for these treatments. For example, the  $\beta$  blockers for complicated heart disease and congestive heart failure, the ACE inhibitors in a wide variety of problems, and the  $\alpha$  blockers in the treatment of symptomatic benign prostatic hyperplasia. True, these are not necessarily hypertension treatments, but a comprehensive understanding of these agents and their widespread uses might be valuable.

I hope there is a considerable effort to increase the distribution of this well-researched, easy-to-read and use, and very valuable manual to a wide variety of health care workers—primary care physicians, nurse practitioners, physician assistants, house staff, and medical students. Perhaps Moser could develop industry links that would underwrite its distribution to the large target audience. The data are so well compiled and presented that its distribution should be as widespread as feasible.

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