Many books and guidelines about respiratory diseases have been published over the past few years, so it is a challenge to write a new book about these issues. In Disorders of the Respiratory Tract. Common Challenges in Primary Care there is an overview of most respiratory diseases, with the aim of helping the primary-care physician. The book is divided in four parts, comprising 25 chapters in total. The first part describes the approach to a respiratory patient, physical examination and pulmonary functioning testing. The second part discusses diseases of the upper respiratory tract, the third the lower respiratory tract and the final part concerns non-airway disorders that present with respiratory symptoms.

The book is well structured with most chapters following the same format starting with clinical case and followed by presentation of the key clinical questions concerning the disease, epidemiology, pathophysiology, diagnosis, differential diagnosis, and treatment. Moreover, most chapters end with a section about the future directions, so the primary-care provider can be made aware of the most up-to-date advances. The book is also available as a personal digital assistant (PDA) product.

The book is up to date, but I have a few concerns. The major issue is that the book hardly refers to national or international guidelines or, for example, to the Cochrane library, where every doctor can find evidence about therapies for pharyngitis, bronchitis and sinusitis. In the chapter about pulmonary testing, I had expected more flow-volume figures. The recognition of some prevalent patrons in these curves can help doctors to differentiate between obstructive and restrictive disorders.

Although the authors advise a restrictive antibiotic therapy in the case of infectious diseases, there is some inaccuracy. Antibiotic treatment, such as that for sinusitis, is recommended in order to recover faster, whereas there is evidence that in diseases such as pharyngitis, sinusitis and acute bronchitis antibiotic treatment is unnecessary in most cases. A minor problem is the advice to make a culture before starting treatment. For primary-care physicians who work in the field, it cannot be expected that cultures are performed before starting an antibiotic. In contrast to hospital medicine, it is time consuming and in most cases unnecessary; moreover, it is expensive.

In conclusion, this is a well-written book. I can recommend it for American primary-care doctors, but I doubt if this book has any additional value for general practitioners working outside the hospital, in comparison with the existing books and guidelines about the main issues of respiratory medicine.

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