

Pharmacologic management strategies embedded in each chapter are comprehensive and succinct. Drug names, dosage regimens, and a short list of selected side effects, along with brief comments about the therapies, are included in each chapter. Numerous diagnostic and treatment algorithms make this handbook extremely user-friendly. Laboratory values are stated in imperial units, and generic drug names are used. Some of the recommendations for pharmacotherapeutic management are relatively superficial, indicating a drug class but not providing clear guidance on initiating doses, dose titration schedules, or target doses. The clinical pharmacology appendix is brief, consisting of 11 pages. It includes a table comparing vasopressors, inotropes, and vasodilators in terms of doses, pharmacologic effects, and cautions or clinical effects. Other tables cover the properties of antiarrhythmic medications, pharmacologic rate control with atrial fibrillation in the acute setting (without accessory pathway), and heart rate control without accessory pathway in patients with heart failure. Typically the information in these tables is organized under headings such as drug, mechanism of action, pharmacokinetics, adverse effects or contraindications, drug interactions, dosing by indication, and comments.

In summary, *Concise Cardiology: An Evidence-Based Handbook* provides a succinct overview of the diseases commonly encountered in cardiovascular patient care and their management. Although the principal target audience for this handbook is medical residents and fellows, pharmacists will find it useful for better understanding and contributing to the evidence-based care of patients with cardiovascular disease. This book will also be useful to those looking for a concise compilation of evidence.

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HIV and Aging

Lee SD, editor. Informa Healthcare, London (UK), 2008. Softcover, 137 pages. ISBN 978-1-4200-6597-8. US\$99.95.

Since the beginning of the HIV epidemic, the population of HIV-infected persons has evolved to include a growing proportion of older people. It is predicted that the proportion of older HIV-infected individuals (50 years or older) will continue to rise because of increasing survival associated with combination antiretroviral therapy, combined with new cases resulting from high-risk activity. Over the years, the focus of care for HIV-infected patients has shifted from treatment of opportunistic infections to management of comorbid

diseases. Thus, HIV clinicians need to be aware of the effect of antiretroviral therapy, as well as the effect of HIV itself, on the illnesses commonly seen in an aging population.

The editor of *HIV and Aging* describes it as a book “for clinicians who wish to provide optimal comprehensive care to this growing population of HIV-infected people”. The editor has been involved in HIV/AIDS research and medical care since the beginning of the epidemic, and the authors include experts in various fields from around the world.

The book covers 7 body systems that are affected by HIV and aging: the immune system, the nervous system, the central nervous system, the cardiovascular system, the endocrine system, the renal system, and the pulmonary system. There is also a chapter on various cancers. The first chapter presents a brief introduction and overview, as well as a description of the major cohort studies that have evaluated the progressive effects of HIV and aging. Each subsequent chapter provides a synopsis of the effects of aging on the particular body system, as well as a description of the impact of HIV infection and antiretroviral therapy. Key drug interactions associated with antiretroviral therapy are highlighted, along with the need for dosage adjustments of antiretroviral therapy for patients with renal insufficiency.

Although the book nicely summarizes research available to date, the depth and quality of research evidence about the effects of HIV and aging varies considerably from one chapter to another. To counterbalance this variability, the authors identify areas where further research is needed and highlight important treatment considerations on the basis of what is currently known. Readers looking for quick tips or concise information about managing concomitant diseases in older HIV-infected patients may be disappointed. Overall, the chapters are well written, but the book would benefit from more consistency in style and format, including a summary of key points for all chapters.

In summary, this book may be of interest to pharmacists working with HIV-infected patients who wish to expand their knowledge of the pathophysiology and effects of aging and HIV on body systems. It provides useful information about risk factors for the development of concomitant diseases in older HIV-infected individuals and highlights important treatment issues. Pharmacists looking for more specific information about drug interactions and the adverse effects of antiretroviral drugs and those seeking dosing recommendations will need to consult other resources, such as the most recent *Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents*, available at <http://www.aidsinfo.nih.gov/guidelines>.

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