Drugs in Pregnancy and Lactation, 8th edition


Now in its eighth edition, Drugs in Pregnancy and Lactation remains one of the most internationally recognized texts in the field. It is a mainstay resource for health care practitioners who encounter pregnant or lactating women as part of their daily practice. The editors’ combined clinical and research expertise in pharmacy, obstetrics, and pediatrics make them ideal partners to present a well-rounded text that communicates the data relevant to both mother and child. This edition follows the format and design of its predecessor, with the addition of more than 100 new drug monographs and a greater number of herbal therapy summaries.

The text reads like a drug dictionary, with the drug monographs arranged alphabetically by generic name. At the beginning of each monograph is a highlighted, full-colour box presenting the drug name, its pharmacologic class, a one-line summary of fetal and breastfeeding recommendations, and risk factors. The addition of colour improves readability and allows readers to more readily identify the summaries on a given page. Should a comparison with similar drugs be required, the appendix lists all drugs by therapeutic class. The agents can then be located by referring to the exhaustive index, which lists both generic and trade names of all agents summarized in the text.

This is not a small text or a quick reference guide to the risks in pregnancy and lactation. Instead, the book’s more than 2000 pages present comprehensive drug summaries. The information for each drug is supported by an extensive reference list, which is truly a complete summary of the literature. The monographs include available animal data, and, when possible, the authors attempt to highlight the relevance of such data to humans. This is followed by a thorough description of the human literature. The pregnancy summaries are not limited to a discussion of malformations, but rather address fetal effects at all stages of pregnancy and include descriptions of long-term outcomes when available. With such extensive coverage, it is easy to appreciate why some of the monographs span several pages. The length of some monographs may limit the usability of this book in emergent or acute situations, when clinicians are attempting to make immediate treatment choices while the patient waits. Fortunately, in most monographs, both the pregnancy and breastfeeding sections conclude with a one-paragraph summary highlighting the most pertinent evidence.

While there remains much more to investigate, the myth that there is no research about drugs in pregnancy and lactation can certainly be dispelled by this immense in-depth book. It is the most comprehensive text of its kind and is a necessity for health care professionals caring for women in their reproductive years.

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Concise Cardiology: An Evidence-Based Handbook


The field of cardiovascular therapeutics is evolving at a staggering pace, with a myriad of trials dealing with cardiovascular disease management published each month. Practitioners are challenged to engage in optimal evidence-based decision-making in this rapidly changing environment. Concise Cardiology is meant to serve as a comprehensive, quick-access information handbook for those involved in caring for patients with cardiovascular disease.

This handbook covers a broad array of topics. Its chapters are entitled Physical Examination of the Cardiovascular System, Stress Testing, Chest Pain and Acute Coronary Syndromes, Cardiogenic Shock, Bradyarrhythmias and Pacing, Wide and Narrow Complex Tachyarrhythmias, Sudden Cardiac Death and ICD [implantable cardioverter defibrillator] Therapy, Atrial Fibrillation, Heart Failure, Pulmonary Hypertension, Transplant Medicine, Valvular Disease, Endocarditis, and Pericardial Disease. The book’s 2 appendices deal with central vascular access techniques and clinical pharmacology.

Each chapter begins with a concise and clinically relevant discussion of the clinical problem, including the history and physical findings that are necessary to make the diagnosis. In many cases, the key points are presented in bullet format. Management strategies are typically provided in tabular format and cover presenting indications, patient selection, and side effects. The handbook is formatted to provide clear reference to recommendations from the American College of Cardiology and the American Heart Association, as well as brief reviews of important clinical trials. Information from trials is characterized by level of evidence, patient population studied, intervention, concurrent therapy, outcomes, and numbers needed to treat.
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 antiarhythmic 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, dosage 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**


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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