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Yusuf S, Cairns JA, Camm AJ, Fallen EL, Gersh BJ. *Evidence-Based Cardiology*. 2d ed. London: BMJ Books; 2003.

The purpose of *Evidence-Based Cardiology* is to provide a comprehensive source of best evidence for the diagnosis and management of a wide variety of cardiovascular disorders. It is aimed at a broad audience of general internists and cardiologists at all levels of training and includes some topics of interest to biostatisticians, clinical epidemiologists, health economists, and policymakers.

The book is divided into 4 parts: general concepts of clinical epidemiology, prevention of cardiovascular diseases, management of specific cardiovascular disorders, and clinical applications. The clinical applications section reviews topics discussed in the prevention and management chapters using a case-based format. An expert in the field of interest has written each chapter. The format of the chapters is not consistent throughout the book, but the editors make the valid statement that a uniform format would not be appropriate for every chapter.

An introductory chapter is dedicated to search strategies for finding the best available evidence in cardiology. Some subsequent chapters outline detailed search strategies, while others do not give explicit criteria for the selection or evaluation of evidence. Several chapters provide the level of evidence for the recommendations made while others provide statements describing the type of evidence (e.g., randomized trial and systematic review) so that readers can deduce the grade of recommendation themselves.

*Evidence-Based Cardiology* is a useful resource that provides evidence that the reader can combine with clinical expertise and specific patient's circumstances to come to a clinical decision. I found that the explicit details about the study population from which evidence was derived helped me to judge how the evidence might apply in a specific patient's situation.

A challenge for this resource will be efficient updating of the content in a field that is exploding with research. To help meet this challenge, the authors have provided a Web site that they say will provide chapter updates on a regular basis. The authors have included a CD-ROM with this edition, which provides a portable document format (PDF) version of the book. A personal digital assistant (PDA) version is also available through the Web site, but this is not included in the purchase price of the book. I downloaded the free sample chapter from the Web site and found it reasonably useful, but a little on the large side for a pocket resource, as it is a complete copy of chapter contents. It would be more useful if it were less comprehensive and instead provided summary tables of the main text. The electronic resources substantially improve the utility of this book, but further work needs to be done in organizing their delivery. The CD-ROM has little purpose as it is only used as a link to the PDF version and Web site. A more useful approach would be to issue a password for use on the Web site and dispense with the CD-ROM. Not including the PDA version with the cost of the book is disappointing when many other textbooks and online resources are developing PDA versions as part of their resource package.

Despite the limitations of the electronic resources, *Evidence-Based Cardiology* is an excellent book that provides a comprehensive source of well-researched evidence in cardiology. If the authors are able to meet the challenge of keeping the content regularly updated, this will continue to be a practical and invaluable resource in the field of cardiovascular sciences.

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*Evidence-Based Cardiology* can be purchased online at [www.bmjbooks.com](http://www.bmjbooks.com) for £99.00.

The personal digital assistant e-book can be purchased for £80.00. The list of contents can also be viewed at this site.

Ratings:

Methods/Quality of information: ★★★★★

Clinical Usefulness: ★★★★★☆