

THE KIDNEY AND HYPERTENSION

Edited by George L. Bakris. 234 pp., illustrated. London, Martin Dunitz, 2004. \$125. ISBN 1-84184-270-2.

THIS BOOK PAYS TRIBUTE TO THE ADAGE “Hypertension goes with the kidney” by examining the relationship between renal function and blood pressure, from a perspective that is primarily clinical and therapeutic but is also grounded in epidemiology and pathophysiology.

The first of the book’s three sections discusses such topics as the methodology of blood-pressure measurement, the differential diagnosis and prognostic significance of microalbuminuria in patients with and without diabetes mellitus, and isolated systolic hypertension, which is an increasingly important clinical problem in societies with rapidly growing elderly populations. One chapter is devoted to a discussion about how and when to evaluate patients who have elevated blood pressure for secondary hypertension. Since renal-artery stenosis is by far the most common cause of secondary hypertension, it receives more attention than endocrine-based causes of the disorder.

The second section of the book focuses on the treatment of hypertension in the general context of cardiovascular risk factors in patients with chronic renal disease. Angiotensin-converting-enzyme (ACE) inhibitors and angiotensin-receptor blockers are particularly important in this context because of their well-documented potential to reduce cardiovascular risk and afford nephroprotection by diminishing glomerular hyperfiltration. The pharmacologic actions of these drugs are presented in detail. The treatment of dyslipidemia in patients with kidney disease is discussed in a separate chapter, followed by chapters on general considerations of drug dosage in renal failure and on the treatment of hypertensive “urgencies” (which the authors differentiate from true hypertensive emergencies requiring immediate intervention).

The third section of the book takes up the treatment of hypertension in certain populations. Since diabetes mellitus is an important cardiovascular and renal risk factor, the disease is discussed in considerable detail, especially in connection with the use of ACE inhibitors and angiotensin-receptor blockers. The rationale for the preferential use of these drugs in patients with diabetes is clearly presented, with an overview of the recent literature. Other chapters specifically address the problems of hypertension in black and Asian patients and during preg-

nancy. In view of the complexity of the latter topic, including considerations of the placental barrier in antihypertensive-drug treatment, the authors succeed in giving a very informative overview.

The Kidney and Hypertension is well referenced, and though there is some inevitable redundancy of information in a multiauthored work, it does not distract from the book’s usefulness. Internists and general practitioners who treat patients with renal and cardiovascular diseases will find the book highly informative. For medical students, the information may be somewhat too specialized. Nephrologists, however, might wish for specific topics to be discussed in greater depth. The book may be particularly useful for house staff in internal medicine and fellows in renal and cardiovascular studies because it provides an up-to-date review of a very important topic.

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CORRECTIONS

Methicillin-Resistant *Staphylococcus aureus* Disease in Three Communities (April 7, 2005;352:1436-44). In the Abstract on page 1436, the Methods and Results sections should have referred to “community-associated” infection, rather than “community-acquired” infection, as printed. We regret the error.

Prevention of Hepatitis B with the Hepatitis B Vaccine (December 30, 2004;351:2832-8). The brand name Pediarix (rather than Pediatix) should have appeared in the right-hand column of page 2833, in lines 3 to 4 under the heading Hepatitis B Vaccine, and on page 2834 in the third footnote to Table 1. In the same footnote, the dosing schedule should have read “2, 4, and 6 months,” rather than “0, 1, and 6 months,” as printed. Also, on page 2837, line 12 of the right-hand column should have referenced Table 2, rather than Table 1, as printed.

Modification of Human Hearing Loss by Plasma-Membrane Calcium Pump PMCA2 (April 14, 2005;352:1557-64). On page 1557, lines 7 through 9 of the Summary should have read, “V586M was detected in two unrelated persons with increased sensorineural hearing loss, caused by a mutation in MYO6 (which encodes myosin VI) in one and by noise exposure in the other . . .,” rather than “V586M was detected in two unrelated persons with increased sensorineural hearing loss, in the other caused by a mutation in MYO6 (which encodes myosin VI) in one and by noise exposure . . .,” as printed. We regret the error.

Outcomes Associated with a Trial of Labor after Prior Cesarean Delivery (April 21, 2005;352:1718-20). In the letter by Smith, lines 18 through 20 of the first paragraph should have read, “. . . the numbers of infants who had a five-minute Apgar score of less than 4 and survived the neonatal period,” rather than “the numbers of infants who died,” as printed. We regret the error.