

chemic heart disease. Indeed, sudden death is the manner of death in more than 50% of patients with coronary artery disease. In nearly 200 pages, which are divided into 11 chapters and include hundreds of references, *Sudden Cardiac Death* covers the major aspects of sudden death from cardiac causes: epidemiology, mechanisms, possible means of prevention, pharmacologic and nonpharmacologic therapies, the spectrum of cardiovascular diseases in the young, genetics, and conditions that put patients at risk, including heart failure.

The main mechanism of sudden death from cardiac causes is ventricular fibrillation. A major strength of the book concerns the guidelines for resuscitation in cardiac arrest, defibrillation (including external public defibrillation), and post-resuscitation care. Ventricular fibrillation is frequently the first manifestation of cardiac disease, and for this reason, prompt management is important. Implantable cardioverter-defibrillators have proved to be an effective means of primary and secondary prevention of sudden death from cardiac causes in patients who have various conditions that put them at risk.

The need for early defibrillation and easy access to defibrillators in the home and in hospitals have been topics of original research by the editor of the book, Alessandro Capucci, and his colleagues. They have shown that early defibrillation with an automatic or semiautomatic defibrillator is feasible and may enhance survival. The book is commendable in stressing the importance of early recognition of fibrillation and prompt treatment.

Given the potential benefits of a swift response, it is a major challenge to identify patients who are at risk. Patients who have had a myocardial infarction belong in this category, but they are a small proportion of the total. Unfortunately, in most patients who die suddenly, cardiac arrest is the first sign of cardiovascular disease.

The book does not have an adequate number of illustrations, and there is no discussion of pathological findings. Diseases that increase the risk of sudden death, such as acute myocardial infarction and arrhythmic cardiomyopathies, are not sufficiently discussed — probably because they are beyond the scope of the book. The specialized topic of sudden death in young athletes is not covered, either. But the overall value of this book is that it provides practical information on the treatment of patients in cardiac arrest —

with special attention given to first aid, life support, and postresuscitation care — and this is enough to recommend it.

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## CORRECTIONS

China and HIV — A Window of Opportunity (May 3, 2007;356:1801-5). In the fourth paragraph from the end of the Perspective (page 1805), the first sentence should have read “Relying almost entirely on generic drugs produced in China, the country’s first-line therapy regimens — zidovudine, didanosine, and nevirapine or stavudine, didanosine, and nevirapine — have severe side effects, raising concerns about adherence and the emergence of drug resistance,” rather than “zidovudine, didanosine, and nevirapine or zidovudine, stavudine, and nevirapine.” The text has been corrected on the *Journal’s* Web site at [www.nejm.org](http://www.nejm.org).

Effect of Torcetrapib on the Progression of Coronary Atherosclerosis (March 29, 2007;356:1304-16). In the list of authors (page 1304), Dr. Lasala should have been listed as Gabriel P. Lasala rather than Gregory P. Lasala. The text has been corrected on the *Journal’s* Web site at [www.nejm.org](http://www.nejm.org).

## NOTICES

*Notices submitted for publication should contain a mailing address and telephone number of a contact person or department. We regret that we are unable to publish all notices received. Notices also appear on the Journal’s Web site ([www.nejm.org/meetings](http://www.nejm.org/meetings)). The listings can be viewed in their entirety or searched by location, month, or key word.*

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