In *Clinical Management of Heart Failure*, Drs. Young and Mills have created an extraordinary, well-organized, pocket-sized (lab coat) booklet summarizing current management of heart failure. Divided into 11 chapters and filled with user-friendly tables, figures and algorithms, they have succeeded in translating the evidence from clinical trials into clear, concise clinical management guidelines.

They begin with sections on epidemiology, etiology, pathophysiology and diagnosis. Next, they show how the clinical trials of heart failure can be the basis for rational treatments including pharmacotherapeutics and polypharmacy. They conclude with the issues of decompensated heart failure, arrhythmias and surgical options.

Overall, they provide ample clinical evidence to justify their treatment approaches. I do disagree with some of the conclusions drawn from minimal clinical data, such as the consideration to use angiotensin receptor blockers when renal dysfunction limits the use of angiotensin-converting enzyme inhibitors (I believe that both classes of drugs can cause similar renal dysfunction), or the inclusion of metoprolol tartrate (Lopressor) in Table 7.7 of b-blockers that are commonly used for heart failure. Metoprolol tartrate is included without indicating the difficulty in obtaining the not-mentioned requisite 6.25 mg starting dose, or the fact that metoprolol tartrate has not demonstrated mortality benefits in heart failure trials as have metoprolol succinate, carvedilol, and bisoprolol.

However, these are minor disagreements with an overall excellent guidebook that is an outstanding source book for house staff, nurses, internists, and cardiologists interested in clinical evidence as the underpinnings of treating chronic heart failure—Marrick L. Kukin, MD, Mount Sinai Medical Center, Division of Cardiology, New York, NY.