BOOK REVIEW

Title: ISCHAEMIC HEART DISEASE AND EXERCISE
Author: Roy J. Shephard
Publisher: Croom Helm, London, 1981
Price: £19.95 428 pages

“Runners will die” was one of the newspaper headlines before the London Marathon. The Sports Medicine doctors who made these gloomy and unsubstantiated predictions should all be made to read Roy Shephard’s book, which will I am sure become the definitive text for anyone wishing to know the risks of exercise in an unscreened coronary disease prone population.

Although a relatively small volume (300 pages of text) there are 1300 references from Abamov to Zwillinger, covering anatomy, physiology, pathology, psychology, sociology, epidemiology, sexology, economics and pharmacology of exercise and ischaemic heart disease.

The book naturally progresses through a description of the disease, the physiology of exercise and then the epidemiological studies of primary, secondary and tertiary prevention of ischaemic heart disease, although the use of these terms is rather different from that understood by cardiologists on this side of the Atlantic.

There is a mine of information for everyone involved in this field.

Roy Shephard as a physiologist has a great deal to teach the clinician about the physiology of exercise, of which many clinicians are woefully ignorant. Equally the exercise physiologist or physiotherapist wanting a monograph which describes coronary artery disease without a great deal of irrelevant material will find this book invaluable.

My only criticisms are that in his desire to précis a vast amount of published material, much of it from the Toronto Rehabilitation Centre where he works, Roy Shephard has left some of the text difficult to read because of the occasional ambiguity and on one or two occasions when dealing with clinical cardiology frankly misleading. It is difficult to describe heart failure to a non-medical readership but statements such as “A non-fatal episode of myocardial infarction is usually followed by an acute failure of the cardiac pump. About a third of the patients show shock within six hours, and a half within 24 hours and two-thirds by 36 hours”, must be the result of overenthusiastic condensation of the source material.

The section on exercise prescription is excellent and will be relevant to a large proportion of the readership of this journal.

Although Roy Shephard has been involved with exercise as a major component of cardiac rehabilitation and is part of the team at the Toronto Rehabilitation Centre that has achieved world renowned results in converting potential cardiac cripples into marathon runners, he manages to approach his subject with scientific detachment and pursues a very analytic approach to the published data on the benefits of exercise.

The message appears to be that exercise is a natural activity for which the vast majority of middle-aged people can improve their sense of well being and may improve their life expectancy. He endorses the views of Åstrand and Rodahl that while physical activity carries some small risks, there is as much evidence that a careful medical examination is even more necessary for the person who plans to take no further exercise.

D. Tunstall-Pedoe