

about this subject," then I strongly encourage you to look at this text. Indeed, any clinician who provides care for critically ill patients should consider investing in this book.

Drew A. MacGregor, M.D.

Assistant Professor of Anesthesiology and Medicine
Wake Forest University School of Medicine
Associate Medical Director, Adult Intensive Care Unit
Wake Forest University Baptist Medical Center
Winston-Salem, North Carolina dmacg@bgs.edu

The Management of Pain. Edited by Michael A. Ashburn and Linda J. Rice, Churchill Livingstone, 1998. Pages: 714, including references and index. Price: \$95.00.

This is a multiauthored textbook (57 contributors), containing five sections. Each section is divided by chapters, 40 in total, ranging in length from 6 to 36 pages.

Section I, "Fundamental Considerations," deals with anatomy, physical and psychologic examination of the patient, pharmacology and pharmacokinetics of drugs, systems for drug delivery, spinal analgesia and others. Chapter 1 is specially well directed to the basic neuroanatomy of pain processing in a clear and easy way to provide the basic information. However, there are contrasts in the length of chapters. As an example, chapter 8 (29 pages, 179 references) deals with the following in a practical and informative way without detailing the subject (e.g., without referring to the cyclooxygenase-2 and its importance): nonopioid and opioid analgesics, the analgesic action of opioids at $\mu 1$ spinal receptors, sameridine, tramadol as a racemic formulation, or the future introduction of fentanyl transmucosal for the management of pain, although this latter is discussed in chapter 11, "Noninvasive Drug Delivery Systems." It directs one to the established clinical literature regarding the subject and gives a practical idea about the management of the proposed drugs. Chapter 9 deals with local anesthetics (30 pages, 232 references), giving a detailed idea about past and current use of local anesthetics. It is an especially good chapter, although I missed a statement about the future of microencapsulated local anesthetics and tonicaine, the new long-acting local anesthetic. Section I also deals nicely with health policy and discusses the importance of guidelines for pain management and accreditation of pain programs, such as chronic, acute, pediatric, and the subdivisions.

Section II, "Chronic Pain" (non-malignant), includes chapters 15 to 26. Chapter 15 discusses the efficacy of multidisciplinary pain centers in treating chronic pain and the cost-effectiveness compared to more traditional medical and surgical interventions. Afterward, more specific chapters discuss head pain (and provide suggested readings), low-back pain (including physical rehabilitation and psychologic issues), neural blockade, sympathetically maintained pain, herpes zoster, and post-

therapeutic neuralgia. Most chapters are concise and precise, such as "Implantation Therapy," and provide a clear idea about implantable therapy, even for those not familiar with the concept. I enjoyed reading "Myofascial Pain Syndrome" and "Pelvic and Abdominal Pain," which are nicely discussed and illustrated. Chapter 20, "Central Pain Syndromes," is straightforward and illustrated with clinical histories of patients. Chapter 23 interestingly discusses pain management in pregnant patients. It discusses the controversy of transcutaneous electrical nerve stimulation during pregnancy, but not acupuncture. The chapter dealing with physical modalities gives the right idea about the importance of a multidisciplinary approach when dealing with chronic pain.

Section III, "Terminal Disease," focuses on etiology, psychology, and noninvasive and invasive pain management (chapters 27 to 31). Chapter 32 transmits the right idea that no human immunodeficiency virus (HIV)-positive patient should die in pain. It discusses the application of the World Health Organization cancer pain management ladder and the use of opioids on a time contingency. Although the author stated that fentanyl and morphine can be used for pain that is not alleviated by any other means, he did not make clear the possibility that opiates may reactivate latent central nervous system HIV infection and may suppress the humoral and cell-mediated immune responses, that reactivation of the herpes simplex virus has been associated with the use of opioids, and the use of opioids should be delayed the most in patients with HIV infection.

Chapters 33 to 36 deal with acute pain (section IV). Chapter 33 discusses the importance of appropriate postoperative care and analgesia and also provides examples of analgesia-monitoring records. Other chapters discuss accurately stress response and preemptive analgesia and the interface between acute and chronic pain. The information contained in chapter 35 is a fine collection of 264 references about patient-controlled analgesia and provides scientific and clinical application in the present and the future.

Section V, "Pediatric Pain," ranging from chapter 37 to 40, also nicely discusses pain measurement and management of acute and chronic pain in children.

The book, *The Management of Pain*, describes well what was proposed for each chapter, highlighting the opinions of each coauthor. It provides a concise review of selected topics important to the management of pain and directed to those interested in pain management, mostly chronic pain but also acute postoperative pain. In accordance with the editors, it will provide the basic knowledge necessary to begin a practice in pain management, and I advise it as a useful textbook for beginners as part of the curriculum for a pain resident trainee.

Gabriela R. Lauretti, M.D., M.Sc., Ph.D.

Department of Surgery, Orthopedics and Traumatology
Faculty of Medicine of Ribeirão Preto
University of São Paulo
Brazil 14049-900 admin@fmrp.usp.br