Evidence Based Resource in Anaesthesia and Analgesia, 2nd edition

M. Tramer (ed.)
ISBN: 0-7279-1786-2; Price £30.00

This conveniently sized book, published by the BMJ Group and edited by Tramer, is a useful current review of evidence based medicine (EBM) and its application to selected topics in perioperative medicine. The pages are conveniently divided into 14 easily read chapters, grouped into three sections and written by a diverse group of authors.

Part one covers the relevance and current position of EBM in clinical decision making for individual patients. The three chapters contain a refreshingly honest discussion highlighting its limitations and a concise explanation of the need for randomized controlled trials (RCTs) and systematic reviews in anaesthesia and analgesia. Illustrated by relevant examples, they show how only good reviews of well conducted trials are useful and how misleading advice often results from poor methodology.

Part two contains seven chapters on perioperative topics where recent evidence is reviewed and possible recommendations are made. The first three of these deal with pain and analgesia. McQuay provides a comprehensive comparison of oral and parenteral postoperative analgesics and formulates EBM practice guidelines for the management of postoperative pain. He considers the risks and benefits of epidurals over general anaesthesia and the evidence regarding pre-emptive analgesia, transcutaneous electrical nerve stimulation and psychological techniques.

Moiniche and Dahl provide a useful account of evidence based methodology and an excellent review of peripheral treatments for postoperative pain. They consider wound infiltration, intra-articular injection and peripheral nerve blocks with a variety of agents. Due to poor study methodology of the currently published trials, they are unable to reach firm conclusions. However, they do clearly demonstrate how systematic evaluation guides the focus for future research. Halpern and Leighton discuss the effects of various epidural drugs, doses and delivery techniques on the progress of labour and mode of delivery. They also consider the impact of epidural analgesia on backache following childbirth. The remaining four chapters cover intravenous fluids for resuscitation, propofol for anaesthesia and sedation, postoperative nausea and vomiting (PONV), and prevention of central catheter related complications. Choi explores the conflicting conclusions of systematic reviews on intravenous fluid therapy and admits there are indeed other factors involved in a physician’s choice of fluid. He mentions two large, good quality RCTs currently being conducted which may help clarify this contentious area. Tramer discusses assessment of patients at risk for PONV, with indications for prophylaxis and combination therapy for established PONV. This is an extremely useful chapter with clear guidelines for clinical practice. I found the chapter by Walder and Tramer on the evidence for the benefits and harmful effects of propofol well written but less useful than the other chapters. The choice of anaesthetic or sedative agent is more likely to be dependent on practical and financial considerations than the evidence presented here, although some of the information is useful on a practical level. Cooper and Randolph’s chapter describes techniques to reduce the incidence of arterial puncture, infection and thrombosis complicating central catheter insertion. They highlight the magnitude and potential severity of this problem but accept that changing clinician practice is a great challenge.

Part three deals with the dissemination and incorporation of this information into clinical practice and how it might be utilized to guide future research. Pederson provides a dry but necessary account of the origin, evolution, structure and mechanics of the Cochrane Collaboration. Phillips provides a fine account of the necessity for and methodology behind assessing the cost effectiveness of interventions, in parallel with evaluations of efficacy. He comments on
standardized health economic evaluations and their role in the national uptake of useful and efficient treatments. Lee and Gin discuss the difficulties transferring evidence into clinical practice and strategies available to aid application in the management in individual patients. Holte and Kehlet discuss the effect of postoperative epidural analgesia on outcome. They highlight the current difficulty in drawing any meaningful conclusions from the meta-analyses and argue that future methodology must include tight control of both study protocol and multi-modal postoperative rehabilitation programmes.

In summary this book is well written and informative. It does help busy clinicians separate the ‘nuggets from the mountain of dross’ and displays how to apply the evidence to clinical practice. It also highlights the poor quality of the majority of research, which is often conducted to bolster curriculum vitae or aid the marketing of a new product. Perhaps journals need to be more selective in minimizing useless and misleading research that often ends up being published.

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Atlas of Uncommon Pain Syndromes

S. D. Waldman (ed.)

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This book aims to help the pain clinician diagnose some of the most challenging painful conditions. It is also a review tool for the USA Pain Management Certification examinations, and includes International Classification of Diseases (ICD)-9 codes to ensure proper billing and reimbursement. It is designed to complement the Atlas of Common Pain Syndromes, also edited by Dr Waldman.

The book is divided into 13 sections, and each is subdivided into 4–8 chapters, describing 71 pain syndromes in total. The sections start with headache pain syndromes, facial pain, and it then moves down the body, incorporating brachial plexus, upper limb, chest, abdomen, lumbar spine, pelvic pain and lower limb. The author has chosen pain syndromes that are unusual but obvious diagnoses that tend to elude the physician at first meeting. They are not rare or exotic diseases, and are intended to be within the remit of all practising pain clinicians. For instance, the first chapter on ‘Headache pain syndromes’ includes ice pick headache, chronic paroxysmal hemicrania, sexual headache, cough headache, headache associated with temporal arteritis and post-dural puncture headache.

Each chapter describes the clinical syndrome, signs and symptoms, investigations, differential diagnoses, treatment, complications and side effects, and clinical pearls. This latter section is intended to provide practical, and sometimes hard-to-find, information on how best to care for patients suffering from the described condition. Each chapter is accompanied by an excellent anatomical drawing, an emotive coloured picture of a sufferer, a copy of an X-ray or scan, if relevant, and a diagram of a nerve blocking technique, if appropriate. The standard of the illustrations is very high, and the anatomical drawings, often superimposed on a body form, are particularly helpful.

The text is repetitive, but it does allow the reader to use the book as a reference point for a single disorder without having to find other sections. It is written in a didactic fashion, and the treatment sections do not refer to any evidence base for outcome measures or efficacy. There are no references to the worldwide literature, or acknowledgements to any other authors who may have contributed to the book.

The clinical syndromes are well described, together with the type of pain, and its exacerbating and ameliorating factors. The reader is offered differential diagnoses for the purpose of exclusion and there is advice about which questions of importance to ask, e.g. a past history of sexual abuse in a patient with prostadyenia. Thorough investigations are recommended to an extent that reflects the differences between medicine in the USA and the UK, although British readers would do well to take note of these recommendations. There is much for us to learn from these sections. Treatment options tend to be repetitive, e.g. the use of gabapentin and amitryptiline is described in many chapters, and cyclooxygenase-2 (COX-2) inhibitors are exclusively recommended as non-steroidal anti-inflammatory agents. Psychological evaluation and intervention is frequently mentioned as a modality to take place concurrently with interventional treatment,
which may not be feasible in some countries. Nerve blocks are described clearly and with excellent drawings which would enable the reader to reproduce the treatment without difficulty.

Complications and pitfalls are cleverly stated in a dogmatic way. There may be other complications unknown to this author, but we are not invited to consider this option. The clinical pearls are an individual view of the pain problem, and give pragmatic advice emanating from a great deal of experience. Many of the syndromes described, e.g. supraspinatus tendinitis, Paget’s disease of the bone, pes anserine bursitis, bunionette pain, may be seen in a rheumatology clinic, so this book could be of interest to a wider audience.

I would recommend this book as a reference source to help the busy physician diagnose and treat some of the more challenging pain presentations, and to learn about the existence of some little known conditions such as ‘devil’s grip’ and ‘Eagle’s syndrome’. Unfortunately, the treatment recommendations are not evidence based and one might disagree with some of the information offered. Nonetheless the book offers pragmatic advice to the doctor who is trying to make sense of an unusual clinical pain presentation, and the illustrations are of very high quality.

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