

Pain Management for Primary Care Clinicians

Lipman AG, editor. American Society of Health-System Pharmacists, Bethesda, Maryland, 2004. ISBN 1-58528-102-6. Hardcover, 372 pages. US\$70.00.

Pain Management for Primary Care Clinicians is a well-written and easy-to-read book that would be a useful reference for family physicians, nurse practitioners, nurses, pharmacists, and other health care professionals who care for patients experiencing acute or chronic pain.

As Lipman states in the preface, "Pain is the most common reason that patients enter the health care system." As a result, primary care clinicians "need to know how to efficiently and effectively assess and manage the broad range of painful disorders they see." This book was created in response to the need for "accurate, clinically useful information on what primary care clinicians can do in their practices to assess and control pain, and when and how to seek consultation and make referrals."

The first chapter in this well-organized book, entitled "Pain in Society", illustrates the scope of pain in quantitative and qualitative terms. Pain management has been recognized by many professional societies and agencies as an area in need of improvement, and the various pain-related guidelines, statements, and standards created by these groups are referred to here. Subsequent chapters deal with topics such as the pathophysiology of pain, opioid pharmacokinetics, drug interactions, and palliative care. The chapter on chronic nonmalignant pain has sections devoted to myofascial pain, fibromyalgia, and neuropathic pain.

Chapter 3 nicely details contemporary practice advances and describes various pain assessment scales, as well as outlining the current standards of the Joint Commission on Accreditation of Health Care Organizations (US) for pain assessment and management.

Several chapters are devoted to the pharmacologic management of pain. Readers should be aware that this is an American reference, and it therefore lists some drugs (e.g., lidocaine patch, tramadol) that are not available in Canada. Succinct reviews with useful tables are provided for acetaminophen, nonsteroidal anti-inflammatory drugs (NSAIDs), tricyclic antidepressants, anticonvulsants, *N*-methyl-D-aspartate receptor antagonists, and the opioids.

Basic dosing principles are reviewed in the chapter on opioids, and the basic principles of analgesic use (developed by an expert committee of the World Health Organization) are reviewed in the chapter on chronic malignant pain.

The concept of the total pain experience is illustrated in a few chapters. The chapters on the biopsychosocial aspects of pain and on chronic nonmalignant pain describe the multifactorial (biological, psychological, and social) nature of pain and the variety of psychosocial treatments available. The chapter on

physical rehabilitation complements these chapters, describing the assessment and treatment roles of physiatrists and of physical and occupational therapists in the management of chronic pain.

Additional chapters are devoted to complementary and alternative medicine, headache, osteoarthritis, and rheumatoid arthritis. Two chapters are devoted to pain in children and in the elderly. Table 15-4 in the latter chapter lists medications to be avoided in treating elderly patients; it is similar to Table 21-6, which lists pain medications that are inappropriate for this age group. Although these tables are repetitive, Chapter 21 expands on the pharmacokinetic alterations and their effects on drug disposition in the geriatric population. Readers will find several tables and figures that summarize assessment and treatment issues. Practical guidelines for treating common pain problems are also offered.

A particularly interesting, thought-provoking chapter is the one on ethical and legal issues in pain management. Recognition of the duty and obligation to relieve pain is slowly replacing the culture of undertreating pain, which was caused by regulatory scrutiny to prevent overprescribing, by concerns about addiction, or by incompetence, neglect, or indifference. Unfortunately, there still remains little accountability for pain relief or underprescribing.

A nice addition to this book is the chapter devoted to evaluating clinical studies of pain management. This section will assist clinicians in assessing the value and validity of various studies. In addition, the book includes useful appendices on evaluating the literature, on pain-related Web sites (including those of pain associations, organizations, and journals), and on practice guidelines. The chapter on initiatives to improve pain management in institutions describes ways to implement practice changes. Also included is a useful table on clinical practice guidelines and consensus statements on pain management. Some practice guidelines are mentioned in both Chapters 20 and 22. In addition to the repetition, a few inconsistencies in edition and publication year were observed, which might be confusing for the reader.

Readers will note that the captions for Figures 13-2 and 13-3 (algorithms for the management of pain in osteoarthritis and rheumatoid arthritis) have been reversed. As well, there are some inconsistencies in the text and figure related to the use of NSAIDs and COX-2 selective NSAIDs in the treatment of osteoarthritis.

Pain relief is the responsibility of all clinicians. This comprehensive book offers practical information and tools to assist in the care of patients with acute or chronic pain, and would be an excellent reference for clinicians managing these conditions.

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