

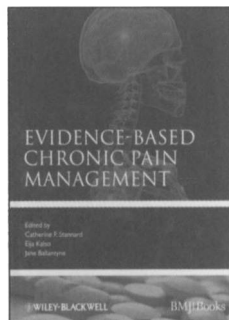
medical library around the world in order to be used when necessary to analyze a medical article with a potential translation into clinical practice.

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EVIDENCE-BASED CHRONIC PAIN MANAGEMENT. 2010. Edited by Catherine F. Stannard, Elija Kalso, Jane Ballantyne. Published by Wiley-Blackwell. 450 pages. C\$240 approx.

Rated **UNAVAILABLE**

Evidence based medicine (EBM) can be defined as the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. As such, EBM aims to apply the best available evidence gained from studies using the scientific method to medical decision making. It seeks to assess the quality of evidence of the risks and benefits of treatments (including lack of treatment). Over the last three decades, EBM has become a gold standard in the evaluation of interventions provided by physicians. The new book, Evidence



Based Chronic Pain Management, strives to provide readers with EBM as it relates to chronic pain, a large and diverse field. This is a difficult task, as the condition of chronic pain is managed by numerous specialties and many patients with chronic pain never even seek the care of a physician, instead turning to alternative therapies, or self-therapy. In any case, pain as a field has progressed over the last decades to become much more evidence-based, but

not without hurdles. Although EBM is designed to make decisions about the care of individual patients, generalizability is difficult for conditions where literature is sparse. Finally, extrapolation to longer follow-up time periods of years is often difficult for patients with chronic pain, where most studies occur over weeks.

This book begins with a review of evidence itself – this provides a very good overview and sets the stage for future chapters. Important concepts and meaningful examples are provided. The next chapter proceeds to discuss trial design and evaluation of evidence. This chapter integrates well with the first chapter and provides a good overview again. The information provided is important for the clinician, but will not satisfy the needs of an epidemiologist or statistician.

The following chapter is all too brief in discussing the Neurobiology of Pain; for example, central inhibitory pathways are discussed with alluding to the significant literature regarding serotonin and norepinephrine roles. This could be permissible given the nature and intent of the book, but for clinicians looking for an encompassing overview, it may be underwhelming.

There is a review of psychotherapy and its evidence which may not be well known by most clinicians who often first turn to pharmacology. For the Neurologist unfamiliar with all causes of pain, there are also chapters discussing data in pelvic/perineal pain

syndromes, as well as in forms of arthritis and chest pain syndromes. Many Neurologists will not be familiar with the diagnosis nor treatment of these conditions, so the reviews provided are important and make for good overviews. As well, there are reviews of alternative therapies, for which most Neurologists will not be familiar with study outcomes. Lesser used therapies such as spinal cord stimulation are also considered in depth.

Neurological conditions such as diabetic peripheral neuropathy and post-herpetic neuralgia are reviewed thoroughly, with all recent publications considered in the formulation of the review and figuring in the authors' recommendations. Less common, and more difficult conditions, such as phantom limb pain and complex regional pain syndromes are also reviewed in good depth. Chapter 16 examines post-surgical pain syndromes where there really is insufficient data to properly review EBM, leading to this chapter becoming more of a review of the condition itself. This cannot be the fault of the chapter or its authors, however.

Chronic back pain is not very sexy and is often the bane of most Neurologists' practices. Nevertheless, it is common and has numerous tribulations, but also trials. Chapter 7 examines the evidence for entities such as back schools, behavior therapy, and pharmacotherapy. The majority of the data cited were based upon Cochrane reviews, followed by guidelines, and finally, the authors' recommendations. Chapter 8 uses both positive and negative studies to highlight management in chronic neck pain – a novel approach and a nice method of presenting the work that has been done. This chapter also permits the realization of uncertainty – despite the high prevalence of chronic neck pain, studies to date have not led to a conclusive clinical management pathway in today's practice.

One notable absence in many chapters is the use of figures/tables. Some megaplots, meta-analysis graphs and other demonstration devices would have been useful in Chapters 7 and 8 examining back and neck pain, for example. Other chapters do have Boxes to summarize data. There are some conditions which are notable for their absence, such as trigeminal neuralgia, which has ample EBM behind its management. Radiculopathy, a condition managed differently than mechanical back/neck pain, is not considered separately.

This is a good review for the Neurologist seeking an overview of common and some uncommon conditions causing pain. There is strength in authorship, with many well known researchers contributing chapters. There is also effectiveness in the brevity of many of the reviews presented. Drawbacks include the absent subject areas described above, and there is a lot of overlap between chapters or sections inherent in a collection such as this. Nonetheless, I recommend this to General Neurologists and Neurologists who have greater proportions of pain than the average clinic. Those physicians and allied health care professionals who are particularly interested in management strategies for pain and its related conditions will also find this book to be a good reference. I would not recommend this to all Neurologists, and do not recommend this as a book for patients to learn about pain.

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