



BOOKS AND MULTIMEDIA OF INTEREST

Bandolier's Little Book of Pain, by Andrew Moore, Jane Edwards, Jodie Barden, Henry McQuay. 453 pages, \$29 (USD) Oxford, United Kingdom: Oxford University Press. 2003. ISBN: 0-19-263247-7

Evidence-based medicine (EBM) is gaining momentum as we apply more precise statistical tools to our practice. Certified Registered Nurse Anesthetists (CRNAs) in pain practice are seeking reviews of EBM compounds, procedures, and systems. One example of a useful review is *Bandolier's Little Book of Pain*, a soft cover, lab-coat sized, convenient reference with evidenced-based conclusions for a variety of compounds and pain states. The authors are from the Oxford Pain Relief Unit, Churchill Hospital, Oxford, England, and they present a snapshot of EBM in mid-2002.

The information and abbreviations in the first section are important for using the book. This section helps to synchronize the reader and the authors on topics such as systematic reviews, meta-analysis, clinical trial methods, outcomes, size, and placebo effect. The book's format makes access to bottom-line information easy and fast. For example, the individual drug sections start with the authors' conclusions, delve into the explanation, and then reinforce the message with more detailed comments. The authors are generous with references. Chapters have a variety of graphs and statistics to reinforce the text explanations. The helpful L'Abbe plots use circles to represent individual trials, with circle size indicating size of the trial and circle location indicating the outcome.

The acute pain section of the

book places considerable focus on nonsteroidal anti-inflammatory drugs (NSAIDs) and acetaminophen. Examples of other topics in the drug sections include topicals, transcutaneous electrical nerve stimulation (TENS), peripheral opiate receptors, and a list of other pain interventions, which the authors state are not within EBM. For example, there is a section on NSAIDs and bone healing, a commonly discussed topic in many operating rooms. The authors draw the general conclusion that NSAIDs do not significantly delay bone healing; however, they also mention the deleterious combination of smoking and ketorolac, specifically in regard to bone healing. This book also contains topics not usually found in the US literature. For example, there is a section on intramuscular pethidine (meperidine) for postoperative pain control, a practice largely abandoned in the United States.

Other sections include acute pain, migraine and headaches, chronic pain, arthritis (including fibromyalgia), complementary and alternative medicine, cancer pain/palliative, and management issues. Interspersed are valuable EBM findings such as local infiltration of incisions. For example, during a case, local infiltration is effective when compared to a placebo, yet postoperative infiltration does not receive this endorsement. The headache section covers the triptans extensively but lacks evaluation of nonpharmacologic modalities aimed at causes of more common muscle tension headache, such as trigger point work, massage therapy, or biofeedback. The back pain section states that there is considerable evi-

dence of a relationship between smoking and low back pain and that epidural steroid injections are effective, but the authors place specific parameters on this conclusion.

Bandolier's Little Book of Pain can help CRNAs interested in pain management evaluate the literature with more precision. This publication is unlike common US texts with ribbon place markers, and the authors use idioms not usually found in the US references. For example, the authors refer to the "Three Pot System" which is a combination of a paracetamol, paracetamol/opioid combination and a nonsteroidal anti-inflammatory compound. In the United States we might call this multi-modal pain management. Also, the book has appendices but lacks a subject index for rapid topic location.

There are some precautions when using this or any current EBM texts. That is, these works can only speak to compounds and procedures that have gone through comparatively rigorous and lengthy evaluation. This system requires that the compound or procedure being tested have backing or financial support. The implication here is that treatments that may be new, novel, or not yet popular or, for whatever reason, lack significant backing may not get into this system of comparative analysis and thus not come to the attention of anesthetists interested in pain.

Overall, *Bandolier's Little Book of Pain* is a good primer on EBM for the CRNAs interested in pain management.

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