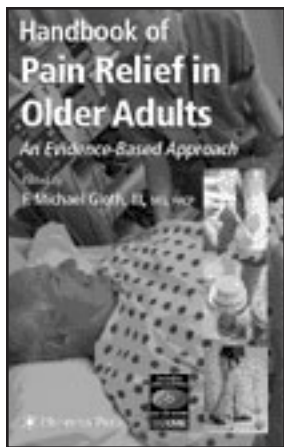


## BOOK REVIEW



***Handbook of Pain Relief in Older Adults: An Evidence-Based Approach*. Edited by F. Michael Gloth, III, MD, FACP. Published by Humana Press, Totowa, NJ; 2004, 264 pp.**

*Handbook of Pain Relief in Older Adults: An Evidence-Based Approach* presents healthcare providers, patients that are victimized by pain, and their caregivers a broad survey of negotiating pain in

the elderly population. It provides information covering the management of pain, socioeconomic and political issues, and cultural and spiritual issues, including the legal aspects that are requisite to decreasing pain in the elderly population.

Two unique features set this text apart from others. The first is its supplementary materials, including a continuing medical education (CME) certification, a CME posttest and evaluation to be completed and submitted for credit, and an appendix of analgesics with description of initial oral dosing, maximum oral dosing, and some unique considerations for the geriatric patient. A 6.5-hour American Medical Association/Physician's Recognition Award Category I CME credit is provided for the completion of the included test within the book. The second feature is a CD-ROM, which contains a single-license Adobe-format E-book version of the volume. The CD-ROM is viewable on a computer and able to be synchronized to a PDA hand-held device.

Chapter 1 is a well-written introduction, which contains a glossary of terms used in the management of pain along with tables and descriptions of obstacles often encountered in the management of pain in the elderly that are experienced by the patients themselves, healthcare professionals, and the healthcare system.

Chapter 2 discusses appropriate pain scales for the elderly patient in a functional scale model. Also covered are assessment of pain in those patients that are cognitively or communication impaired and discussion of research versus clinical care instruments available as screening instruments, which can be exceeded for the assessment of the pain patients with cognitive deficits.

Chapter 3 covers preventive analgesia evaluation and therapy. The chapter focuses on establishing an introductory

pain assessment treatment plan and a pain history, including awareness of the patient and providers, barriers, and listening to as opposed to simply hearing the patient. Patient and family experience and expectations of pharmacotherapeutic risk assessment are discussed. Most importantly, this chapter reflects family and patient needs and expectations during the initial interview.

Chapter 4 is highly unique, discussing spirituality as an adjunct to pain management. This chapter discriminates pain and suffering and cross-cultural issues in spirituality along with pain and spiritual activity and practical applications. Of great significance is the table identifying how one takes a spiritual history with a nomogram.

Chapter 5 describes exercise and physical modalities such as heat vs. cold, cryotherapy, thermal therapy, electrotherapy, manual therapy, creation of physical medicine and rehabilitation descriptions, and kinematic therapy (i.e., static and dynamic body positioning). This chapter presents to the reader that the judicious use of physical medicine and rehabilitation modalities with exercise not only aids in the prevention of chronic illness and impairment, but also provides decrements in pharmacologic intervention.

Chapter 6 discusses the nonopioid pharmacotherapy of pain in older adults and provides an overview of acetaminophen, nonsteroidal anti-inflammatory drugs, and tramadol. Other factors discussed in the chapter are pharmacokinetic (i.e., absorption, distribution, metabolism, and elimination) and pharmacodynamic considerations with the event of comorbid disease states. Much of this information is not that dissimilar to what can be found in the *Physician's Desk Reference* and other standard drug handbooks.

Chapter 7 centers on opioids and adjuvants, with discussion of the mechanism of action of opioids, their place in therapy, adverse events and precautions, and adjuvant analgesics. Also discussed, briefly, are some antidepressants and anticonvulsants.

Chapter 8 looks at interventional strategies for the management of pain. These strategies are primarily invasive and offered by multidisciplinary comprehensive pain centers, to include nerve blocks, facet blocks, sympathetic blocks, stellate ganglion blocks, celiac plexus blocks, lumbar sympathetic blocks, and superior hypogastric plexus blocks. A section of the chapter is devoted to that of nerve destruction, along with information on spinal cord stimulators and drug delivery via epidural and intrathecal routes with a discussion of implantable

intrathecal pumps. Other invasive techniques are also covered, such as vertebroplasty, cytoplasty, intradiscal electrothermal anaeroplasty, and nucleoplasty (IDET). Botulinum toxin is also mentioned, focusing on reduction of muscle contraction and spasms. Finally, it should be noted that the illustrations and photographs in this chapter are exceptional.

Chapter 9 deals with pain management and long-term care. A description of the epidemiology of pain is followed by discussion of barriers to successful pain assessment and management, all within the confines of a nursing home. This assessment of pain is composed of a multidisciplinary model as a part of the Omnibus Budget Reconciliation Act (COBRA) of 1987, and the Resident Assessment Instrument, with its minimum data set (MDS), was developed to improve patient care with systematic planning. The MDS evaluates residents for a range of nursing home quality measures, which include pain, and is performed on every resident at a facility that receives federal funding under Medicaid or Medicare when there is a change in patient condition and on a quarterly basis. Data points are entered by a member of the nursing staff who uses a variety of sources of information about the resident to determine the most appropriate response for each item. Results of the MDS are forwarded electronically to the state and the US Department of Health and Human Services.

Chapter 10 gives an interesting discussion on how the healthcare professional may influence representation, joining a professional society, resisting restrictive (and costly) regulatory and manipulation efforts, and reminding all leaders that "all politics are vocal." In addition, some insights for healthcare professionals on using the media to advance the message of pain are provided.

Chapter 11 focuses on use of the Internet and electronic medical records to assist with pain relief. Of US adults over the age of 50 years, 40 percent of them have a computer. Discussion of the use of electronic medical records

and a list of Internet sites featuring pain information, along with a brief description of each site, are also included. Some of the sites are sponsored by corporations, societies, the government, and/or institutions. One site of specific interest concerns sickle cell disease. This site is updated on a regular basis, and is sponsored by the Sickle Cell Disease Association of America.

Chapter 12 is also encouraged for review by patients, caregivers, and families. It discusses the patient "bill of rights," opiophobia, compliance and reporting issues, alternative therapies, and information acquisition by the patient and family.

The final chapter in the book presents suggestions for change in education policy and communication, and overview improved educational efforts improving efforts focused at education and research, changes on policy and mechanism for disseminating information. An appendix is included at the end of the text that lists selected analgesics and opportunities for use in older patients. It includes starting oral dose, maximum oral dose, and selected special considerations.

In conclusion, this text offers practical advice to the healthcare provider, patient, and family to achieve a higher degree of relief for those with less than adequate control of nociceptive and/or neuropathic pain. It encourages the reader to work together with the patient and family to ensure that management is a shared event. This fast-reading text is highly recommended for those who treat, manage, or are victimized by pain.

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