

Pain Management and Palliative Care: A Comprehensive Guide

Kimberly Sackheim
Springer 2015
Price £108.00. Pp 389
ISBN 978 1 4939 2461 5

This book is aimed at doctors from any speciality as a reference on how to manage pain. The book is laid out in well-structured sections and is very easy to navigate.

The medications are based on American guidelines and as such some are not used in the UK. There are no clear recommendations on what to use first line for the different types of pain. As a junior doctor it would be difficult to know what to prescribe as a result of reading the book, although there is a lot of useful information on indications, pharmacology and side effects of medications.

The title *Pain Management And Palliative Care* is misleading for a UK

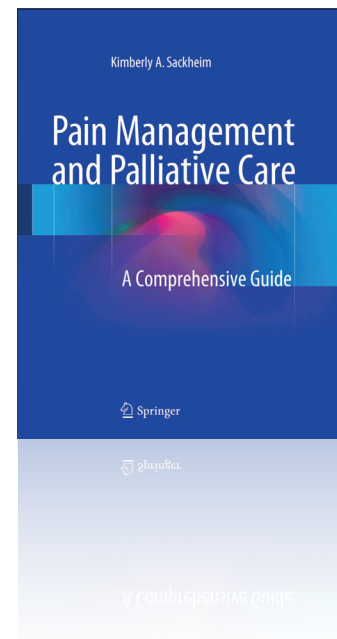
audience. There is a short chapter on cancer pain but a lot of the book is focussed on non-terminal illness and as such could be more useful as a reference for chronic pain management as opposed to pain management in palliative care.

The palliative care chapter is a useful, easy reference guide on basic symptom management for non-specialist doctors. The hospice care chapter is based on the American model of hospice care and as such does not translate to the UK.

The interventional pain management section is well structured and gives an overview of the different procedures available.

This book is well structured and easy to read, but it does not translate easily for use in the UK and it is expensive for the audience it is intended for.

Sophie Thomas, Leeds Teaching Hospitals NHS Trust, Leeds



Management of Heart Failure. Volume 2 (Surgical) 2nd edn

Edited by Jai Raman
Springer 2016
Price £104.50. Pp 284
ISBN 978 1 4471 4278 2

I was looking forward to reading this book, knowing precious little about the surgical options for this common syndrome, but sadly it was found wanting in many areas.

There are many factual inaccuracies, such as 'no way of accurately quantifying diastolic dysfunction' when E/E' measured using echocardiography is normally used or that cardiac resynchronization therapy is a 'promising new approach' when it has been in routine use for over a decade.

Many of the references don't actually correspond to their numbers, the majority of the trials quoted are over 20 years old and some figures are of low resolution and poor quality. The text is often not broken up sufficiently with headings or sub-headings, making it heavy going.

I am unsure why there is a chapter on the medical management of atrial fibrillation, and two chapters on anaesthetic management of such patients are incongruous and largely repeat each other.

There is little cohesion between chapters, with the epidemiology of heart failure repeated unnecessarily in virtually all. Even something as simple as the index, is unusable, with words like 'outcome' having over 54 possible pages, without a more comprehensive breakdown.

While I am sure the authors are all experts in their field, I cannot recommend this book, especially at such a high price. It needs a significant overhaul, not just of the content, but also of the style and layout.

David Warriner, Northern General Hospital, Sheffield

Clinical Tuberculosis: A practical handbook

Edited by Peter DO Davies, Ajit Lalvani, Muhuntan Thillai
CRC Press 2015
Price £24.99. Pp 212
ISBN 978 1 4441 6320 9

Although the prefaces do not mention this, I presume this book is meant to accompany *Clinical Tuberculosis* (5th edn).

Symptoms are described without sensitivity and specificity data. Examination seems hopeful, as usually there is not a lot to find. Interferon-gamma

tests are included, even though these are only recommended as part of contact tracing. The X-rays are good. Practical microbiology would be helpful.

Treatment is generally well covered. The doses align with World Health Organization (WHO) recommendations, but are perhaps a little low according to current therapeutic drug monitoring and for tuberculous meningitis. There are inconsistencies related to isoniazid resistance, and the management of rifampicin resistance is poor. Management of adverse effects follows the British guidelines, rather than those established by a randomized controlled trial or the more logical New York approach. The management of multi-drug resistant tuberculosis is poor and evidence-free. The chapter on new drugs is already dated and was perhaps over-ambitious for a book.

The chapter on latent tuberculosis infection follows WHO advice in general, although the emphasis should be on recent contacts and their greater benefit from preventive treatment.

Like the parson's egg, there are good and bad parts. Perhaps a book is no longer the best format for such a rapidly evolving topic?
Graham Bothamley, Homerton University Hospital, London