

BOOK REVIEW



***Pain Medicine and Management: Just the Facts*, edited by Mark S. Wallace and Peter S. Staats. New York: McGraw-Hill, 2005; 379 pages.**

In the preface, the editors describe the purpose of this book as “a study guide for the pain physician who is studying for the board certification or recertification

exam.” Drs. Wallace and Staats are both respected and accomplished educators, researchers, and clinicians who are well-qualified to organize such a text. They have assembled a group of distinguished authors to contribute content. At least five of the chapter authors have been directly involved with the examination committee responsible for creating and administering the American Board of Anesthesiology (ABA) exam; an equivalent number of authors have been involved with the American Academy of Pain Medicine (AAPM) exam; and most of the authors are leaders in the field of pain medicine.

Certification in pain medicine requires knowledge from diverse areas. Candidates for the examination administered by the ABA include trainees from anesthesiology, neurology, physical medicine and rehabilitation, and psychiatry. Certification by the AAPM permits certification for any physician. Many pain specialists are certified by one or both equally discerning accrediting organizations.

The 70 chapters are written in outline form with useful figures and tables that cover the vast bulk of material likely to be tested on the certification exam. Pain medicine is a multidisciplinary specialty, which is addressed skillfully by the editors. The chapters are written by pain specialists from a variety of disciplines, all of whom are leaders in their fields, and they approach their topics from the perspective of their primary specialty background. For example, Dr. Kenneth Follett, a neurosurgeon pain specialist, wrote the chapter “Neurosurgical techniques”; Dr. Rollin Gallagher, psychiatrist pain specialist, wrote the chapter “Biopsychological Factors”; and Misha-Miroslav Backonja, MD, neurologist pain specialist, wrote the chapter “Anticonvulsant Drugs.”

Examination question writing is a difficult process

because good questions rely more on science than art. The authors, with few exceptions, are proponents of evidence-based medicine, and that bias is reflected in most of this book. The book is well-organized into nine sections, and the chapter numbers as well as titles are included in the headers on each page. The first section is “Test Preparation and Planning.” Stephen Abram, MD, does a superb job describing the examination process and includes the examination content outline, useful web sites, and study techniques and preparation.

There is room for improvement in any first edition, and reviewers should identify weak or inadequate areas. Six and a half pages addressing prolotherapy is excessive, especially in a board review book based on evidence-based medicine. Elementary concepts, such as central and peripheral sensitization, need better definition, and the “Basic Physiology” section needs to be enhanced. Examinees will need to supplement their knowledge of basic physiology from another source.

I was disenchanted by the crucial chapter on “Low Back Pain” (LBP). This chapter stands out as being less well-organized, biased, and, in many places, unclear and misleading. A table describing “red flags” for back pain left out the factors of age greater than 50 and elevated ESR, even though they were included in the text and are extremely important. The authors state, “Although LBP may be severe, it is rarely described as excruciating.” In using the McGill Pain Questionnaire as a tool to distinguish between various types of pain, investigators have found that 50 percent of cancer patients describe their pain as unbearable, compared with 40 percent of patients with back pain. Other inaccurate statements in this chapter include the authors’ assertions that implanted drug infusion devices are a relative contraindication to MRI, acetaminophen should be used before NSAIDs in the treatment of acute LBP, and stocking-glove sensory loss during walking is suggestive of neurogenic claudication. I would suggest candidates skip this chapter altogether and obtain LBP material from a separate source.

I will not focus on a few chapters that can be improved because, far and away, this text is excellent and filled with easily acquired, evidence-based, testable information. In six pages, Michael Loes, MD, writes the best succinct summary of NSAIDs I have seen anywhere. His description contains tables providing starting doses for 24 drugs, elimination half-lives, structural classification, and comparative toxicity scores. I could single out many stellar and valuable chapters in an array of really good material and do not want to leave out the excellent work of the vast majority of the authors, but I found particular value in the “Tramadol” chapter, the “Topical Agents”

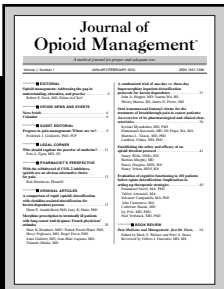
chapter, the "Substance Abuse" chapter, and the "Neurosurgical Techniques" chapter. There is ample material in the "Special Techniques" section to qualify nonproceduralist pain specialists to complete the interventional parts of the exam and to allow more procedurally oriented practitioners to acquire knowledge about rehabilitation, behavioral medicine, complementary and alternative approaches, and acupuncture.

Charles Argoff, MD, handled the controversial topic, "Botulinum Toxin Injections," deftly and fairly. "Intradiscal Electrothermal Annuloplasty," an equally controversial topic, also was described equitably by Drs. Derby, Lee, and Kim. The review of "Headaches" by Dr. Sapers contains all the important testable material, is clear and easy to read, and is an ideal, succinct board review summary.

Overall, this is a unique, well-edited and written, valuable asset for board candidates and anyone looking to

review the core knowledge base of pain medicine. Fellows have been asking me for years to suggest a good review book for the boards, and I have been telling them there isn't one. Now, I can recommend this book. Drs. Wallace and Staats have probably been asked the same question and should be commended for solving the dilemma. *Pain Medicine and Management: Just the Facts* is the answer. It is an excellent board review source. I would recommend it highly to anyone preparing to take either the AAPM or the ABA board examination, either for initial certification or for recertification.

Reviewed by Gilbert J. Fanciullo, MD, MS, Associate Professor, Dartmouth Medical School; Director, Section of Pain Medicine, Dartmouth Hitchcock Medical Center, Lebanon, New Hampshire.



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