



Pain in the Elderly A Report of the Task Force on Pain in the Elderly of the International Association for the Study of Pain

Edited by Betty R. Ferrell and Bruce A. Ferrell. *Progress in Pain Research and Management* series. 137 pp. International Association for the Study of Pain, Seattle. 1996. US\$25. ISBN 0-931092-15-9

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| Overall rating: | Good |
| Strengths: | Very practical review of pain in elderly people and management strategies |
| Weaknesses: | Lack of detail and practical guidelines for drug therapies |
| Audience: | All physicians and health care providers |

This report is the work of a task force on pain in elderly people appointed by the International Association for the Study of Pain. The goal of the task force was to provide an overview of the problem of pain among elderly people and some broad perspectives and suggestions for clinicians on how to approach some specific and common problems encountered in these patients. It is not an exhaustive treatise on the subject or a comprehensive textbook, but it does provide much useful information.

The cochairs and editors, Betty R. Ferrell and Bruce A. Ferrell, have accomplished their goal. The report first provides an overview of aging and of pain in elderly people, including demographic, epidemiologic, biologic and pathophysiologic aspects.

A solid rationale is provided for using a cognitive-behavioural approach, rather than a biomedical approach, in treating pain in elderly patients. Further chapters detail the management of pain through the use of opioid and nonopioid drugs, patient education and nondrug interventions, including physical and cognitive methods. Multidisciplinary management is also discussed.

The management of postoperative and cancer pain are dealt with separately in chapters devoted to these topics. Further chapters deal with the effects of disability and depression on pain and with pain management in alternative care settings such as the home or long-term care facility. An important aspect discussed is that caregivers often lack knowledge about how to assess and manage pain. This appears to be a particular problem in alternative care settings.

Elderly patients' living and social conditions are discussed in detail. An international perspective on pain in elderly people is provided through brief sketches of the needs of these people in Australia, Brazil, Canada, Denmark and Thailand.

This report provides a very good review of issues concerning pain management in elderly patients. The chapters dealing with the use of opioid and nonopioid drugs, patient education, multidisciplinary management of chronic nonmalignant pain and postoperative management of pain are particularly strong. This report should be in the library of every physician who cares for elderly patients.

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Images in Psychiatry: Canada

Edited by Quentin Rae-Grant. 299 pp. American Psychiatric Press, Inc., Wash. 1996. US\$48. ISBN 0-88048-900-6

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| Overall rating: | Good |
| Strengths: | Comprehensive overview, |

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| Weaknesses: | written by the leading lights of Canadian psychiatry Lack of depth and generally uncritical approach |
| Audience: | Psychiatrists |

This book is a valiant attempt to present all aspects of Canadian psychiatry: its history, current practice and research. It is one of a series on various countries, proposed by the World Psychiatric Association. Only a few countries accepted the challenge of producing such a book. Dr. Quentin Rae-Grant called on 53 contributors, who wrote 41 chapters. (I will not mention the authors here, because mentioning 1 without mentioning the many others would so offend them that contumely would be my lot at all future psychiatric conferences.) The opening chapter describes Canada, its health care system and the position of psychiatry. The next chapter is a brief history. Twenty-three short chapters describe psychiatric services, including areas of interest (e.g., forensic psychiatry), special problems (e.g., native issues), interventions (e.g., psychotherapy) and systems (e.g., financing of health care services). These are followed by a chapter on bioethics research, which seems misplaced here. The book ends with 13 chapters on research, including diagnostic groups (e.g., anxiety disorders), investigations (e.g., imaging) and a surprisingly interesting chapter on the funding of clinical trials. There are 2 chapters on education, and Rae-Grant completes the book with his speculations about the future.

This book covers every aspect of Canadian psychiatry in 280 pages; depth has been sacrificed for breadth. However, the editor has recruited a veritable who's who of the specialty; as a result, each chapter is remarkably well informed and comprehensive. I found the content fascinating, and I was able to learn a great deal about my profession.

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