Palliative medicine is a relatively young field with a slowly evolving evidence base. It is, perhaps, one of the more challenging disciplines in which to develop an evidence base given the difficulties of conducting studies in an end stage patient population. This book is a welcome addition to the efforts to establish and document the evidence for interventions in symptom management in end of life care.

The intent of this book is to “allow clinicians to improve their patients’ clinical outcomes and quality of remaining life.” It does not aim to be a palliative care textbook. The editors urge that the evidence be assimilated with clinical knowledge and that the resultant care should be tailored to individual patients. The book’s subtitle is “systematic reviews and validated clinical practice guidelines for 15 common problems in care of patients with advanced, irreversible disease.” It is a compilation of 2 editions of the Journal of Pharmaceutical Care in Pain and Symptom Management from 1999 and 2000. This explains its slightly odd format and layout (acknowledged by the editor as a rectifiable problem in the next edition). The 15 common problems are listed in alphabetical order and exclude pain. Some problems are logically grouped together, for example, nausea and vomiting.

Each chapter begins with a brief summary of the material and a listing of relevant keywords. Explanation and causes of the symptom, followed by evidence for their management, form the bulk of the chapter. An algorithm for the treatment of the symptom is included in the chapter, and we found some algorithms quite difficult to follow.

For each symptom, a table provides a brief description of the studies that were reviewed for that particular chapter. Each study is ranked using the Agency for Health Care Policy and Research evidence levels (level 1 = randomised trials, level 5 = case series). The authors have also included a cost table for medications discussed in the chapter, which may have limited relevance to non-Americans. As well, this information is likely out of date because costs are continually changing, particularly with the introduction of generic formulations of several medications in the last few years.

The book does not clearly state how the literature was reviewed or the criteria for inclusion or exclusion of evidence. Personal communication with an editor explained that extensive electronic literature searches (of Medline, EMBASE, PsycLIT, and other electronic services) were done followed by hand searching of articles in reference lists from electronically identified papers. A few spot checks revealed some gaps in the literature searches. For example, the use of chlorpromazine for dyspnoea is referenced from a 1993 opinion article. However, there is a published trial of the use of chlorpromazine for dyspnoea, by the same author, from 1994, in a major palliative care journal.

The validation process for the algorithms and guidelines was not described in the text. Personal communication with the author revealed that the guidelines were reviewed by a group of American home hospice nurses. There is no information about the membership of the group.

It has been almost 4 years since this book was published. The intentions of the editors were that it be updated regularly with updates and revisions to be published in the original journal but this has not yet occurred. Two monographs (on anxiety and depression) have, however, been expanded and are in press as Cochrane reviews (personal communication with editor).

In summary, we found this book a useful starting point for evidence in the 15 common problems described. Unfortunately, due to the age of the data reviewed and the gaps in the evidence we found, this book is less helpful than we had initially hoped. It is an excellent starting point for a literature search or for historical information on a subject. It allows for follow up of authors who may have published more recently on the same topics. It may help those who do not know the scope of palliative care research to start investigating a topic. This book is of most use to professionals working in palliative care who want to look at the evidence directly where they have previously been relying on clinical experience and expert opinion.

KAY STEWART, MBChB, MRCP(UK)
Temmy Latner Centre for Palliative Care
Toronto, Ontario, Canada

Ratings
Methods ★★★☆☆☆
Clinical usefulness ★★☆☆☆☆