

# Resource review

Moore A, Edwards J, Barden J, *et al.*  
*Bandolier's little book of pain.*  
 Oxford: Oxford University Press, 2003.

*Bandolier's little book of pain* can be purchased  
 online at [www.oup.co.uk](http://www.oup.co.uk) for £19.99.

Here is evidence to support the old adage that “good things come in small packages.” *Bandolier's little book of pain* is a convenient pocket size, yet its 450 pages are packed with useful, current information about analgesia, evidence-based practice (EBP), and patient care. This book is clearly and humorously written in the *Bandolier* style and will appeal to all people involved in managing and delivering pain relief.

Pain is an important, common, and often undertreated condition, with enormous social and financial consequences. As a result, there are many good reasons for reading *Bandolier's Little Book of Pain*. For instance, UK figures indicate that 10% of the population experiences pain daily; adverse drug reactions involve analgesics more than any other group; and back pain alone results in the loss of 52 million working days in the UK each year and a substantial cost to health services as well. Using this book not only raises awareness of issues surrounding pain, it provides a framework for identifying and applying evidence-based, patient specific solutions.

The book comes from the Pain Research Group at the Churchill Hospital in Oxford and includes material from their website (<http://www.jr2.ox.ac.uk/bandolier/booth/painpag/index>). Commercial sponsorship to enable this work is acknowledged. Good introductions to the philosophy of EBP, nature of pain, and methodology of trial design help to make the text accessible: an important strength, as pain control is often delivered by teams, and this book has something to inform all team members. Subsequent chapters discuss acute and chronic pain, migraine, arthritis, and cancer pain. There are also chapters for complementary therapies and management issues. Discussions of specific (and occasionally controversial) interventions are accompanied by a critically appraised systematic review. Throughout, the emphasis is on “tools not rules,” but the strongly evidence-based examples are difficult to argue with. When clear evidence is not available, the authors refer to the wisdom of experience, particularly that of patients.

This is a practical book for frontline care. It promotes meaningful, measurable outcomes while acknowledging the importance of quality of life, convenience, and compliance. Patient control and “rescue” strategies are emphasised. Results are expressed as relative risks or number needed to treat with a confidence interval and supported by graphs and references. Advice on critically appraising pain research will help users interpret and incorporate future advances in analgesia.

I enjoyed reading this book, which flowed naturally from one informative discussion to the next. My favourite observation was Gertrude Stein's comment: “for a difference to *be* a difference, it has to *make* a difference.” (p 14). This book certainly made a difference for me as a general practitioner, particularly in the current atmosphere of controlled prescribing. My only criticism is that although the table of contents is clearly laid out, the book lacks an index. The result is a delay in accessing some “bottom lines.” None the less, it has a place within arm's reach when I consult, and is a useful aid for rational prescribing and informed patient choice.

WILLIAM S M SUMMERSKILL, MBBS, MSC  
 University of Bristol  
 Bristol, England, UK

## RATINGS:

Methods/Quality of information: ★★★★★

Clinical usefulness: ★★★★★