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Evidence-based Practice of Anesthesiology. By Lee A. Fleisher, M.D. Philadelphia, Saunders, 2004. Pages: 476. Price: \$79.95.

Evidence-based medicine (EBM) is a term used broadly often with varying interpretations. In its simplest format, EBM seeks to empower caregivers with the tools to independently evaluate the medical literature and apply those learnings in practice.^{1,2} The term EBM first appeared approximately a decade ago; it has evolved since then.^{3,4} The original focus was to help clinicians preferentially use evidence, when available, from clinical research rather than clinical experience and pathophysiologic reasoning.² Over time, practitioners of EBM recognized several important challenges, and as such, EBM evolved. First, clinical experience and pathophysiologic reasoning are forms of evidence, and although more subject to bias, they are often the highest level of evidence available. Second, patients' preferences and values should be incorporated into clinical decision making. Third, the practice of EBM takes time and often new skills.

During the past decade, EBM has made improvements in all three of these challenges. Importantly, many undergraduate and postgraduate programs now provide training in EBM, and on-line training, continuing medical education, and workshops grow rapidly.⁵ Moreover, the effort required to find valid evidence has been reduced. Many journals now provide structured abstracts; secondary journals filter biased studies and summarize important clinical studies; the Cochrane Collaboration, which now has an anesthesia section, provides evidence summaries; and finally, textbooks emphasizing evidence-based decision making continue to grow.⁶⁻⁸

Evidence-based Practice of Anesthesiology by Fleisher is one such book and a landmark for anesthesiology. It is clearly written and provides a structured approach to clinical decision making. The books 10 sections and 71 chapters are organized around clinical problems. Each chapter includes an overview of the area, a review of the evidence, a summary of areas of uncertainty, and the authors' recommendation. The last section, authors' recommendation, is particularly important because much of what we do in anesthesiology and all of medicine is based on clinical experience and pathophysiologic reasoning. The recommendations generally summarize the known evidence, combined with the authors' experience, to produce clinically useful recommendations.

The book achieves a nice balance between being too general and too specific. Traditional text books, which address broad topics, are, in general, great for learning vocabulary and pathophysiology, but they are less good if you want to know "what should I do for this patient in front of me." On the other hand, focused clinical queries, endorsed by EBM, that explicitly define a patient population, an intervention, and an outcome pose challenges to organize as a book. The book by Fleisher achieves a balance between the two.

Although the book is intended as an evidence summary to aid in clinical decision making, it does not explicitly incorporate patient preferences. Patient preferences and values should figure prominently in preoperative testing and in selecting type of anesthetic. In addition, because of the time to write and publish a book, textbooks of EBM run the risk of quickly becoming dated. Caregivers may need to supplement the book with a recent literature review.

The book by Fleisher is balanced, informative, and useful to clinicians who need to make decisions. The book provides clear recommendations, which are informed by evidence and experience, to caregivers. An important future challenge for EBM is to ensure that patients receive the evidence. By grading evidence into "do it or do not do it,"⁶ caregivers may be able to concert evidence-based recommendations into performance measures and then monitor whether patients actually receive the evidence that is well summarized by Fleisher.⁹ The

next step in the evolution of EBM will be to monitor performance and ensure that patients receive the evidence-based interventions they should. In the meantime, caregivers can learn a lot of important information from Fleisher's text.

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Pain Medicine and Management: Just the Facts. By Mark S. Wallace, M.D., and Peter S. Staats, M.D., M.B.A. New York, McGraw-Hill, 2005. Pages: 379. Price: \$54.95.

It is estimated that more than 75 million people in the United States have persistent or recurrent pain. Despite the omnipresence of pain, it is largely inadequately managed, probably because it is difficult to diagnose and treat. In recent years, the pain literature has expanded rapidly, with a majority of the surge being in basic pain research. This has advanced our understanding of the pathophysiology of pain and has allowed us to develop more effective analgesic regimens. Concurrently, there are growing numbers of textbooks on pain medicine, which provide extremely useful and comprehensive information. Although these textbooks are excellent references, they may not be ideal for preparation for board certification.

Pain Medicine and Management: Just the Facts is specifically intended "... to be a study guide for the pain physician who is studying for the board certification or recertification examination." This book is organized into 9 sections and 70 chapters that generally cover the core curriculum for professional education in pain. The chapters are written by experienced practitioners and provide practical information in a clear and succinct format with numerous tables and figures. In addition, the book provides unique discussions on the therapeutic implications of acute and chronic pain states in a wide range of patient populations, including pediatric, pregnant, and elderly patients. The chapter on preparation for the board examination is extremely helpful. Therefore, the book is well suited as a review in preparation for the pain board examination and makes it worthwhile reading from front to back.

However, the most recent references in this book are at least 2 yr old. Because the examination tends to keep information current, par-

ticularly for topics that are changing rapidly, it will be necessary to supplement this work with more current information, such as recent review articles. In addition, some of the chapters are too brief to be helpful and should be supplemented with more comprehensive textbooks on pain medicine. Furthermore, although much sound advice is given, it must be emphasized that there is a lack of evidence base in much of current chronic pain medicine, and treatments are often based on experience. The other limitations are that the chapters are not well structured and there is some overlap of information. Some of the chapters are out of place (*i.e.*, belong to another section). For example, the chapter "Intrathecal Therapy for Cancer Pain" may belong in a section other than acute pain management. Hopefully, these limitations will be addressed in future editions.

In summary, the authors should be congratulated for their extensive work. They have succeeded in their aim of providing a concise as well as easy-reading book for seekers of pain board certification. This book is not only ideal for students of pain medicine, but it would also help those preparing to take the anesthesiology board examination. In addition, the practical format aids in the quick access of information and makes it an everyday companion for the busy occasional pain practitioner. It represents an essential text among other pain reference books and definitively belongs on the bookshelf.

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