

*Michael J. Avram, Ph.D., Editor*

**Functional Pain Syndromes: Presentation and Pathophysiology.** Edited by Emeran A. Mayer, M.D., M. Catheline Bushnell, Ph.D. Seattle, Washington, IASP Press, 2009. Pages: 580. Price: \$95.00.

From a purely pragmatic standpoint, it is clear that chronic pain disorders are prevalent and response to treatment is often negligible. Unlike the “organic” pain process in which symptoms are directly related to noxious stimulus, functional pain disorders, such as fibromyalgia, irritable bowel syndrome, and interstitial cystitis lack a well-defined cause. The lack of a clear therapeutic target in “functional” pain disorders can become the source of frustration for the clinician and despair for the patient. Over time, it is common for these patients to become marginalized from meaningful treatment because of a poor understanding of functional pain and associated comorbidities by the treating physicians.

The connection between somatic and visceral functional pain disorders and other common comorbidities, including anxiety, depression, chronic fatigue syndrome, and posttraumatic stress disorder, is the theme of this informative and thought-provoking book. This well-organized book consists of 25 chapters divided among seven sections: Somatic Pain Syndromes; Visceral Pain Syndromes; Common Comorbid Syndromes in Relation to Pain; Neurobiological Mechanisms Contributing to Symptoms; Environment–Gene Interactions and Chronic Pain; Treatment Strategies; and Synthesis. The book explores and summarizes the current state of our understanding of functional pain and common comorbid syndromes and, at the same time, acknowledges the shortcomings and limitations of available research. Implicit in each chapter is the difficulty in conducting pain-related research, especially as it pertains to functional pain states.

The first two sections review the mechanisms of somatic and visceral pain disorders and provide insight into why patients may develop these problems. The book then explores the relationship between pain and anxiety, depression, somatization, and chronic fatigue. It concludes with a review of reasonable treatment strategies for these vexing clinical problems. Each chapter of the book is written by recognized experts in the field. Figures of pertinent research and proposed mechanisms of the development of functional pain support the text well but are kept to a minimum. Some chapters include color lithographs of functional brain imaging studies

in patients with one or more functional pain syndrome. In this way, the central components of functional pain are highlighted in a visually dramatic way.

I found the chapters on Environment–Gene Interactions and Chronic Pain to be especially thought provoking. This section explores the genetics of pain as well as early-life trauma and factors that may lead to the development of chronic pain. Much of the section on early-life trauma deals with the neonatal experience and the effects of early-life events on the developing nervous system.

As a pain clinician, I find functional pain disorders to be among the most difficult types of pain to treat. Often patients need validation as well as a treatment strategy. This book does an excellent job in familiarizing the clinician with the known processes related to fibromyalgia, interstitial cystitis, and functional cardiac pain, to name a few. Ultimately, these may all be the same syndrome, and the book makes a strong case for the Specific End-Organ Concept and the Pain Matrix, which provides a framework to unify many of the functional pain syndromes and common comorbidities.

This book provides a realistic look at our current understanding of functional pain and examines the challenges ahead. It provides the clinician with a rational approach to clinical management based on the synthesis of current research. For these reasons, I recommend this book to anyone who treats patients with chronic pain.

**Paul E. Hilliard, M.S., M.D.**, The University of Michigan Health Systems, Ann Arbor, Michigan. paulhill@med.umich.edu

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**Review of Clinical Anesthesia, 5th Edition.** Edited by Neil Roy Connelly, M.D., David G. Silverman, M.D. Philadelphia, Lippincott Williams & Wilkins, 2009. Pages: 315. Price: \$64.95.

The amount of relevant information in our specialty continues to grow, and mastery of all aspects seems at times a daunting task. There are numerous general and subspecialty journals continually publishing the most current happenings in research, and that which has staying power and becomes accepted knowledge eventually makes it into our textbooks. Selecting resources for learning seems a difficult task, and reading and mastering the content of just one textbook seem even more difficult.

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The authors of *Review of Clinical Anesthesia*, 5th Edition, have created a tool to aid the student and reader as he or she navigates through the various topics in our specialty. This is a question book that parallels the textbook *Clinical Anesthesia*, 6th Edition, in a chapter-by-chapter format.<sup>1</sup> Each chapter of questions is a complement to a corresponding chapter in *Clinical Anesthesia*, with full explanations of the answers and references to the location of the material. The questions are generally well written and are good representations of the content of the parent text. The chapters are not too extensive, each one being easily finished in one study session. This makes its usefulness even more attractive to the resident balancing a hectic work schedule with a regular study schedule. The authors suggest that the book is most useful if used as a pretest and posttest while reading *Clinical Anesthesia* because questions may reveal what content the reader has mastered and what should be reviewed. Similarly, they suggest that the book can be used in preparation for the anesthesiology written examinations because the multiple-choice and K-type formats are similar to those found on the In-Training Examination, the Anesthesiology Knowledge Tests, and the Anesthesiology Written Board Examination.

Because learning styles are highly individualized, some students may not prefer this text format. The concise content of each chapter makes review of a broad topic, for example cardiac anesthesia, not quite as simple; one would want to have completed the chapters Cardiovascular Anatomy and

Physiology, Echocardiography, and Anesthesia for Cardiac Surgery at a minimum before considering this topic reviewed. Because most residents study from multiple sources and the explanations only cite the accompanying text, it might not be the best review book for last-minute preparation for the written examinations for all residents.

Nonetheless, the book is an excellent review. With more than 1,000 questions, it can serve as an excellent complement to other review material in preparation for the boards. An even more appropriate role of this book is for routine study not only throughout residency but also well after. Reading the larger textbook can be difficult, and using the review along with it in a regular study schedule would likely improve the learning curve for the student at all levels of training. Therefore, for the anesthesiology community that selects *Clinical Anesthesia* as their “go-to” reference text, I highly recommend selecting *Review of Clinical Anesthesia* to fully complement the learning experience and aid them in the mastery of one of our most revered resource textbooks.

**Brantley D. Gaitan, M.D.**, Mayo Clinic, Phoenix, Arizona.  
gaitan.brantley@mayo.edu

## Reference

1. *Clinical Anesthesia*, 6th Edition. Edited by Barash PG, Cullen BF, Stoelting RK, Cahalan M, Stock MC. Philadelphia: Lippincott Williams & Wilkins, 2009

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