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Neuropathic Pain (Oxford Pain Management Library)

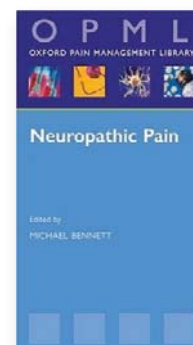
This pocket book aims to be an essential guide for all those managing neuropathic pain. Its short chapters are written by British pain clinicians who provide an overview with lists of key references that can be digested in a few hours. The first section of the book outlines the epidemiology, pathophysiology, diagnosis and clinical features of the common neuropathic pain conditions. The second section covers the wide range of available treatments, including pharmacotherapy via numerous routes, neuromodulation and even acupuncture. Unfortunately the number of treatment options reflects the refractory nature of most neurogenic pain.

Neuropathic pain remains a clinical diagnosis supported by key investigations. Its definition and overlap with nociceptive pain are contentious issues that haunt the early chapters. Neurologists will need to recognise the various forms of positive sensory phenomena reflecting neuronal hyperexcitability if clinical sensory phenotypes emerge as surrogate markers for particular neuropathic mechanisms that may respond to novel drugs. The positive signs, such as mechanical and thermal allodynia, are well described here but hypodermic needles mounted in syringes are not usually used to detect altered pin prick sensation, it is impractical to test heat pain sensation using a test-tube filled with hot water and the static and pin prick forms of allodynia are not identical. David Bowshe's summary of central pain is par-

ticularly thorough and insightful. Impaired glucose tolerance was surprisingly omitted as a cause of painful sensory neuropathy and the rôle of small fibre nerve counts derived from skin biopsies could have been mentioned in the chapter on peripheral neuropathic pain. Subsequent chapters are full of valuable advice on how to use anticonvulsants, antidepressants, NMDA receptor antagonists and opioids. The chapters covering neuromodulatory techniques are packed with essential data. The available evidence base for pharmacotherapy has numerous limitations and these are explored in detail. There is an entire chapter devoted to the important topic of rational drug combination therapy which is helpfully didactic.

This book is a useful summary but contains a little repetition that is inevitable with any multi-authored text. Any criticisms are relatively minor and it is recommended as a good short introduction to neuropathic pain. Given the pharmaceutical industry's ongoing love affair with neuropathic pain I am surprised that they have not considered distributing this small, cheap book to educate a medical profession disillusioned with post-it notes and laser pens; it would certainly benefit our patients.

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Neurology (Oxford General Practice Library)

What should general practitioners (GPs) know about neurology? What do they need to know? How should they learn it? Considering the differing demands of medical generalism and specialism, very different answers to these questions might be suggested by GPs and neurologists, hence the joint review of this volume from the Oxford General Practice Library.

Sections are devoted to assessment, diagnosis and management of neurological conditions (including in the paediatric age group) typical of any neurological text. In addition, and of perhaps greater importance to GPs and unusual in other texts, are sections on legal aspects of care, benefits available, and the General Medical Services contract, to which there are frequent references throughout the book (e.g. for stroke, epilepsy and dementia). Other sources of information (including websites) and patient organisations (such as www.outsiders.org.uk for sexual problems in the disabled) are also listed. Accessing the appropriate agencies and resources from primary care will be facilitated by this helpful compilation. Furthermore, this text transcends the artificiality of specialty boundaries with its frequent references to other disciplines (e.g. geriatrics, mental health, pain and rehabilitation) required for optimal management of neurological disorders.

GPs and neurologists alike might wonder at some points: the inclusion of fibromyalgia (180), chronic fatigue syndrome (182), and in the paediatrics section, congenital infections (62), poor progress at school (85), hyperactivity (86) and autism (89). Would we ever think to reach for a neurology textbook to explore such issues? In contrast are omis-

sions of certain treatment options (e.g. dopamine agonists for restless legs syndrome, botulinum toxin for spasmodic torticollis, topiramate for essential tremor). There is one definite drug error concerning steroid dosage for acute MS relapse (140), and occasional typographical errors, e.g. "Tinnel" sign (96). On carotid endarterectomy for symptomatic carotid stenosis (126), there is no evidence of benefit if <70% stenosis, not <30%, as written. Is Ménière's disease a cause of loss of consciousness (25)? A list of causes of myalgia makes no mention of polymyalgia rheumatica (22).

GPs will appreciate long forgotten neuroanatomy, summarised in six short pages, and informative sections on childhood epilepsy (76), head injury advice (112), the ABCD risk stratification of TIAs (123) (though ABCD2 is not mentioned), self-help exercises for vertigo (133) and low back pain (152), as well as important references to carer assessment (212), and the thorny issue of consent (218).

With ready access to IT based information in the consulting room, the publishers might ponder whether textbooks still have a role. Perhaps they should consider an electronic version of the OGPL series, which would sit usefully alongside other established sources, such as GP Notebook, and might reach a wider audience than the books. Nevertheless, this book has the potential to assist GPs in the management of patients with neurological disorders, it is easily portable in jacket pocket or car glove compartment, and at £5.99 it is a steal.

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Chantal Simon
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Mea Culpa

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