

the remarkable changes in attitude and practice that have occurred in the area of pain and its control in children." I anticipate that the book will be widely read.

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**PERSISTENT PAIN IN OLDER ADULTS:
AN INTERDISCIPLINARY GUIDE
FOR TREATMENT**

Edited by Debra K. Weiner, Keela Herr, and Thomas E. Rudy.
390 pp. New York, Springer Publishing, 2002. \$49.95.
ISBN 0-8261-3835-7.

A LONG WITH THE MANY INFIRMITIES OF old age, pain is a common occurrence. The causes of pain in the elderly, unlike those that affect younger adults, are often complex and not likely to be reversible. The physical discomfort of pain is only one facet of the problem. Chronic pain in the elderly can result in a greater dependence on others, depression, and a loss of self-esteem. For these reasons, the treatment of chronic pain in these patients often requires complex assessments and a multidisciplinary approach.

Older adults have pain that results not only from the degenerative process associated with aging, but also from the many medical procedures they are liable to undergo. Furthermore, the aging of organs can amplify the hazards associated with medications that are used to treat chronic pain, and cognitive impairment can complicate rehabilitation and psychological treatment.

Persistent Pain in Older Adults offers primary care physicians and specialists a foundation on which to base assessment, the appreciation of differences, and planning for the effective multidisciplinary management of chronic pain in the elderly. The book begins with an overview of the ways in which older adults experience pain; this section reviews the physiology and perception of pain, the particular problems involved in the assessment of pain in the elderly, and their implications for treatment. Musculoskeletal disorders are covered in depth, but much less information is provided about neurodegenerative disorders and vasculopathic pain.

Strong advocacy of multidisciplinary treatment is a constant theme throughout the book; such an approach is justified mainly by the occurrence of side effects of medication in older patients and the complexity of these patients' needs. One entire chapter provides a solid basis for the assessment of outcomes in the treatment of chronic pain in the elderly. Another chapter concerns rehabilitation. A more extensive discussion of rehabilitation in elderly patients with dementia would have been useful. The book also addresses the need to educate physicians about the seriousness of chronic pain in the elderly, the consequences of unmanaged pain, and palliative care. Problems related to reimbursement, which can affect the availability of treatments for chronic pain, are also described, along with potential solutions.

An unusual feature of this book is the case studies included at the end of each chapter. These case studies provide additional information and "real-world," practical discussions of patients. Unfortunately, little attention is paid in these case studies to the interdisciplinary approach.

This book's stated goal is to be a clinical resource for subspecialists and primary care physicians. With few tables included and with chapters that do not allow for quick reference, the book does not completely fulfill its objective. Nevertheless, the management of chronic pain in the elderly is an important subject, and this book is a useful attempt to provide information on this subject. Better organization of the text, more focused information, and consistent editing would have resulted in a better outcome.

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CORRECTIONS

Insulin Lispro (July 17, 1997;337:176-83). In Figure 2 on page 177, the last amino acid at the C-terminal end of the sequences for insulin lispro and human insulin should have been "Thr," rather than "Tyr," as printed.

Tissue Plasminogen Activator in Cardiac Arrest with Pulseless Electrical Activity (May 16, 2002;346:1522-8). In Table 3 on page 1524, the numbers and percentages of patients who received atropine should have been 108 (92.3) in the tissue plasminogen activator group and 109 (94.0) in the placebo group, and the respective numbers and percentages for sodium bicarbonate should have been 70 (59.8) and 77 (66.4), instead of the reverse, as printed.