

Opioids in cancer pain

M Davis, P Glare, J Hardy

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Overall, Drs Davis, Glare, and Hardy have produced an informative book providing the wide variety of clinicians and pharmacists who treat cancer patients with details of nearly every aspect of the clinical use of opioids in cancer pain. Particularly useful are the evidence-based sections provided after each chapter introduction, and the basic science chapter, which gives an up-to-date account of research into the opioid mechanism of action at the receptor level and subsequent subcellular events.

The bulk of the book consists of comprehensive chapters on common opioids (with the exception of pethidine [meperidine], which has fallen from favour in cancer pain management). The updated review of tramadol is particularly well written, as is the chapter on methadone, which provides a comprehensive review comparing this unique opioid with other analgesics. Since morphine is the mainstay analgesic for cancer pain management, it is not surprising that a very detailed description is provided. The Q&A session at the end of this chapter is quite useful and innovative for a medical textbook. However, in light of the common concern regarding 'addiction' following the use of morphine, it would have been useful if more clinical evidence on this subject had been provided, to alleviate both clinician and patient hesitancy towards potent opioid prescription.

The later chapters are dedicated to opioid prescription strategies and regimens—very useful for the practising clinician. Where other medical textbooks tend to focus on the pharmacology of

individual drugs, *Opioids in cancer pain* provides special descriptions of guideline-based algorithms, selection, timing, and the rotation of opioids, which is an outstanding advantage over other textbooks.

One potential criticism is the relatively cursory description of endogenous opioids. Another is that although one chapter is dedicated to the various routes of opioid administration, a more detailed description of non-oral routes could be expected in a book dedicated to opioid use in cancer pain. This is especially true for opioid preparations like the transdermal fentanyl patch, which is commonly prescribed for cancer pain control; special precautions against adverse effects due to inadvertent overdose and increased absorption (eg local warming) should have been highlighted and elaborated on. Furthermore, as adequate pain control in terminal-phase cancer patients with multi-organ failure is both a clinical and medico-legal challenge, the absence of discussion of the use of opioids (such as morphine infusion) in such circumstances is particularly glaring.

Despite these criticisms, *Opioids in cancer pain* is a highly informative book that can be confidently recommended to all clinicians who treat cancer patients.

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Answers to CME Programme Hong Kong Medical Journal April 2006 issue

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I. The practice of episiotomy in public hospitals in Hong Kong

A	1. False	2. True	3. True	4. False	5. False
B	1. False	2. False	3. False	4. True	5. False
C	1. True	2. False	3. False	4. True	5. False

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II. Twenty years of clinical human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) in Hong Kong

A	1. True	2. False	3. True	4. False	5. True
B	1. True	2. True	3. False	4. True	5. False
C	1. True	2. False	3. True	4. True	5. True