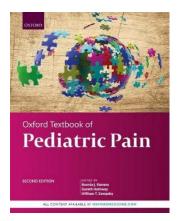
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## **BOOK REVIEW**

## Oxford Textbook of Pediatric Pain (Second Edition)



Edited by: Bonnie J. Stevens, Gareth Hathway, and William

T. Zempsky

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Pain is a universal human experience. By virtue of its complex and variable nature, it is perceived differently by different individuals, over time, and among the different populations. To understanding pediatric pain requires considerable judgment, integration of different sources of information, such as self-report and nonverbal expression.

Oxford Textbook of Pediatric Pain consists of the contributions by more than 100 authors from different specialties and subspecialties, e.g., pediatrics, emergency medicine, nursing, neurology, anesthesiology, critical medicine, care, pain pharmacology, psychology, anatomy, physical medicine, neuroscience, and many more. It is edited by a team of renowned experts. The book has 627 pages and 9 sections which include 62 parts. The second edition of 2021 of the book has additional content in basic sciences, clinical, and implementation sciences.

In the first few sections of the book, the authors address the complexity and variety of ongoing changes

in pain response following pain and injury early in life, behavioral response to pain, and the significant effect of early life pain on cognitive and emotional behaviors in later life and factors for the transmission of chronic pain and sensitivity to pain from birth to old age. They describe what is already known as inheritance of pain in children (from twin studies), pain-related genes in children, and the use of newer techniques, such as epigenomics. The essential role of parents is highlighted in various theoretical concepts and how family and cultural factors may affect pain. They focus on the social and school functioning of children and adolescents and the impact of gender and sleep therapy in children with chronic pain.

In Section 4, the authors discuss the challenging task of identifying and measuring the pain of children with mental or developmental disabilities. They explain pediatric cancer pain and its relief with specific treatment for the cancer. The effect of nerve blocks on trauma and burns and the acupuncture techniques and childhood fear of needles and their long-term injuries are explained. The stress is on routine sedation in children during invasive methods. Treatment and prevention of pain in palliative care, treatment of neuropathic and musculoskeletal pains, pain in sickle cell disease, and inflammatory bowel disease, pancreatitis, etc. have been described in detail. Chapters on postoperative pain management, headache, and common pain problems in the outpatient and in the emergency department have been included.

In Section 5 authors discuss updates in pain assessment and treatment guidelines and try to introduce tools suited for different ages. In addition, stress on the need for 'better' physiological biomarkers of pain in nonverbal or developmental disabled children have been discussed.

In Section 6 pharmacological interventions have been reviewed. A need for investigations and research to achieve a thorough understanding of the changes in drug disposition, metabolism and action is stressed.

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There is a brief part about the interventional painmanagement techniques for chronic pain and they concern about the best-available evidence synthesized which is from the adult chronic pain literature. The authors also explain limited data to support the efficacy of topical medications in the pediatric population for musculoskeletal and neuropathic pain conditions. They describe that sucrose or glucose can be recommended as simple, and easy-to-use effective pain-management strategy for infants during some of the painful procedures.

The last sections address cognitive behavior therapy (CBT) as the most commonly researched and empirically supported psychotherapy treatment for the management of pediatric pain, and evaluation of the effectiveness of distraction techniques across children's pain during immunizations, venous access, burn debridement, and cancer treatment. Also there are digital health technology-based pain treatments as an innovative way to improve the access and availability of pain therapies and discuss different philosophical perspectives on ethical care, ranging from changes at the broadest socioecological level to those that dictate ethical action by individuals. They impact research that examines patient-provider variables such as communication skills, racial or sex concordance, and trust, which could be barriers to adequate pain treatment.

In my opinion, the authors have accomplished the purpose of writing this textbook. The book will help address unresolved issues in pediatric pain, insufficient evidence about scientific treatments.

There are useful perspectives and case discussions at the end of the chapters.

Individual purchasers of this book are also entitled to free personal access to the online edition for five years via <a href="https://www.oxfordmedicine.com/otpediatricpain2e">www.oxfordmedicine.com/otpediatricpain2e</a>.

The contribution of many authors has led to the repetition of some topics in different sections and makes the content very repetitive and tedious. The authors have not used many tables and algorithms to facilitate learning. Many references have been used, which are sometimes repetitive and related to the science of adult pain. The emphasis of this book is on basic science and pediatric nursing care. As a pain interventionist, I expect more on interventional pain management, especially in the management of cancer pain, neuropathic pain, and headaches, and the technical aspect of these procedures especially with ultrasound guidance, which is safer in children.

I prefer to put section 5 before section 4 to explore pain assessment before clinical syndromes. Considering great growth in digital art during the recent past, one may anticipate a better design of the book. It is a simple book, with black and white figures and uses just two colors, pink and gray in different shades.

The book is expected to draw the focus of pain physicians towards more research and articles about pediatric pain, to enrich our current knowledge base and lessen our dependence on studies about adult population.

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