

## Help for all pharmacists in palliative care

'The syringe driver', by Andrew Dickman, Clare Littlewood and James Vagra. Pp xi+157. Price £19.95. Oxford: Oxford University Press; 2002. ISBN 0 19851550 2.

This book brings together information on the operation of the syringe driver, drug monographs, symptom control and stability data, providing a resource for both specialists in palliative care and those giving care in a generalist setting.

The referenced drug monographs cover a wide range of drugs used both in the United Kingdom and internationally. This is particularly useful because dose information for this unlicensed route is difficult to find.

Management of common symptoms requiring continuous subcutaneous infusion is covered. This section is not referenced but provides useful treatment plans for the management of pain, nausea and vomiting, restlessness and agitation, and respiratory tract secretions.

The final section gives compatibility data for combinations of up to five drugs in a single infusion. The information here comes both from validated stability studies and from the clinical observations of the authors. Caution is required when using the clinical data since it may not apply in all circumstances and regular in-use checking of any unfamiliar combination is recommended. Good evidence is difficult to obtain for these combinations, so the sharing of clinical experience is helpful.

This pocket-sized book provides a handy reference both for pharmacists involved in generalist palliative care in the acute or primary care setting and for those involved in specialist palliative care teams or hospices.

*Fiona Montgomery*

## Worklife in the States now loses its appeal

'101 ways to improve your pharmacy worklife', by Mark R. Jacobs. Pp xx+165. Price £24.50. Washington: American Pharmaceutical Association; 2001. ISBN 1 58212 014 5.

Idea number 102: do not go and work as a pharmacist in the United States. I thought that my paperwork burden was bad until I read this. The extra work that the private insurance industry appears to generate had me thankful for the limited bureaucracies I suffer. How do US pharmacists get any work done at all, I asked myself. The lengthy section on whether to bill the patient or the insurance company had me wondering, how do they ever get paid at all?

Having said that, the book is full of some nice little ideas but, unfortunately, it is written in a touchy-feely Americanese that I found off-putting. Many of the "101 ideas" can simply be described as common sense: most of them by necessity will have been learnt by pharmacists before registration.

As an insight into community pharmacy in the US it is an eye-opener, but as a tool for the standard overworked United Kingdom pharmacist it is of limited value. Anyone who has not already grasped these lessons will not have the time to read the book. In fact they will have probably already fled the profession.

*Maurice Hickey*

## Useful reference guide to heart failure

'Heart failure in practice', by Bernard S. P. Chin, Michael K. Davies and Gregory Y. H. Yip. Pp v+76. Price £14.95. London: The Royal Society of Medicine Press Ltd; 2002. ISBN 1 85315 487 3.

Initial impressions of this book are favourable. It provides a concise guide and overview of the epidemiology, aetiology, diagnosis and treatment of heart failure. Chapters are laid out in a clear and logical fashion, with each one accompanied by relevant, simple diagrams. Important points are highlighted in boxes to emphasise the key learning issues. Overall the printing and layout is pleasing to the eye and encourages one to pick up the text and read it.

Each chapter is explained simply and thoroughly. For those wishing to learn more about the subject, further reading is also given.

The reader is expected to have some medical knowledge: unfortunately, the chapter on clinical signs and symptoms does not go on to explain, for example, what a "ventricular heave" is, or what an "S3 gallop rhythm" might be.

This book is similar in content and layout to the 'ABC of heart failure' published by the BMJ Publishing Group (indeed two of the authors are the same). However, it differs as the title suggests "in practice". The appendices give some useful practical guidance for the treatment and management of both acute and chronic heart failure, and suggest methods, pathways and protocols to establish a heart failure service, in both primary and secondary care.

### THIS WEEK'S REVIEWERS

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It was a disappointment to note that, although the text has been written for primary and secondary health care teams, the pharmacist is not mentioned as a useful member of the heart failure multidisciplinary team. A pharmacist cannot have been involved in the proof reading, it seems, since the text refers to doxorubicin and adriamycin as both being agents known to cause heart failure; this is undoubtedly true, but did no one point out that they are one and the same drug?

Additionally, the issues of palliative care in this patient population were neglected, a topic that is currently of much debate, especially in light of the National Service Framework for Coronary Heart Disease.

Overall this is a well-written, clear and concise text. It would be a useful reference guide for both students and practitioners alike.

*Janet Lock*

## All you need to know about antidotes in a clear and useful format

'Antidotes', by Robert J. Flanagan and Alison L. Jones. Pp xv+326. Price £39.99. Hampshire: Taylor & Francis Books Ltd; 2001. ISBN 0 748 40965 3.

This is a useful book with plenty of practical information which is well referenced. The text is easy to read and information is set out in a logical fashion. The many tables and a well cross-referenced index allow quick retrieval of data.

Detail is provided on a range of currently used antidotes and covers indications for use, dosage schedule, pharmacokinetic data, mechanism of action, adverse effects and evidence for use.

Chemical Abstracts Registry numbers of the antidotes reviewed are provided in many cases, along with chemical structures.

The book includes a useful table of antidotes to be held by acute hospitals and regional centres, and their indications for use. There is comprehensive information on the history of antidote development and an explanation of the principles facilitating their action.

Information is provided on the management of poisoning by toxic metals and organometallic compounds, bites and stings, paracetamol and numerous other medicinal agents, carbon monoxide, cyanide, paraquat, hydrogen sulphide and compounds used in chemical warfare.

Concise advice is given on the utility of preparations used to manage metabolic changes induced by overdose.

Additionally, useful detail is included which highlights the significance of interactions between specific antidotes and toxicological analysis tests, the dosage and form of common antidotes, an aid to help decide on the choice of antidote and a guide to the interpretation of analytical toxicology results.

*Denise Robinson*