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Conflict of interest: none declared

Self-test questions

The following statements are either true or false (answers on page 151)

1. Splitting tablets can accelerate the degradation of the active ingredient.
2. If a soluble aspirin tablet is split the half which is not used immediately should be discarded.

Cisapride: more restrictions

Concerns about cardiac arrhythmias led to restrictions being placed on the prescription of cisapride.¹ There are few gastrointestinal conditions which require treatment with cisapride.² It should only be tried if patients with gastroparesis or severe gastro-oesophageal reflux have not responded to other drugs.

The manufacturer has now decided to withdraw the highest strength of cisapride tablets (20 mg). It has also revised the product information.

All patients now require measurements of renal function and ECGs before and during treatment. They should be followed up at least every three months. As interactions may prolong the QT_c interval, patients taking cisapride should be regularly asked if they are taking any other medicines.

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Book review

Therapeutic Guidelines: Analgesic. Version 4. Melbourne: Therapeutic Guidelines Limited; 2002. 358 pages.

Price: \$33, students \$25.30, plus postage.*

Milton Sales, General Practitioner, Adamstown, NSW

Analgesic guidelines can be used in two ways – as a detailed and useful resource about the physiology and pharmacology of pain and its management, and as an occasional resource for looking up specific disease states or painful conditions.

The list of contributors to *Therapeutic Guidelines: Analgesic* is impressive, and the writing style is concise and easy to read. It brings together the current understanding of the physiology of pain including pathways, neurotransmitters and pharmacology – what works where and how. There is also discussion of the psychology of pain.

Analgesics, adjuvants, physical therapies and psychological issues are all covered in this comprehensive review of all types of pain syndromes, to give a thorough overview of each topic.

This is demonstrated by considering the handling of the topic of headache, a common presenting problem for general practice. It starts with the presentation of warning signs for serious

causes of headache, and has a table to help distinguish the benign causes of headache and their features.

Then discussed in detail with pathophysiology and management, are tension headache, migraine, cervical headache, occipital neuralgia, opioid addiction, drug induced headache, post-traumatic headache, cluster headache, chronic paroxysmal hemicrania, ice-pick headache, cough, exertional and sexual headache, and post-lumbar puncture headache. Facial pain and eye pain are handled separately in their own chapters.

In each case, discussion of the cause, and non-pharmacological and pharmacological management is detailed. There are also clear diagrams of neck exercises to show patients.

Other features include tables of drug interactions with all the significant classes of analgesics, pregnancy and breastfeeding classifications, tables of disease modifying antirheumatic drugs, local anaesthetic doses and characteristics, and the Glasgow Coma Scale. The management of cancer pain and palliative care issues are also included.

The index is accurate and effective, and combined with the straightforward chapter headings enables easy navigation.

This is a comprehensive resource that would suit a variety of levels from medical student to consultant. It can be read from cover to cover and used as a quick resource during a consultation. There are few texts that cover the range of analgesic topics in this depth. It is a valuable addition to the *Therapeutic Guidelines* series.

* For more information contact Therapeutic Guidelines Limited – 1800 061 260 or sales@tg.com.au