

of pain in the postoperative setting. Pain is subjective, and so every patient represents a new set of circumstances for which we need to extend and adapt our knowledge of pain control. Adequate analgesia provides not only comfort and satisfaction for the patient, but aids their recovery as well. This has obvious benefits for the patient, but also has implications for the patient's short- and long-term use of healthcare facilities, and subsequent costs to society.

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Self-test questions

The following statements are either true or false (answers on page 165)

3. Regular doses of paracetamol can improve the quality of opioid analgesia.
4. COX-2 inhibitors lack the renal toxicity of other non-steroidal anti-inflammatory drugs.

Book review

Drugs and breastfeeding 2004 guide.

Melbourne: Royal Women's Hospital; 2004.

261 pages. Price \$33 including GST*

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As a practising general practitioner/obstetrician I am always on the lookout for up-to-date but easily accessible information for my breast-feeding mothers. With the ever increasing number of drugs on the market, it is often difficult to be totally accurate.

This spiral-bound, pocket-sized book fits the bill nicely. Apart from a comprehensive list of drugs (900 in all), which are cross referenced with the trade names (for those of us who do not uniformly use generic names), the value of this book lies in the extra advice in relationship to what may happen to the baby, which is the question the mother always asks.

This is handled by five issues: M/P (milk to plasma ratio), PK (peak time), T_{1/2} (half-life), percentage dose to infant

(sometimes) and excretion into milk for each drug – listed clearly.

For example, I have always had a problem with metronidazole which I often want to prescribe to breast-feeding women. The book tells me all that I need to know: M/P 0.4–1.8, PK 1–2 hours, T_{1/2} 6.3–8.3 hours and in the box about excretion into milk, it reassures me that I will do the baby no harm. Nice to know!

I also like the presentation of the University of California, San Diego Medical Center algorithm at the beginning of the book (page 7), which is succinct, easy to use and in itself worthy of remembering, or reflecting upon when prescribing drugs for a breast-feeding mother.

I would recommend this book to all those professionals the authors have targeted – general practitioners, hospital medical officers, obstetricians, midwives and lactation consultants.

* Order form at

http://www.rwh.org.au/emplibrary/pharmacy_rwh/d&bf_order_form.pdf [cited 2004 Nov 8]