

BOOK REVIEWS

Chronic Pain

Beverly J Field, Robert A. Swam 2008
pp viii + 97. Hogrefe & Huber €24.95/US \$24.95
ISBN: 0-88937-320-5

Pain is described in the definitions section of this short but useful book not only as "... perfect misery, the worst of evils, and excessive, overturns all patience" (Milton J 1667 *Paradise Lost*), but also defined by the International Association for Study Pain Task Force on Taxonomy as "An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage" (Merskey H & Boduk N eds. 1994 *Classification of Chronic Pain – Second Edition*). What is not made explicit at the outset is how quickly pain can become "chronic," i.e., when the pain signal neither serves any more as a warning of further tissue damage nor as an adaptive purpose any longer.

Chronic pain can be established well before the usually defined period of six months with associated life changes and emotional responses. In the case of serving soldiers, referral to a pain clinic by three months would be appropriate to minimise complexity and resistance to management. "Chronic pain is now recognised as an independent disease state," which should be dealt with as such from an occupational health point of view.

The sections on terminology and classification of pain (temporal, mechanism, disease state, anatomical site) include a reference to the chronic pain-stress cycle. This is followed by discussions of epidemiology, course and prognosis. The section on differential diagnosis clarifies in table format the difference between somatisation disorder (F45.0) and chronic pain, before discussing "pain disorder" or persistent somatoform pain disorder (F45.4) in ICD-10 terminology. The main co-morbidities are sleep disorders, depression and anxiety, and substance abuse. The latter may be engendered by chronic pain as well as itself engendering pain in the withdrawal phase (a sensation often grossly exaggerated in chronicity and severity by addicts).

Both authors work at the Washington University School of Medicine at St Louis where Professor Field directs a cognitive-behavioural programme for patients with chronic pain and Professor Swam is Chief of the Division of Pain Management in the Department of Anaesthesiology. Their succinct summaries of theories and models of pain disorders in the second chapter are followed by a comprehensive chapter on diagnosis and treatment indications. The next chapter on treatment comprises outlines most of pharmacological and psychological modalities which our Service patients with chronic pain will have tried. The Number Needed To Treat formula (NNT) is explained, which estimates the total number of individuals having to be treated to have the desired response, itself corrected for the placebo response rate. (Interestingly no prospective data directly comparing the efficacy and safety of pregabalin with gabapentin was available to the authors at the time of writing.) Case vignettes and clinical pearls in the subsection on psychological interventions, show how psychiatrists ply their trade, but interventions such as education and the basics of sleep hygiene can be employed by any front-line clinician, who may well want to try their hands at "self-regulatory techniques."

The case vignette in the fifth chapter highlights "deconditioning," which is often the fate of soldiers before you can say "sick chit" or even worse "sick at home." The next chapter is a useful introduction to the literature followed by a chapter of references. Tools and resources in the last chapter, including patient questionnaires that may be used by the book's purchasers

for clinical purposes, round off a very American yet very concise publication. The occasional misprint, does not detract from the book's aim of presenting the essentials of the subject, and the references to the Oswestry low back questionnaire as well as Melzack and Wall's seminal 1965 paper in *Science* are welcome. We would certainly recommend the book to anyone involved with Service Medical Boards, and as such it should be accessed by the Defence Medical Library Service. However prospective purchasers are recommended to compare the book's numerically equal cost in US dollars and Euros before deciding which currency to pay in.

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Social Anxiety Disorder

Antony Martin M, Rowa Karen. 2008
pp x + 90. Hogrefe & Huber US \$24.95, €24.95, £16.50.
ISBN: 978-0-88937-311-2

In the preface of this latest addition to the *Advances in Psychotherapy – Evidence-Based Practice* series social anxiety disorder (also called social phobia) is described as one of the most common psychological disorders, which if left untreated can lead to significant impairment in a person's life and significant societal costs. (SAD is used as the acronym for social anxiety disorder in the book, which can be confused with its more usual reference to seasonal affective disorder.) In the close-knit and command led military community the functional effect of social phobia in a soldier should be self-evident, but it is often masked in by co-morbid mood, anxiety or substance use disorder, especially alcohol use disorder. As a result it is often overlooked, treated minimally and considered to be form of temperamental unsuitability.

The two Canadian-based authors (one at McMaster University Medical School itself world-renowned for the problem-based learning foundation of its medical curriculum) describe social anxiety disorder as intense fear of social or performance situations, because of worries about embarrassment, humiliation, or scrutiny by others, which cause intense and pervasive anxiety leading to significant distress or impairment the person's ability to function. The book states that recent studies suggest that some 7% of Americans suffer from this disorder (although no reference to support this is cited!) when they are at the centre of attention in scenarios such as public speaking, working under observation, or playing sports or music in front of an audience. Other situations involving interpersonal contact such as making small talk or meeting new people can also prove psychologically crippling to overt sufferers.

DSM-IV-TR defines social anxiety disorder categorically, which in itself is on a continuum from mild shyness to severe cases meeting diagnostic criteria for "avoidant personality disorder." Social anxiety disorder can also be "generalised" with fear in most social or performance situations as opposed to only a small number. Female sufferers slightly outnumber males and the mean age of onset seems to be on average 15.7 years, which is younger than the age of onset for other anxiety disorders. Social anxiety disorder is found in cultures as diverse as those of Saudi Arabia, Sweden, Australia, South Korea and Japan. Interestingly

taijin kyofusho syndrome in Japan and Korea is taken to mean fear of offending or embarrassing others in social or performance situations rather than being embarrassed or offended oneself.

Differential diagnosis from panic disorder with agoraphobia, generalised anxiety disorder, specific phobias, depression, avoidant and schizoid personality disorders is important, due to the overlap in clinical presentation and differences in treatment. There is also significant co-morbidity, e.g., 46% of persons with social anxiety disorder also have another current mental disorder. There are a number of measures to aid assessment, diagnosis and monitoring of progress.

A number of psychological models are discussed in the second chapter with cognitive models suggesting that social anxiety disorder is due to a tendency to interpret social or performance situations as being dangerous or threatening. Such people have distorted beliefs about themselves and others in these situations, where they tend to focus on themselves rather than on what others are doing and saying. Safety behaviours are used to reduce anxiety or protect themselves from perceived danger. There are also a number of pathways for negative learning experiences including direct conditioning, vicarious acquisition and informational. Lastly "behavioural inhibition" is the temperamental vulnerability most often linked to development of social anxiety disorder.

The third chapter starts with a discussion of the key features to be assessed, which will inform diagnosis and treatment. Effective treatment strategies are reviewed. There is considerable evidence supporting pharmacological treatments, but relapse rates tend to be higher after stopping medication than for terminating psychotherapy. Furthermore, a comprehensive study in 2004 showed that there was no advantage in combining these treatments over either approach alone. Cognitive-behavioural psychotherapy (CBT) has been found to be superior to exposure therapy and social skills training. CBT can be used in persons of all ages with appropriate adaptations. Factors that influence treatment decisions are discussed too.

Evidence-based psychological treatment with mainly CBT is considered in the fourth chapter. Specific methods and step-by-step suggestions are given. There is a table outlining a summary of twelve sessions of individual CBT for social anxiety disorder. Mechanism of action, efficacy and treatment combinations are discussed too. Overcoming barriers to treatment is considered too, before adaptations are suggested for different age groups and cultures.

The fifth chapter describes two case vignettes, which is a hallmark of the booklets in this series. Further reading is suggested in the sixth chapter, while references are in chapter seven. The final chapter is an appendix with tools and resources. In particular the Social Phobia Inventory (SPIN) is described and the purchaser can copy the check-list for clinical use. There are also forms for monitoring the three components of anxiety, recording social anxiety thoughts, exposure hierarchy and exposure monitoring.

From the military Occupational Medicine viewpoint NKC sees the book as being of value to the Service MO and OHN in describing ways and means towards the patient with social anxiety disorder gaining confidence in social and performance situations. For JPH it provides a clear outline for mental health professionals when assessing, selecting treatments and dealing with treatment difficulties. However, managing co-morbid disorders is beyond the scope of the book.

Although the treatments for social anxiety disorder are most usually applied by members of the mental health team, a "joined-up" approach to rehabilitation – especially in Graduated Return to Work (GROW) programmes for Service personnel – normally yields the best results. This in turn requires all involved to fully understand the clinical aims that everyone involved is trying to achieve, e.g., using the SPIN at baseline and during monitoring of treatment. Even in cases where a P8S8 grading has to be recommended by a Service psychiatrist, a solid attempt at rehabilitation is always required.

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