Dear Readers,

In this edition of Advances, we present articles on different aspects of common symptom management and rare clinical situations. I would like to draw your particular attention to the review by Zylicz and Mercadante. Authors have challenged us with the statement that "despite a more than ten-fold increase in opioid consumption in the past decades, many cancer patients still suffer pain". They hypothesize that unrecognized opioid-induced neurotoxicity is partially responsible for this situation. At the moment, the main evidence-based tool for dealing with this phenomenon is switching to another opioid; however, this might be a short-lived solution. Therefore, Zylicz and Mercadante discuss with each other the possibility of combining different opioids. If you want to confront yourself with the question: "Is there enough evidence to advocate opioid combinations?" simply read this review. This topic is also touched upon by Bourne and Zylicz in their original publication. The main goal of their presented survey is to establish safe initial doses of buprenorfine patches for terminally-ill patients. However, the authors also present some very interesting and new conclusions on opioid switching and semi-switching based on their preliminary observations. The idea of semi-switching introduced by Mercadante et al. [1] means that, especially in a patient with a rapid tolerance development, instead of changing one opioid to another the dose of the first opioid should be decreased and a second opioid introduced. This concept appears to be highly controversial for many healthcare professionals, as it might complicate treatment and increase the risk of mistakes. At the moment, the combination of opioids is regarded as the last resort treatment in rapid tolerance development. There is no doubt that the concept of opioid switching and semi-switching should be carefully investigated. Nevertheless, palliative medicine specialists should bear in mind both rules of symptom management: "keep it simple" and the individualization of therapy. Combining these attitudes is urgently required, especially in the more challenging situations. Prokop et al. present the case of a young patient with Ehlers-Danlos syndrome, who suffered from severe pain. Despite the well-known recommendation on the use of opioids in modified release preparations for non-cancer pain [2], the patient had to be treated for many years with normal release morphine due to great diurnal fluctuations of pain intensity. Good communication between physician and the patient allowed for such pain management. Pyszora and Krajnik also touch on the problem of the individualization of therapy. They describe the case of a patient for whom the addition of abdominal massage, myofascial release techniques and exercises to the use of laxatives improved the management of constipation. In the next case report, Jeganath and Sivaguru propose the Mapleson-C circuit for improving lung expansion and airway clearance in a patient with neuromuscular disease after being weaned from mechanical ventilator support. If you do not know what a Mapleson-C circuit is (like myself!), you will have to read this article by our colleagues from India. The last publication I would like to mention is a report by Turek at el. of a patient with a tumour of the palatine tonsil. Among other facts, the authors underline that the quality of medical care organization and social support might have an important impact on patients' survival.

I really hope you enjoy reading this whole issue of Advances *and I also hope you accept this very special invitation to submit your own papers to our magazine. The European Association for Palliative Care in collaboration with* Advances in Palliative Medicine *wish to announce a special one-off prize for the author of an original paper published (or accepted for publication) in* Advances in Palliative Medicine*. The prize will include*

free registration, accommodation and a return economy flight ticket to enable the winner to attend the 12th Congress of the European Association for Palliative Care, to be held in Lisbon, Portugal on 19–21 May 2011. The competition is restricted to specialist colleagues working in Middle and Eastern European countries.

The closing date for the receipt of manuscripts is 15 December 2010 and you can find more information on: http://www.advpm.eu/en/author_prize.phtml

So, when you come back from your holiday, please get down to work! Good luck,

Małgorzata Krajnik
Editor-in-chief

1. Mercadante S., Villari P., Ferrera P., Casuccio A. Addition of a second opioid may improve opioid response in cancer pain: preliminary data. Support Care Cancer 2004; 12: 762–766.
2. Chou R., Fanciullo G.J., Fine P.G. et al. Clinical Guidelines for the Use of Chronic Opioid Therapy in Chronic Noncancer Pain. J. Pain 2009; 10: 113–130.