PAIN RELIEF CONNECTION
THE PAIN INFORMATION NEWSLETTER
Provided by MGH Cares About Pain Relief, a program of MGH Patient Care Services

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In the News

● New long-acting buprenorphine Belbuca buccal film is being developed to manage chronic pain with an October 2015 FDA decision likely.
● FDA approved Dyloject, an IV diclofenac (37.5mg) used alone for mild-moderate pain and in combination with opioids for more severe pain.
● Could Ketamine become the next up-scheduled controlled substance, moving from Schedule III to Schedule II because of its “party drug” use?
● A Massachusetts Opioid Task Force Listening Session Thurs, April 2nd State House @ 3pm (Gardner) Boston to address opioid use & abuse.
● Curing opioid misuse requires avoids labeling and blaming others and finding real solutions for effective pain control.
● The DHHS proposes a new initiative to cut prescription opioid and heroin-related overdose deaths; that include professional decision support.

Journal Watch [MGHers can obtain articles through the Treadwell home page]

● Brown SE, Weisberg D, Balf-Soran G, et al. Sickle cell disease patients with and without extremely high hospital use: Pain, opioids, and coping. J Pain Symptom Manage. 2015 Mar;49(3):539-47. Low use patients are allies using specific interpersonal & symptom-related strategies, whereas high hospital-utilizing patients take a defensive, reactive stance toward their providers, who were similarly defensive.
● Attal N, Bouhassira D. Pharmacotherapy of neuropathic pain: which drugs, which treatment algorithms? Pain. 2015;156 Suppl 1:S104-S114. Evidence-based guidelines to treat neuropathic pain but meta-analysis show limited use and lack of effectiveness of recommended therapies.

MGH Cares About Pain Relief
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To be added to or removed from the Pain Relief Connection mailing list, send an email to pmarnstein@partners.org
Journal Watch [MGHers can obtain articles through the Treadwell home page] (continued)

- Bocci E, Wie B, Pasternak S, et al. The relationship between patient age and pain management of acute long-bone fracture in the ED. Am J Emerg Med. 2014 Dec;32(12):1516-9. Most patients presenting to the ED with bone fracture were geriatric, these patients were the least likely to have their pain addressed in a timely fashion. Those younger than 3 & over 85 years old endured longest delays in treating pain.

Pain Resources on the Web:
- APS refined website provides a unique multidisciplinary online experience for professionals in the field of pain research, education & practice.
- See the results of a large survey done on OTC pain relievers in response to FDA change in rules related to acetaminophen dose limits.
- Let’s use clear consistent language when referring to a person with a Substance Use Disorder to prevent harm associated with stigmas.
- Patient education tool on safe use, safe storage and safe disposal of Extended Release / Long Acting opioids & avoiding alcohol interactions.

CAM (Complementary and Alternative Medicine)
- Meditation or yoga, can reduce pain perception and oppose the harmful effect chronic pain has on the brain.
- Optimizing the balance between exercise and recovery buffers detrimental stress, while promoting the attainment of optimal functioning.
- Virtual Reality technologies have helped with procedural pain, but someday may help change pain perception & functioning with chronic pain.
- Controversial study that acupuncture provides fleeting, modest knee pain control at best. suggest it may be less helpful for certain conditions.

Pain-Related Education Opportunities
- Tue – Wed, May 26 – 27th, NIH Pain Consortium highlights key research latest discoveries & advances. Bethesda, MD
- Tue – Wed, Jun 9 – 10th, Interprofessional SBIRT Conference Learn to help those with substance use disorder. Pittsburgh, PA
- Mon – Fri, June 1 – 5th, Harvard Medical School's Principles and Practice of Pain Medicine expert faculty; Cambridge MA
- Thurs – Sat, Jul 23 – 25th, “Treating chronic pain in Primary Care” collaboration Family Practice & Pain Specialists. Orlando, FL

MGH Pain Calendar
- Pain and Its Management at MGH (Level I) – Fri, Apr 3rd. Founders House 325 8am – 9am. No registration required. email for info
- Fri, Apr 17th Why Can’t They Just Stop? Understanding Substance Abuse Treatment Strategies 7:30-4 O’Keefe Auditorium Sign-up.
- Tools and Techniques for Effective Pain Management (Level I) – Tues, Jun 2nd 2015 Founders House 325 @ 1 – 5pm Sign-up.
- Palliative Care Grand Rounds are Wednesday mornings from 8:00 AM – 9:00 AM in the Ether Dome. eMail for schedule, details CE Credits
- Chronic Pain Rounds in MGH Ether Dome Mondays at Noon. Email Tina Toland for details

MGH Pain Resources
- The Patient Education Television: Dial 4-5212 from patient’s phone then order: (see handbook f http://handbook.partners.org/pages/168 for listing: #120 Acute Pain #279 for Chronic Pain; #280 for Cancer Pain; #281 for Communicating Pain; #282 for Pain Medications;
- The MGH Center for Translational Pain Research: http://www.massgeneral.org/painresearch
- MGH Palliative Care: http://www.massgeneral.org/palliativencare
- MGH Formulary (includes patient teaching handouts in 16 languages): http://www.crlonline.com/crlsql/servlet/crlonline
- Intranet site for MGH use to locate pain assessment tools and policies: http://intranet.massgeneral.org/pcs/Pain/index.asp

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