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In the News

● In recent years, drug overdose deaths involving most prescription opioids dropped while heroin & synthetic overdoses more than doubled.

● Arthritis pain limits activities for over 23 million Americans, but exercise or acetaminophen is not safe and effective in all cases.

● Avoid fatal overdoses to prescribed medications, including opioids, by providing detailed education about safe medication use.

● Antidepressants deaths rose nearly 40% in the past 15 years including amitriptyline used for neuropathic pain. Half of fatalities were suicides.

● FDA advisors voted to remove Opana (oxymorphone) from the market as HIV, hepatitis C & vascular problems arose from IV drug abuse.

● People taking ibuprofen or diclofenac have a 31-50% increased risk of cardiac arrest than those taking naproxen, celecoxib or no NSAID.

● The Institute for Clinical & Economic Review wants your comments about the value of nondrug interventions for chronic low back & neck pain.

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


● Lovejoy TI, Morasco BJ, Demidenko MI, et al. Reasons for discontinuation of long-term opioid therapy in patients with & without substance use disorders (SUD). Pain. 2017 March 158 (3): 526–34. In VA system, 85% of opioid discontinuations were initiated by clinicians rather than patients. Among those with SUD half were alcoholics & 30% had opioid use disorder detected by close monitoring. Ensuring that patients have access to other pain treatments after stopping opioids is important to prevent exacerbation of psychiatric disorders and SUDs.


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


Pain Resources on the Web:

- NIH Pain Consortium Centers of Excellence in Pain Education have a teaser trailer and new Naloxone or case-based content is worth reviewing.
- CO*RE's professional education programs, not in their 7th year, help clinicians balance the risks of opioid analgesics with the benefits of pain relief.
- Chronic Pain Anonymous has a 12 step approach to overcome the emotional & spiritual debilitation of chronic pain through support, hope & peace.

Complementary Integrative Health (formerly called Complementary Alternative Medicine [CAM])

- Internet-based chronic pain self-management has gaps that require a personalized approach to promote self-management.
- Live music therapy combined with relaxation lowered pain & anxiety in adolescents after spine fusion surgery.
- Older adults failed to maintain significant improvements in pain, functioning & depression 9 months after Acceptance & Commitment Therapy.
- Virtual Reality & Augmented Reality for phantom limb pain hold promise, but stronger research designs are needed to understand their effects.

Pain-Related Education Opportunities

- Monday, April 3rd, Policy & clinical experts discuss challenge of balancing regulatory restrictions & access to opioids. Boston (lunch provided)
- Wednesday, April 5th, Mass Pain Initiative: Interactive, Interprofessional, Opioid-sparing Solutions for Confident Pain Mgmt. Marlborough, MA
- May 17 – 20th American Pain Society 36th Annual Meeting, offers innovative, interdisciplinary pain science educational sessions. Pittsburgh, PA
- June 11 – 13th International Conference On Opioids; evolving research, policy & practice implications of opioid treatments. Boston, MA
- June 26 – 30th Evaluating and Treating Pain; an annual training program convening thought leaders across the range of pain topics. Boston, MA

MGH Pain Calendar

- Tools and Techniques for Effective Pain Management – Thursday, April 13th, 2017 Founders House 325 @ 8AM – 1PM Sign-up.
- Palliative Care Grand Rounds are Wednesday mornings from 8AM – 9AM, Ether Dome. email: Margaret Spina for more information.
- Check for details & schedule of MGH Interprofessional Pain Rounds in the Ether Dome. Email Paul Arnstein.

MGH Pain Resources

The Patient Education Television: Dial 4-5212 from patient’s phone then order: (see handbook for listing: #120 Acute Pain #279 for Chronic Pain; #280 for Cancer Pain; #281 for Communicating Pain; #282 for Pain Medications; #283 for Expanding Access to Opioids at Time of Death; #285 for Palliative Pain Management; #286 for Pain in Veterans; #287 for Pain Management in the Homeless; #289 for Pain Management in Long Term Care; #290 for Pain Management in the Elderly; #291 for Pain Management in the Young Child; #292 for Pain Management in the Elderly; #293 for Pain Management in the Elderly; #294 for Pain Management in the Elderly; #295.. Analgesic choice at ED discharge doesn’t contribute to persistent moderate-severe musculoskeletal pain 6 weeks after an MVC, but predicts continued use of prescription opioids.

The MGH Center for Translational Pain Research: http://www.massgeneral.org/painresearch
MGH Palliative Care: http://www.massgeneral.org/palliativecare
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

MGH Cares About Pain Relief
Massachusetts General Hospital
PainRelief@partners.org http://www.mghpcs.org/painrelief

To be added to or removed from the Pain Relief Connection mailing list, send an email to pmarnstein@partners.org