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**In the News**

- SAMHSA released its National Survey on Drug Use & Health, indicating [4.5 million use prescription pain relievers without medical supervision](http://www.samhsa.gov).  
- Butrans 1/week Patch (Buprenorphine) will come in a new 7.5mcg/hour strength to help titration as existing doses are in multiples of 5mcg/hr.  
- IASP details [desirable characteristics of a National Pain Strategy](http://www.iaspn.org) as the United States draft plan is forwarded to the DHHS for 2015 enactment.  
- IASP launched its Global [Year Against Neuropathic Pain](http://www.iaspn.org) campaign with a series of fact sheets and other resources on Monday, October 20th.  
- Relistor (subcutaneous methylnatrexone) gains FDA approved for [opioid-induced constipation](http://www.fda.gov) for chronic pain patients with or without cancer.  
- Prescription opioid deaths are falling slightly after leveling off, but the CDC is concerned that [rising heroin overdose death rates](http://www.cdc.gov) have doubled.  
- Embeda is the 3rd opioid with an [FDA approved “abuse deterrent” label](http://www.fda.gov) because when crushed; naltrexone blocks morphine-induced euphoria.  
- Antibiotics, not acetaminophen, are now a leading cause of [drug-induced liver injury](http://www.fda.gov). Diclofenac is the only analgesic in the top 10 offenders.

**Journal Watch** [MGHers can obtain articles through the Treadwell home page](http://www.mghpcd.org/treadwell)

- Kissin I. Scientometric assessment of drugs for chronic pain 1979 - 2013 rapid growth of publications paucity of successful drugs. *J Pain Res* 2014:7 505–514. Despite rapid growth in the number of publications from <500 in 1979 to >4,200 in 2013, [no drug has replaced Morphine for chronic pain](http://www.fda.gov) as the most studied drug, with the highest index of ultimate success being scored positively only with triptans.  
Journal Watch [MGHers can obtain articles through the Treadwell home page] (continued)

- Mascllee GM, Vaihkopf VE, Coloma PM, et al. Risk of upper gastrointestinal bleeding from different drug combinations. *Gastroenterology*. 2014 Oct;147(4):784-792.e9. Monotherapy with prescription NSAIDs or steroids increases the risk of GI bleed by 4.3 times over no drug. Combining NSAIDs, with SSRIs nearly double that risk of monotherapy, and giving NSAIDs with steroids has a 12-fold rise in bleeding risk.

- Cohen SP, Hayek S, Semenov Y, et al. Epidural steroid injections, conservative treatment, or combination treatment for cervical radicular pain: A multicenter, randomized, comparative-effectiveness study. *Anesthesiology.* 2014;121:1045-55. No superior single treatment was found to cut arm pain, but combination therapy was better than mono-therapy using medications, physical therapy or epidural steroids.


CAM (Complementary and Alternative Medicine)

- NCCAM website is updated & easy to use for patients or professionals to link treatments with diseases; including yoga for back & joint pain.

- The PAINS project released a new brief on the importance of using nondrug methods to relieve pain whenever opioid medications are used.

- Functional MRI has shown how music activates natural relief mechanisms in pain-relieving centers of the brain, brain stem, & spinal cord.

- Pain and quality of life improved with water-based spa treatments for people with fibromyalgia. Mood & tender point counts didn’t improve.

- A growing body of research supports the safe, effective, economical use of acupuncture for treating osteoarthritis, especially of the knee.

Pain Resources on the Web:

- Free on-line modules balancing concerns for pain relief without addiction. Many offer free CE/CME credits.

- Sign up directly to receive the latest information from the NIH Pain Consortium, check their website, or follow them on twitter.

- Videos describe the difference between nociceptive and neuropathic pain & how to assess peripheral neuropathic pain.

- Patient Education handout addressing how alcohol interferes with long-acting opioids, by medication release system.

Pain-Related Education Opportunities

- Tue, Nov 11th a webinar 1 – 2pm will review the latest guidelines on safe use of methadone to avoid the risks of overdose & arrhythmias.

- Fri, Nov 14th (Boston, MA) and Sat. Nov 15th (Burlington, VT) The Scope of Pain presented by Boston University Medical School

- Thu Nov 13th – Sun Nov 16th American Society of Regional Anesthesia 13th Annual Pain Management meeting in San Francisco, CA

MGH Pain Calendar

- *Pain and Its Management at MGH* (Level I) – Fri, Nov 7th. Founders House 325 8am – 9am. No registration required. email for info

- *Tools and Techniques for Effective Pain Management* (Level II) – Wed, Jan 14th 2015 Founders House 325 @ 1-5pm Sign-up.

- *Palliative Care Grand Rounds* are Wednesday morning from 8:00 AM – 9:00 AM in the Ether Dome.

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;


- 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 PainRelief@partners.org