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In the News

- CDC links State opioid prescribing patterns to overdose deaths & laws, praising the impact of restricted access & regulating prescribers.
- New England governors (except Maine) hold a summit on opioid abuse & agree to share data to cut “doctor shopping” across state lines.
- IOM stands behind Relieving Pain in America as an exposé of chronic pain as a serious medical problem too often demeaned or ignored.
- The State-by-State report cards for public policies affecting pain for calendar year 2013 have been released, showing many improvements.
- Over 200 laws passed in first 6 months of 2014 that affect patients in pain & professionals treating them. Most focus on avoiding opioids.

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

- Oliver DP, Wittenberg-Lyles E, Washington K, et al. Hospice caregivers' experiences with pain management: "I'm not a doctor, and I don't know if I helped her go faster or slower". J Pain Symptom Manage. 2013 Dec;46(6):846-58. End of life pain treatment plans are essential given 40% have severe pain. Plans should be tailored keeping in mind the burden, values & beliefs of family caregivers who also suffer.
- Vaso A, Adahan HM, Gjika A, et al. Peripheral nervous system origin of Phantom Limb Pain. Pain. 2014 Jul;155(7):1384-91. In addition to a “top-down” mechanism that most phantom pain treatment targets, the peripheral nerves & dorsal root ganglion should also be targeted.
- Petersen GL, Finnerup NB, Colloca L, et al. The magnitude of nocebo effects in pain: A meta-analysis. Pain. 2014 Aug.155(8): 1426-1434. Nocebo effects, whereby undesired side effects or treatment failures occur because of the professional's suggestion that side effects will occur, &/or the patient’s expectation of failure; has a moderate to large effect on clinical outcomes. Cautious description of side effects and consideration of the patient’s prior response to therapy can thus be a powerful aide, or a barrier to achieving desired outcomes.
In addition to analgesics, What's the Buzz over the Opioid Treatment agreements

Kramer HH, Research on Palliative Care Grand Rounds (A systematic review details evidence that the use of Guidance for helping the patient to

The National Comprehensive Cancer Network posted a revised 2014 Evidence Tue Wed Master Control of Pain Pain and Its Management at MGH Mon A new Samala Schwehkglenks

● Pain Resources on the Web:

  Opioid Treatment agreements can reduce opioid-induced harms; but extremely inflexible agreements can hinder therapeutic relationship
  Guidance for helping the patient to establish realistic goals by understanding their physical capacity and mastery of coping strategies.
  The use of CAM (Complementary and Alternative Medicine) in addition to analgesics, foot massage (5 minutes each foot) cut pain and improved vital signs after breast surgery for at least 2 hours.
  Passive distraction may not be as effective for 10-17 year olds with acute burn treatment pain as immersive virtual reality requiring action.
  What’s the Buzz over the Buzzy Device? It’s a vibrating, numbing ice pack for procedural pain, that may help with other types of pain too.
  A systematic review details evidence that acupressure relieves pain, especially the Hoku point for labor pain, headaches & other pains.
  Research on Vagal Nerve Stimulation as a way to cut pain, and potential amplifiers are reviewed along with a theory of opioid resistance.
  A new TENS unit is available without a prescription, developed by NeuroMetrix to relieve leg pain using electrical stimulation.

Pain-Related Education Opportunities

- Tue–Sat Sept 2-6; PAINWeek offers over 120 CE hours on pain with a number of different tracks. The largest pain CE event. Las Vegas
- Wed–Sat Sept 17-20 The American Society for Pain Management Nursing will hold its 24th Annual conference in San Diego
- Mon-Tue Sept 29-30; The NIH examines The Role of Opioids in the Treatment of Chronic Pain. Attend free or watch live video cast.
- MGH Pain Calendar

  Pain and Its Management at MGH (Level I) – Fri August 8th; Founders House 325 8am – 9am. No registration required. email for info
  Tools & Techniques for Effective Pain Management (Level II) – Thur. Sept. 11th Founders House 325 1—5pm email for info.
  Master Control of Pain (Pain Champion) Fri. October 24th 8am – 4:00pm Founders House 325 email for info.
  Palliative Care Grand Rounds (email Margaret Spinale) and the Chronic Pain Rounds (email Tina Toland) will resume in the fall.

MGH Pain Resources

The Patient Education Television: Dial 4-5212 from patient’s phone then order; (see handbook 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/palliativedcare

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

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

- Schwegklenks M, Gerbshagen HJ, Taylor RS, et al. Correlates of satisfaction with pain treatment in the acute postoperative period: results from the international PAIN OUT registry. Pain. 2014 Jul;155(7):1401-11. Satisfaction with pain control is enhanced when patients’ comfort level results in no desire for further treatment, and when they are both informed of and involved in the treatment planning process.
- Moore A, Wiffen P, Kalso E. Antiepileptic drugs for neuropathic pain and fibromyalgia. JAMA. 2014;312:182-3. Summarizing 10 Cochrane reviews of antiepileptics, only gabapentin & pregabalin modestly reduce neuropathic pain; but only pregabalin is effective for fibromyalgia.
- Samala RV, Bloise R, Davis MP. Efficacy and safety of a six-hour continuous overlap method for converting intravenous to transdermal fentanyl in cancer pain. J Pain Symptom Manage. 2014 Jul;48(1):132-6. When converting patients from IV to transdermal Fentanyl; a 1:1 conversion ratio can be used and it is safe to maintain the IV infusion for 6 hours after placement of the patch with proper monitoring.