# **Pain Relief Connection**

The Pain Information Newsletter

Provided by MGH Cares About Pain Relief, a program of Patient Care Services



Archived issues are available at http://www.MassGeneral.org/PainRelief

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In this issue:			
In the News	Page 1	Pain Resources on the Web	Page 2
Journal Watch	Page 1-2	Pain Education Opportunities	Page 2
CAM	Page 2	MGH Pain Calendar & Resources	Page 2

### In the News

- The FDA issued a Safety Alert regarding **SNRI** drugs including Milnacipran serious drug-drug interactions.
- FDA approved <u>Intranasal Ketorolac</u> (Sprix) <u>for <5 days treatment</u> of moderate to moderately-severe pain —
- The FDA added a warning of <u>suicide risk to the labels of tramadol</u>, especially for high risk patients.
- The FDA will require new labeling for proton pump inhibitors warning of the risk for pathological fractures.
- Scott Reuben, MD, was sentenced to six months in prison and fines for health care and research fraud.

**Journal Watch** All items are accessible via MGH computers/library; MGHers can obtain other articles from through the <u>Treadwell home page</u>, go to 'Order Articles' under the 'Quick Picks' banner on the left.

- Wolfe F, Clauw DJ, Fitzcharles M-A, et al. (2010) The American College of Rheumatology preliminary diagnostic <u>criteria for fibromyalgia</u> and measurement of symptom severity. *Arthritis Care & Research*, 62 (5):600-610. Proposes a new approach to diagnosing fibromyalgia to improve clinical practice and research.
- Moore RA, Straube S, Paine J, et al. (2010). <u>Fibromyalgia: Moderate and substantial pain intensity reduction</u> predicts improvement in other outcomes and substantial quality of life gain Pain, 149, (2): 360-364. Moderate to substantial reductions (>30-50%) in pain intensity are needed to yield significant functional improvements.
- Hauser W, Petzke F, Sommer C. (2010). <u>Comparative efficacy and harms</u> of duloxetine, milnacipran, and pregabalin in fibromyalgia syndrome. *J of Pain*, *11* (6):505-521. Different adjuvant medications have different risks and benefits. Matching symptoms to drug helps tailor to individual needs and comfort/function goals.
- Arnstein P. (2010) <u>Balancing analgesic efficacy with safety</u> concerns in the older patient. *Pain Management Nursing, 11* (2 Suppl):S11-22. One of three articles in the supplement dedicated to pain in the older adults.
- Goebel JR, Sherbourne CD, Asch SM, et al. (2010). Addressing concerns about pain management and addiction risks. *Pain Management Nursing*, 11 (2):92-98. Not all nurses are comfortable addressing patients' <u>fears about addiction risks</u>. More experienced nurses with higher self-efficacy tend to better address these fears
- Wheeler E, Hardie T, Klemm P, et al. (2010). Level of pain and waiting time in the Emergency Department. *Pain Management Nursing*, *11* (2):108-114. CDC data revealed that <sup>3</sup>/<sub>4</sub> of patients presented with pain and 27% with moderate or severe pain received no analgesics. Delay to analgesics averages an hour, more for subgroups
- Massey T, Derry S, Moore RA, et al. (2010). <u>Topical NSAIDs for acute pain</u> in adults. *Cochrane Database of Systematic Reviews* 2010, 6 (No. CD007402). Selective short term use of topical NSAIDs is effective and safe.
- Makris UE, Kohler MJ, Fraenkel L. (2010). <u>Adverse effects of topical nonsteroidal antiinflammatory</u> drugs in older adults with osteoarthritis: a systematic literature review. *J Rheumatol*, *37*(6):1236-43. Safer than oral, topical NSAIDs, have local (40%) and systemic (18%) effects; including GI bleed and warfarin potentiation.
- Dahm KT, Brurberg KG, Jamtvedt G, et al. (2010) Advice to <u>rest in bed versus advice to stay active</u> for acute low-back pain and sciatica. *Cochrane Database Sys Rev.*, 6 (No. CD007612) Normal activity is better than bed rest for the first 6 weeks of acute low-back pain yielding small, transient gains in comfort and function.
- Fosbol EL, Kober I, Torp-Pedersen, et al. (2010). Cardiovascular safety of nonsteroidal antiinflammatory drugs among healthy individuals. *Expert Opin Drug Saf* [ePub ahead of print] Evidence is mounting that even among healthy adults there's an <u>increased risk of MI</u>, stroke and related deaths for all NSAIDs except naproxen.

#### MGH Cares About Pain Relief

Massachusetts General Hospital PainRelief@Partners.org • http://www.MassGeneral.org/PainRelief

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

## Journal Watch (continued)

- Forget P, Vandenhende J, Berliere M, et al. (2010). Do intraoperative analgesics influence breast cancer recurrence after mastectomy? A retrospective analysis. *Anesth Analg*, *110* :1630-5. Intraoperative administration of ketorolac decreases the risk of breast cancer relapse compared with other analgesics.
- Gehling M, Arndt C, Eberhart LH, et al. (2010) Postoperative analgesia with parecoxib, acetaminophen, and the combination of both: a randomized, double-blind, placebo-controlled trial in patients undergoing thyroid surgery. *Br J Anaesth*, 104:761-7. Non-opioids effectively reduce opioid requirements with an additive effect.
- Sullivan MD, Gaster B, Russo J, et al. (2010). Randomized trial of <u>web-based training about opioid</u> therapy for chronic pain. Clin J Pain, 26:512-7. Interactive web-based training focused on shared decision-making and communication skills improved knowledge and self management of opioids than the standard approaches.
- Bradley LA, Wohlreich MM, Wang F, et al. (2010). <u>Pain response profile of patients with fibromyalgia treated</u> with duloxetine. Clin J Pain, 26 :498-504. Higher doses work quicker, but are no better than 60mg at 3 months.
- Green E, Zwaal C, Beals C, et al. (2010). <u>Cancer-related pain management</u>: a report of evidence-based recommendations to guide practice. *Clin J Pain*, *26*:449-62. Eight quality guidelines agree on the best practices on how to assess, tailor drug and non-drug treatments, document; educate, and measure cancer-pain outcomes.
- James IG, O'Brien CM, McDonald CJ. (2010). A randomized, double-blind, double-dummy comparison of the efficacy and tolerability of low-dose <u>transdermal buprenorphine</u> (seven-day patches) with buprenorphine sublingual tablets in patients with osteoarthritis pain. *J Pain Symptom Manage [epub ahead of print]* The 7-day, buprenorphine patches are as effective as sublingual Buprenorphine and better tolerated.
- Montgomery GH, Schnur JB, et al. (2010). <u>Presurgery psychological factors predict pain, nausea & fatigue</u> one week after breast cancer surgery. *J Pain Sympt Man, 39* (6):1043-52. Reduce pre-op distress for postop comfort

## CAM

- People who practice <u>mindfulness meditation</u> are less worried about or bothered by pain than other people.
- <u>Acupuncture for temporomandibular disorders</u> reduces pain, while improving mouth opening and chewing.
- <u>Ginger reduces muscle pain</u> caused by overexertion whether take in the raw or cooked form.

#### Pain Resources on the Web

- <u>PainEDU</u> has a revised set of clinician tools such as drug-drug interaction, herbal therapies, side effect profiles
- painACTION.com is a self-management program for patients and clinicians , developed with NIH funding

## **Pain-Related Education Opportunities**

- Wed-Sat Sept 22-25, <u>American Society for Pain Management Nursing</u> annual conference & 20<sup>th</sup> birthday MN
- Tue-Fri Sept 21-24, American Academy of Pain Management annual conference & Pain Week in Las Vegas

## **MGH Pain Calendar**

- Chronic Pain Rounds are held Mondays at 12:00N in the Ether Dome. Mailing: DKallis@partners.org
- Palliative Care Grand Rounds held Wednesdays at 8:00am in the Ether Dome. Mail: nalawless@partners.org

MGH Pain Resources:	
PainRelief web site: <u>http://www.massgeneral.org/painrelief/</u>	
Previous issues of Pain Relief Connection: MGH Cares About Pain Relief Initiative	
The MGH Center for Translational Pain Research: MGH Center for Translational Pain Research	
Treadwell Library (Magic): <u>http://magic.mgh.harvard.edu/</u>	
MGH Pain Medicine: Massachusetts General Hospital Department of Anesthesia, Critical Care and Pain Medicine -	
Clinical Services > MGH Pain Management	
MGH Formulary (includes patient teaching handouts in 16 languages): http://www.crlonline.com/crlsql/servlet/crlonline	
Partners Handbook: http://is.partners.org/handbook/	
Primary Care Office InSite (PCOI) (Clinician and patient information): http://oi.mgh.harvard.edu/pcoi/frontpage_frames.asp	
Intranet site for MGH use to locate pain assessment tools and policies. <u>http://intranet.massgeneral.org/pcs/Pain/index.asp</u>	

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