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 the News

- 1.1 million older adults went to the ED in 2008 for adverse drug reactions, 9% for opioids & 8% for NSAIDs.
- King Pharmaceuticals announced a voluntarily recalled of EMBEDA (morphine / naltrexone)
- The DEA will take back drugs that are expired, unused & unwanted drugs 10am-2pm Saturday, April 30th

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.

- Sauberan JB, Anderson PO, Lane JR, et al. (2011). <u>Breast milk hydrocodone</u> and hydromorphone levels in mothers using hydrocodone for postpartum pain. *Obstet Gynecol*, 117 (3):611-7. Breastfed neonates received only about 1% of the hydrocodone dose & metabolite considered effective for older infants through breast milk.
- Yu HY, Tang FI, Yeh MC, et al. (2011). <u>Use, perceived effectiveness, and gender differences of pain relief</u> strategies among the community-dwelling elderly in taiwan. *Pain Manag Nurs, (1)*: 41-9. Older adults of both genders use similar strategies with limited effectiveness from conventional, psychological & CAM approaches.
- Mehta A, Cohen SR, Carnevale FA, et al. (2010). <u>Strategizing a game plan</u>: family caregivers of palliative patients engaged in the process of pain management. *Cancer Nurs*, 33 (6):461-469. To best manage pain at home, families must accepting responsibility, seek information and work with prescribers to tailor interventions
- Gilron I, Wajsbrot D, Therrien F, et al. (2011). <u>Pregabalin for Peripheral Neuropathic Pain</u>: A Multicenter, enriched enrollment, randomized withdrawal placebo controlled trial. Clin J Pain, 27 (3):185–193. Pregabalin effectively reduced pain in 2/3 of patients with peripheral neuropathic pain while improving mood and sleep.
- Cleary BJ. Donnelly JM, Strawbridge JD, et al. (2011) <u>Methadone and perinatal outcomes</u>: a retrospective cohort study. *Am J Obstet Gynecol*, 204 (2):139. Mothers taking methadone throughout pregnancy are twice as likely to have poor outcomes such as very preterm birth, small for gestational age and major congenital defects.
- Dy SM. (2010). Evidence-based approaches to pain in advanced cancer. Cancer J, 16 (5):500-506.
- Daugherty SE, Pfeiffer RM, Sigurdson AJ, et al. Nonsteroidal Antiinflammatory Drugs and Bladder Cancer: A Pooled Analysis. *Am. J. Epidemiol.* [ePub ahead of print] A database of a half-million people suggest that those who take nonaspirin NSAIDs have almost half the risk of developing bladder cancer over a 1 year period.
- Lionberger DR, Joussellin E, Lanzarotti A, et al (2011). Diclofenac epolamine topical patch relieves pain associated with ankle sprain. *Journal of Pain Research*, 2011 (4): 47 53. <u>Topical Diclofenac</u> alleviates pain associated with ankle sprains 4 hours; better than placebo at 1 week with 3% developing adverse effects.
- Maund E, McDaid C, Rice S, et al. (2011). Paracetamol and selective and non-selective non-steroidal antiinflammatory drugs for the <u>reduction in morphine-related side-effects after major surgery</u>: a systematic review. *Br J Anaesth*, 106:292-7 Combinations lower morphine requirement, but there is not a significant reduction in side effect burden. NSAIDs do cut nausea and vomiting better than acetaminophen but increase bleeding risk.
- Ruscheweyh R, Deppe M, LohmannH, et al. (2011). <u>Pain is associated with regional grey matter reduction</u> in the general population *Pain*, 152 (4). 904-911. These results support earlier studies that severe or chronic pain, reduce grey matter volume compared to the general population. These changes are reversible after pain stops.

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Journal Watch (continued)

- LumleyMA, Leisen JCC, Partridge RT, et al (2011). Does <u>emotional disclosure about stress</u> improve health in rheumatoid arthritis? Randomized, controlled trials of written and spoken disclosure *Pain*, *152* (4) 866-877. Both written and spoken disclosure help RA patients (a little) particularly at 6 months, but effects are limited.
- McDonald DD, Gifford T, Walsh S. (2011). Effect of a <u>virtual pain coach</u> on older adults' pain communication: a pilot study. *Pain Manag Nurs*, 12(1):50-6. Older adults who practiced talking with the virtual coach (that detected pauses and encouraged patients to say more) described relevant information re: pain more effectively to healthcare providers than those who got the same points through non-interactive videos.
- Hallström H, Norrbrink C. (2011). <u>Screening tools for neuropathic pain:</u> Can they be of use in individuals with spinal cord injury? *Pain 152*, 4:772-779. The DN4 was better than the PD-Q, NPQ, and LANSS for detecting neuropathic pain. Hypoesthesia to touch, burning pain & numbness best identified who had post-SCI pain.
- Librach SL. Bouvette M. De Angelis C, et al. (2011). Consensus recommendations for the management of constipation in patients with advanced, progressive illness. *J Pain Symptom Manage*. 40 (5):761-673. Opioids are one of several causes of constipation in seriously ill patients. Vigilant assessment and targeted drugs help.
- Gustin SM, Wilcox SL, Peck CC, et al. (2011). Similarity of suffering: Equivalence of psychological and psychosocial factors in neuropathic and non-neuropathic orofacial pain patients *Pain*, 152 (4):825-832. The same distressing thoughts, feelings, and psychosocial impact was experienced despite different facial pain types

CAM (Complementary and Alternative Medicine)

- A therapeutic compound facilitating the absorption of <u>turmeric</u> is highly effective in treating osteoarthritis.
- Research supports the effectiveness of guided imagery for musculoskeletal pain, but not conclusively for all.

Pain Resources on the Web

- Numerous podcasts addressing different sides of the issues related to <u>Bioethics of Pain</u> and other ethical topics.
- The Massachusetts Pain Initiative has a revised Pain Management Pocket Tool developed by national experts.
- Pain-Topics.org has a nice piece addressing issues with evidence-based medicine "All that glitters is not gold"
- The American Pain Foundation has created a wonderful resource called PainSAFE, with information & toolkits

Pain-Related Education Opportunities

- Wed April 6 Sensible Use of Opioids For Persistent Pain MGH Haber Auditorium 7:45 9am Boston
- Tue April 26 Annual Center for Practical Bioethics Symposium "Pain is a 4 letter word" in Kansas City MO
- Thu-Sat May 19-21 American Pain Society 30th Annual Meeting The latest in science, & practice Austin, Texas
- Thu May 26th 6-9pm Bridging the Gap between Primary Care & Pain Medicine: Interactions between Pain, Addiction & Primary Care Boston, MGH Ether dome with reception to follow. Contact rkulich@partners.org

MGH Pain Calendar`

- Chronic Pain Rounds occur weekly on Mondays at 12:00N Mail: DKallis@partners.org for details
- Palliative Care Grand Rounds occur weekly on Wednesdays at 8:00am. Mail: nalawless@partners.org

MGH Pain Resources:

PainRelief web site: http://www.massgeneral.org/painrelief/

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): http://magic.mgh.harvard.edu/

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. http://intranet.massgeneral.org/pcs/Pain/index.asp

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