

PAIN RELIEF CONNECTION THE PAIN INFORMATION NEWSLETTER

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

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In the News

- Amid 2011 & 2012, the [CDC noted a 5% drop in Rx painkiller deaths](#), first decline ever; but heroin deaths increased 35% during the same yr.
- The Dept of Health & Human Services is seeking nominations for committee members (3 year appointments) to [shape the future of pain care](#).
- All in-state prescribers enrolled in the [MA Px drug monitoring program](#) can now authorize “delegate” access the database on their behalf.
- Massachusetts revised and validated the central role of nurses and their [duty to manage pain in a safe, effective, team-based way](#).
- Now that money received from drug manufacturers is public, is that affecting [public trust in using doctors with financial ties to manufacturers?](#)
- Claims data show a cut in the number of people taking opioids, but still [concerning trends of high doses and drug interactions](#).

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

- North RB, Shipley J, Wang H, et al. (2014), A review of economic factors related to the delivery of health care for chronic low back pain. *Neuromodulation*: Oct;17 Suppl 2:69-76. [Failed back pain treatments](#) are costly, making expensive treatments potentially cost effective.
- de Oliveira GS JR, Castro-Alves LJ, McCarthy RJ. Single-dose systemic acetaminophen to prevent postoperative pain: A meta-analysis of randomized controlled trials. *Clin J Pain*. 2015;31:86-93. A [single-dose of pre-operative acetaminophen](#) effectively cuts postoperative pain (at rest & with movement), while reducing postoperative nausea &/or vomiting. Doses above 1 Gm/dose did not improve outcomes.
- Petersen KK, Simonsen O, Laursen MB, et al. Chronic postoperative pain after primary and revision total knee arthroplasty. *Clin J Pain*. 2015;31:1-6. After a failed [TKA, revision surgery](#) yields suboptimal outcomes that fail to improve pain, function or quality of life.
- Boonstra AM, Schiphorst Preuper HR, et al. [Cut-off points for mild, moderate, and severe pain](#) on the visual analogue scale for pain in patients with chronic musculoskeletal pain. *Pain*. 2014 Dec;155(12):2545-50. Given variability in how mild, moderate & severe pain determined & validated; it appears doubtful that consistent cut-points linking a number to a pain severity can be found.
- Radnovich R, Trudeau JJ, Gammaitoni AR. A randomized clinical study of the heated lidocaine/tetracaine patch versus subacromial corticosteroid injection for the treatment of pain associated with shoulder impingement syndrome. *J Pain Res* 2014 (7): 727–735. A [heated lidocaine patch](#) provided similar pain reduction & functional improvement as a shoulder steroid injection for 6 weeks after applying the patch for 2 weeks. This provides a non-invasive option after conservative therapy fails to relieve shoulder impingement syndrome.
- Hwang U, Belland LK, Handel DA, et al. Is all pain is treated equally? A multicenter evaluation of acute pain care by age. *Pain*. 2014 Dec;155(12):2568-74. [Age-specific differences in the way pain is treated](#) may vary based on the type of pain; with fractures better treated than abdominal pain in older adults. Patients over age 85 were less likely to receive analgesics than their younger counterparts.

MGH Cares About Pain Relief
Massachusetts General Hospital

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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)

- Hunsinger M, Smith SM, Rothstein D, et al. [Adverse event reporting in non-pharmacologic](#), non-interventional pain clinical trials: ACTION systematic review. *Pain*, 2014 Nov;155(11):2253-62. Despite assumptions that nondrug interventions are safe, clinical trials of these methods aren't required to, and don't, report adverse event demonstrating they are safer than drugs or interventional therapies.
- Sng BL, Leong WL, Zeng Y, et al. Early versus late initiation of epidural analgesia for labor. *Cochrane Database Syst Rev*. 2014 Oct 9;10:CD007238. Initiating epidurals early in labor does not add risks, so start this therapy [when the woman asks for pain relief](#).
- Poonai N, Bhullar G, Lin K, et al. Oral administration of [morphine versus ibuprofen](#) to manage post fracture pain in children: a randomized trial. *CMAJ*, 2014 Dec 9;186(18):1358-63. Morphine (0.5 mg/kg orally) provided comparable pain relief at 1 hour to ibuprofen (10 mg/kg) in children with uncomplicated fracture of an extremity. Ibuprofen was better tolerated and thus may be the better choice.
- Esquibel AY, Borkan J. Doctors and Patients in Pain: Conflict and Collaboration in Opioid Prescription in Primary Care. *Pain*. 2014 Dec;155(12):2575-82. Patients seek compassionate care and relief while physicians struggle to manage patients' pain effectively without doing harm. Finding ways to [manage conflict & build collaborate relationships](#) is essential for a mutually satisfactory therapeutic alliance.
- Williams CM, Maher CG, Latimer J, et al. Efficacy of paracetamol for acute low-back pain: a double-blind, randomized controlled trial. *Lancet*. 2014 Nov 1;384(9954):1586-96. [Acetaminophen is no better than placebo](#) for low back pain whether scheduled or PRN .

Pain Resources on the Web:

- A MayDay Society Fellow Elliot Krane explains how acute pain can transition to the [disease of chronic pain](#) in this TED-ED segment.
- See the similarities and differences in [opioid prescribing recommendations](#) from various American evidence-based guidelines.
- [Resource guides](#) for consumers are available from the ACPA addressing [chronic pain](#) in general, and [low back pain](#) in particular.
- Learn more about [Abuse Deterrent Opioid formulations](#) that are increasingly tamper resistant to prevent diversion and misuse.
- The power of skin to skin contact between a baby and parent to [reduce newborn needle pain](#) is demonstrated in this brief video.

CAM (Complementary and Alternative Medicine)

- FDA approved a [wireless injectable, micro-neurostimulator](#) to treat intractable chronic pain with safer, less invasive implant technology.
- A recent research review showed [Reiki lowers pain and anxiety](#) with little or good effects; better when used in combination with medications.
- A [new smart heating pad](#) controlled by a smartphone app could revolutionize the safety and efficacy of this form of nondrug pain relief therapy.

Pain-Related Education Opportunities

- Wed Jan 14th Free Live [Webinar on Opioids, Chronic Pain, and REMS](#) role of long-acting opioid s in managing chronic pain at 1-2pm.

MGH Pain Calendar

- *Pain and Its Management at MGH* (Level I) – Friday, January 9th. *Founders House 325* 8:00 – 9:00 AM No registration required. [email for info](#)
- *Tools and Techniques for Effective Pain Management* (Level II) – Wednesday, Jan 14th 2015 *Founders House 325* 1:00 – 5:00 PM [Sign-up](#).
- [Palliative Care Grand Rounds](#) at MGH are held Wednesday mornings from 8:00 – 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 f <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; Excellence Every Day Pain Portal Page: http://www.mghpcs.org/eed_portal/EED_pain.asp
The MGH Center for Translational Pain Research: <http://www.massgeneral.org/painresearch>
MGH Pain Medicine: http://www2.massgeneral.org/anesthesia/index.aspx?page=clinical_services_pain&subpage=pain
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>

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