

PAIN RELIEF CONNECTION THE PAIN INFORMATION NEWSLETTER

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

Inside this issue:

In the News.....Page 1
Journal Watch.....Page 1-2
CIH.....Page 2

Pain Resources on the Web.....Page 2
Pain Education Opportunities.....Page 2
MGH Pain Calendar & Resources.....Page 2

In the News

- The [DEA cut 2017 quotas of Schedule II opioids by 25%](#) and hydrocodone by a third below last year's level, as fewer opioids are prescribed.
- [Pain-related disability](#) has taken a toll on the American workforce, requiring a re-examination of how we help those with pain function better.
- Petitions have the [DEA reconsider their Schedule I designation](#) that would hamper research to develop pain relievers from [kratom derivatives](#).
- [Illicit fentanyl is blamed for exponential growth in many drug overdose deaths](#) across the country; including tainted prescription drugs & heroin.
- A 50% [lower dose buprenorphine was approved](#) by the FDA for treatment of opioid dependence & promote safety when lower doses are used.
- Pain patients [rallied against pain](#) in DC; invited CDC reps did not attend; lawmakers blamed for cutting access to treatment bothered to attend.
- NIH awarded \$7.5 Million to study [how peripheral inflammation affects the central nervous system](#) to transform acute pain into chronic pain.
- The DEA hopes it retrieved a record number of unneeded, unwanted, or expired prescription drugs during [Prescription Drug Take-Back Day](#).

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

- Barbour KE, Boring M, Helmick CG, et al. Prevalence of severe joint pain among adults with doctor-diagnosed arthritis — United States, 2002–2014. *MMWR Morb Mortal Wkly Rep*. 2016 Oct 7;65(39):1052-1056. [Severe arthritis pain increased 37%](#); most for women & minorities.
- Schrepf A, Harper DE, Harte SE, et al. [Endogenous opioidergic dysregulation of pain in fibromyalgia](#): a PET and fMRI study. *Pain*. 2016 Oct;157(10):2217-25. Fibromyalgia symptoms are linked to an endogenous opioid system disorder making patients overly-sensitive to pain.
- Monárrez-Espino J, Laflamme L, Rausch C, et al. New opioid analgesic use and the risk of injurious single-vehicle crashes in drivers aged 50–80 years: a population-based matched case–control study *Age Ageing (2016) 45(5):628-634*. [Risk of MVA double the 1st month on opioids](#)
- Huang A, Azam A, Segal S, et al. Chronic postsurgical pain & persistent opioid use following surgery: the need for a transitional pain service. *Pain Manag*. 2016 Oct;6(5):435-43. After (3months) surgery 35% had strong, disabling pain. Most with 4-10/10 pain [treated with non-opioids](#).
- Arumugam S, Lau CS, Chamberlain RS. Use of [preoperative gabapentin](#) significantly reduces postoperative opioid consumption: a meta-analysis. *J Pain Res*. 2016 Sep 12;9:631-40. Gabapentin cuts first-day morphine use, but increases sedation. Better for specific surgeries.
- Derry S, Cording M, Wiffen PJ, et al. [Pregabalin for pain in fibromyalgia](#) in adults. *Cochrane Database Syst Rev*. 2016 Sep 29;9:CD011790. Pregabalin produced a moderate to substantial pain relief within 6 months for 10% more patients than placebo, but most had side effects.
- Gimbel J, Spierings EL, Katz N, et al. Efficacy and tolerability of buccal buprenorphine in opioid-experienced patients with moderate to severe chronic low back pain: results of a phase 3, enriched enrollment, randomized withdrawal study. *Pain*. 2016. Nov;157(11):2517-2526. At 3 months [buprenorphine buccal film reduced low back pain](#) from 7 to 3 after titration with significant numbers sustaining a 30-50% cut in pain.
- Ziegler L, Mulvey M, Blenkinsopp A, et al. [Opioid prescribing for patients with cancer in the last year of life](#): a longitudinal population cohort study. *Pain*. 2016 Nov;157(11):2445-2451. Despite cancer pain prevalence, most don't receive strong opioids that are withheld until the end.

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 pmarnstein@partners.org

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

- McCabe SE, Veliz P, Schulenberg JE. Adolescent context of exposure to prescription opioids and substance use disorder (SUD) symptoms at age 35: a national longitudinal study. *Pain* 2016 Oct.157(10) 2171-2178. A large longitudinal study shows [appropriate teen medical use of prescription opioids doesn't lead to addiction](#); but teen nonmedical use doubled rates of SUD at age 35 over those with no opioid exposure.
- Macfarlane GJ. The [epidemiology of chronic pain](#). *Pain* 2016 Oct.157(10) 2158-59. Half who have an acute painful episode go on to develop chronic pain. Older age, history of childhood trauma, suboptimal pain control and psychosocial risk factors increase the likelihood.
- GBD 2015 Disease and Injury Incidence and Prevalence Collaborators (2016). Global, regional, and national incidence, prevalence, and years lived with disability for 310 diseases and injuries, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015. *Lancet*. 2016 Oct 8;388(10053):1545-1602. Low [back & neck pain remains the leading global cause of disability](#). Arthritis rates increasing.
- McPherson C. Pharmacotherapy for [Neonatal Abstinence Syndrome](#) (NAS): Choosing the right opioid or no opioid at all. *Neonatal Netw*. 2016;35(5):314-20. Evidence-based approach to which neonates with NAS would benefit from specific drugs versus nondrug therapy.
- Bettini L, Moore K. [Central Sensitization in Functional Chronic Pain Syndromes](#): Overview and Clinical Application. *Pain Manag Nurs*. 2016 Oct;17(5):333-8. Treat central sensitization in a multimodal biopsychosocial way to cut nerve inflammation, pain amplification & disability.
- White R, Hayes C, White S, et al. [Using social media to challenge unwarranted clinical variation](#) in the treatment of chronic noncancer pain: the “Brainman” *J Pain Research* 2016;9 701–9. Did widely disseminated videos improve consistent treatment of chronic non-cancer pain?

Pain Resources on the Web:

- See footage of the [Stanford Back Pain Education Day](#) took place on Sunday, September 11, 2016
- Social media [videos](#) about breastfeeding infants to [prevent vaccination-induced pain](#) are widely viewed, but impact is unclear.
- Brief (5 minute) video about the pursuit of gratitude and compassion to [overcome fear or self-doubt](#) that makes pain worse.
- Virtual reality developer is looking for partners to make [immersive technologies that reduce pain](#) accessible for \$10 or less.
- Get your free implementation guide for [Reducing Adverse Drug Events Related to Opioids](#) (RADEO) in your practice setting.

Complementary Integrative Health (formerly called Complementary Alternative Medicine [CAM])

- [Tai Chi relieves persistent neck pain](#) (at rest & with movement), functioning & quality of life at 3 months comparable to other exercise forms.
- [Evidence](#) mounts that low-level [laser therapy promotes pain relief & reduces oral mucositis](#) incidence & its severity.
- Brazilian [women with endometriosis find yoga helpful](#) to cut pain, improve mood & enhance psychosocial support.
- Interesting experience from a male skeptic with chronic [ankle pain finds relief and wellness through yoga](#).
- CDC data shows [42% of adults use complementary approaches](#) to help their musculoskeletal pain, nearly twice the rates of those without pain

Pain-Related Education Opportunities

- [Free CE Credits for nurses on programs addressing the opioid crisis](#), supported by 25 National Nursing organizations.
- Thu – Sat Nov, 17th– 19th American Society of Regional Anesthesia [Pain Medicine Meeting](#). Good content & skill-building. San Diego, CA

MGH Pain Calendar

- *Tools and Techniques for Effective Pain Management* – Tuesday, September 13th, 2016 *Founders House 325 @ 8AM – 1PM* [Sign-up](#).
- Palliative Care Grand Rounds are Wednesday mornings from 8AM – 9AM, Ether Dome. email: [Margaret Spinale](#) for more information
- Check for details & schedule of [Chronic Pain Rounds](#); or MGH [Interprofessional Pain Rounds](#) 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>

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 pmamstein@partners.org