

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

- The Pain Care Coalition is working to integrate elements of the Pain Care Policy Act passed by committees in Congress ([HR 756](#)) and the Senate ([S 660](#)). (e.g. public & professional education) to healthcare legislation.
- The [FDA approved Morphine](#) 100mg/mL & 20mg/mL oral solutions for use by opioid-tolerant patients. Distinct packaging differences will help prevent look-alike errors related to selecting the wrong concentration.

Journal Watch All items are accessible via MGH computers/library; [O] = open access; [R] = free registration required) MGHers can obtain articles from journals to which Treadwell Library does not subscribe through the [Treadwell home page](#), go to 'Order Articles' under the 'Quick Picks' banner on the left.

- Dunn KM, Saunders KW, Rutter CM, et al. (2010) [Opioid Prescriptions for Chronic Pain](#) and Overdose A Cohort Study *Ann Intern Med.* 2010;152:85-92. Among 10,000 patients over 8 years 99.5% did not overdose. Mentions of abuse and suicide attempts were not examined as a factor in the 6 (0.06%) deaths reported.
- Lunde LH, Pallesen S, Krangnes L, et al. (2010) Characteristics of [Sleep in Older Persons](#) With Chronic Pain: A Study Based on Actigraphy and Self-reporting. *Clin J Pain*, 26:132-7. Sleep interruption, problems initiating and maintaining sleep that impair daytime functioning, are prevalent in this population and should be addressed
- Sutters KA, Miaskowski C, Holdridge-Zeuner D, et al. (2010). A randomized clinical trial of the efficacy of scheduled dosing of acetaminophen and hydrocodone for the management of [postoperative pain in children](#) after tonsillectomy. *Clin J Pain*, 26:95-103. Scheduled analgesic administration (around the clock) is more effective than PRN dosing in reducing pain in children post-tonsillectomy. Constipation is the major side effect.
- Sommer M, de Rijke JM, van Kleef M, et al. (2010) [Predictors of acute postoperative pain](#) after elective surgery. *Clin J Pain*, 26:87-94. Nearly 1500 surgical patients were evaluated and pre-operative pain, expected pain, surgical fear, and pain catastrophizing predicted those who were more likely to experience moderate-severe postoperative pain.
- Broekmans S, Dobbels F, Milisen K, et al. (2010) Pharmacologic pain treatment in a multidisciplinary pain center: [do patients adhere to the prescription](#) of the physician? *Clin J Pain*, 26:81-86. Nearly half of patients are non-adherent to prescribed analgesic regimens, with twice as many under medicating than overmedicating. Overuse was associated with current smoking, opioid prescription, and more frequent dosing intervals.
- Bertsche T, Askoxylakis V, Hab G, et al. (2009). Multidisciplinary Pain Management Based on a Computerized Clinical [Decision Support System in Cancer Pain](#) *Patients Pain*, 147 (1-3): 20-28. Using "decision support" technology lowered pain by 50-65%. Of 279 recommendations made, 85% were fully accepted by physicians.
- Israel FI, Parker G, Charles M, et al. [Lack of Benefit From Paracetamol \(Acetaminophen\)](#) for Palliative Cancer Patients Requiring High-Dose Strong Opioids: A Randomized, Double-Blind, Placebo-Controlled, Crossover Trial *Journal of Pain and Symptom Management*. [Epub ahead of print] Acetaminophen does not reduce opioid requirement or improve pain control when used for cancer patients receiving palliative care.

MGH Cares About Pain Relief

Massachusetts General Hospital

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- Chang AK, Bijur PE, Davitt M, et al. (2009). Randomized clinical trial [comparing a patient-driven titration protocol of intravenous hydromorphone with traditional physician-driven management](#) of emergency department patients with acute severe pain. Safety and efficacy of rapid titration using 1mg doses of intravenous hydromorphone in emergency department patients with acute severe pain: the “1+1” protocol. *Ann Emerg Med*, 54(4):561-567. Opioid-naïve adults under age 65 who were given 1mg IV hydromorphone by protocol had pain control (75% patients) within 15 minutes. A repeat of 1mg at 15 minutes further controlled pain in all but 6% of patients. Less than 1% had respiratory effects requiring O₂ supplements, none needed naloxone. Protocol yielded statistically better, but clinically equivalent satisfaction with pain control.
- Vanderah TW. (2010). Delta and kappa opioid receptors as [suitable drug targets](#) for pain. *Clin J Pain*, 26 Suppl 10:S10-15. Good review of analgesics being developed for specific pain types with a lower side effect burden.
- Schilling A, Corey R, Leonard M, et al., (2010) [Acetaminophen: Old drug, new warnings](#) *Cleveland Clinic Journal of Medicine* 77 :19-27. Reviews epidemiology, toxicology, and treatment of acetaminophen overdose.
- McCracken LM, Velleman SC. (2010). [Psychological flexibility in adults with chronic pain](#): A study of acceptance, mindfulness, and values-based action in primary care. *Pain*, 148 :141-147. Despite research limits chronic pain acceptance, mindfulness, and value-based actions correlate with better health in the primary care.

CAM

- [Low-level laser therapy](#) reduces acute and chronic nonspecific neck pain with sustained benefits over time.
- The American Academy of Neurology found treatment with [TENS](#) for chronic back pain is ineffective; while researchers in Sweden found [TENS](#) effective, similar to 100mcg Fentanyl after surgical abortion.
- [Coached slow breathing](#) reduced the intensity and unpleasantness of experimentally induced pain.

Pain Resources on the Web

- Video that provides a 15 minute [introduction to neuropathic pain](#) from patient and provider perspectives.
- Understanding and treating [concurrent pain and addiction](#) problems: a guided lecture on an important topic.
- “[Pitfalls of urine drug monitoring](#) in pain care” delineates important considerations about interpreting UDTs.

Pain-Related Education Opportunities

- Tue Feb 9th 5:30 – 7:30 [Compassion Fatigue](#); Donna White PhD RN Regional ASPMN meeting; Randolph MA
- Fri-Sa Mar 19-20 Emerging Practices in Pain & Chemical Dependency: [Update on Opioid Therapy](#); NY, NY
- Thu-Sat May 6-8th American Pain Society, 29th [Annual Scientific Meeting](#) Baltimore, MD

MGH Pain Calendar

- *Chronic Pain Rounds are held Mondays at 12:00N in the Ether Dome.* Mailing: ttoland@partners.org
- *Palliative Care Grand Rounds held Wednesdays at 8:00am in the Ether Dome.* Mail: nalawless@partners.org
- Fri March 19th and April 16th, [Pain Relief Champion 11th Annual Course](#) at Massachusetts General Hospital

MGH Pain Resources:

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

Previous issues of *Pain Relief Connection*: http://www.massgeneral.org/painrelief/Newsletter/mghpain_connection.htm

Previous Pain Topics articles: http://www.massgeneral.org/painrelief/Pain%20Topics/mghpain_paintopics_index.htm

MGH Pain Resources Page: http://www.massgeneral.org/painrelief/MGH_Pain_Resources.htm

The MGH Center for Translational Pain Research: <http://www.massgeneral.org/painresearch/index.html>

MGH PCS educational offerings http://www.massgeneral.org/PCS/The_Institute_for_Patient_Care/EDU/offerings.asp

Treadwell Library (Magic): <http://magic.mgh.harvard.edu/>

MGH Pain Medicine: http://www.massgeneral.org/anesthesia/index.aspx?page=clinical_services_pain&subpage=pain

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

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