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 State of Washington has put in place tough new regulations that restrict access to opioids
- New federal statistics support that <u>nonmedical use of opioids</u> remains a problem to be addressed with prescribers, patients and the public. Pain-Topics.org nicely lays out the issues with related commentary.
- The FDA will hold a meeting (10/21) to discuss how to determine if <u>newly formulated opioids deter abuse</u>.
- Nearly 3500 sites participated in the <u>DEA sponsored Drug "Take Back" program</u> nation-wide this month.

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.

- Jamison RN, Ross EL, Michna E, et al. (2010) <u>Substance misuse treatment for high-risk chronic pain</u> patients on opioid therapy: A randomized trial, *Pain*, *150*(3):390-400. This study shows the benefits of brief behavioral intervention promoting opioid compliance among chronic back pain patient at high-risk for opioid misuse.
- Bengoechea I, Gutiérrez SG, Vrotsou K, et al. (2010). <u>Opioid use at the end of life & survival</u> in a hospital at home unit. *Journal of Palliative Medicine*, *13* (9): 1079-83. Those with higher opioid doses lived longer.
- Walker LS, Dengler-Crish CM, Rippel S, et al. (2010). <u>Functional abdominal pain in childhood</u> & adolescence increases risk for chronic pain in adulthood. *Pain, 150* (3): 568-572 Functional abdominal pain in youth puts people at twice the risk of chronic pain as an adult. Those whose pain was never resolved were twice as likely to reported one or more sites of chronic non-abdominal pain 15 years later than those whose pain was resolved.
- Herr K. Titler M. Fine P. et al. (2010). Assessing and treating <u>pain in hospices</u>: current state of evidence-based practices. *Journal of Pain & Symptom Management*. 39(5):803-19. Although most patients in hospice have initial screening and assessment of pain, less than a third have a review of the treatment plan, initiation of a bowel regimen, titration when pain remains high, or written pain management plans.
- Olutoye OA, Glover CD, Diefenderfer JW, M, et al. (2010). The effect of <u>intraoperative dexmedetomidine</u> on postoperative analgesia and sedation in pediatric patients undergoing tonsillectomy and adenoidectomy. *Anesth Analg.* 111(2):490-5. Without increasing sedation or time to discharge, DEX cut postop opioid need.
- Beilin Y, Halpern S. (2010). Focused review: <u>ropivacaine versus bupivacaine</u> for epidural labor analgesia. *Anesthesia & Analgesia*, 111(2):482-487. No advantage to using ropivacaine was found in this population.
- Quinn KP, Dong L, Golder FJ, BA, et al. (2010). Neuronal hyperexcitability in the dorsal horn after painful facet joint injury. *Pain [ePub ahead of print]*. The facet joint can be injured without visible tearing & increase neuronal for at least a week. This supports the idea that whiplash injury is caused partly by central sensitization
- Abeare CA, Cohen JL, Axelrod BN, et al. (2010). <u>Pain, executive functioning, and affect</u> in patients with rheumatoid arthritis. *Clin J Pain, 26*:683-9. Unless negative affective states interfere, pain was inversely related to executive functioning, Higher pain levels resulted in poorer performance on executive functioning.

MGH Cares About Pain Relief

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

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

Journal Watch (continued)

- Kelly GA, Blake C, Power CK, et al (2010). The association between <u>chronic low back pain and sleep</u>: a systematic review. *Clin J Pain* [ePub ahead of print]. CLBP was associated with trouble falling asleep, staying asleep, greater sleep disturbance, poor day-time function; and greater sleep dissatisfaction and distress.
- Reco MT, Corli O, Montanari M, et al. (2010). Epidemiology and <u>pattern of care of breakthrough cancer pain</u> in a longitudinal sample of cancer patients: Results from the cancer pain outcome research study group. *Clin J Pain* [ePub ahead of print]. Over a hundred centers recruited 1801 patients, 40% of whom had breakthrough pain (BTP). Most patients with BTP did not receive rescue therapy and had a higher probability of dying.
- Chanques G, Viel E, Constantin JM, et al. (2010). The measurement of <u>pain in intensive care</u> unit: Comparison of 5 self-report intensity scales. *Pain* [ePub ahead of print]. The visually enlarged laminated Numeric Rating Scale 0-10 (NRS), was better than asking the patient the NRS (NRS-V) for pain assessment in the critically ill.
- Bounes V, Barniol C, Minville V, et al. (2010). Predictors of pain relief and adverse events in patients receiving <u>opioids in a prehospital setting</u>. *Am J Emerg Med*. [ePub ahead of print]. Physician-staffed ambulance transportation predicted better pain control, while severe pain scores and acetaminophen predicted poor control
- Slater R, Cornelissen L, Fabrizi L, et al. (2010). <u>Oral sucrose as an analgesic</u> drug for procedural pain in newborn infants: a randomised controlled trial. *Lancet*. [ePub ahead of print]. Oral sucrose does not affect activity in neonatal brain or spinal cord nociceptive circuits, and therefore might not be an effective analgesic. The ability of sucrose to reduce procedural pain behaviors in newborns should not be interpreted as pain relief.

CAM (Complementary and Alternative Medicine)

- <u>Acupuncture</u> is more effective for pain related to osteoarthritis, back pain and elbow pain than other conditions
- Laser phototherapy effectively relieves pain of various etiologies; making it a valuable tool to control pain.
- For neck pain, acupuncture using 5 or 11 needles seems equally effective given the same time of stimulation

Pain Resources on the Web

- A new website by American Pain Foundation PainSafe.org focuses on safety info for patients and professionals
- The FDA has a new collection of <u>medication guides for patient education</u> listed by drug name.

Pain-Related Education Opportunities

- Thu-Sat Oct. 21-23 <u>A Decade of Change</u> annual conference of the Alliance of State Pain Initiatives, Atlanta
- Wed Nov 10 Advancing our Understanding of Safe Use of Acetaminophen conference in Bethesda, MD (free)
- Tue-Wed Nov 16-17 The FDA is holding a conference on <u>Safe Medications Use</u> in Washington, DC
- Tue Nov 30th Pain Management in the Interdisciplinary Practice of Palliative Care Beth Israel, NY, NY

MGH Pain Calendar

• Chronic Pain Rounds occur weekly on Mondays at 12:00N Mail: <u>DKallis@partners.org</u> for details

 Palliative Care Grand Rounds occur weekly on Wednesdays at 8:00am. Mail: <u>nalawless@partners.org</u> MGH Pain Resources:

Pain Relief Intranet Site with Policies and Pain Assessment Tools: <u>http://intrnet.massgeneral.org/pcs/Pain/index.asp</u> 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: <u>MGH Center for Translational Pain Research</u> 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): <u>http://www.crlonline.com/crlsql/servlet/crlonline</u> Partners Handbook: <u>http://is.partners.org/handbook/</u>

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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