

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 White House plan to address concerns about [prescription drug abuse & monitoring pain clinics](#) is available.
- Newly approved [Duexis](#) combines the analgesia of [ibuprofen with stomach protection of famotidine](#) in 1 tablet.
- Oxecta (formerly Acurox), a [tamper resistant form of oxycodone](#) was approved by the FDA for acute and chronic pain after a long approval process. A similar [controlled release version](#) is awaiting word of its approval.
- A new [fast-acting aspirin](#), Bayer Advanced Aspirin (325mg & 500mg), is now available without prescription.
- [Intranasal Ketorolac \(Sprix\) is now available](#) for short term moderate-severe pain after a delay due to GI safety.
- The Institute of Medicine described the [public health problem of chronic pain](#) in a report released on 6/29/11.
- A [recall of Extra Strength Tylenol](#) Caplets, was issued for >60,000 bottles (lot # ABA619) due to a contaminant

Journal Watch All items are accessible via MGH computers/library. MGHers can obtain other articles from through the [Treadwell home page](#); go to 'Order Articles' under the 'Quick Picks' banner on the left.

- Fouladbakhsh JM, Szczesny S, Jenuwine E, et al. (2011). [Nondrug therapies of pain management](#) among rural older adults. *Pain Manag Nurs*, 12 (2):70-81. A 30-minute educational session on safe, effective use of heat, cold and relaxation techniques resulted in older adults experiencing less pain, disability & distress than controls
- Czarnecki ML, Turner HN, Collins PM, et al. (2011). [Procedural pain management: a position statement](#) with clinical practice recommendations. *Pain Manag Nurs*, 12(2):95-111. Healthcare professionals should advocate and intervene to manage of pain, anxiety, and any other procedural discomforts to prevent foreseeable problems
- Given its prevalence, importance and the human rights violations incurred when it goes unrecognized/untreated *Lancet* developed a series on [the state of the science and practice of acute, chronic and cancer pain management](#)
- Murphy GS, Szokol JW, Greenberg SB, et al. (2011). [Preoperative dexamethasone](#) enhances quality of recovery after laparoscopic cholecystectomy: effect on in-hospital and post-discharge recovery outcomes. *Anesthesiology*, 114 :882-90. Preop dose reduces pain, emotional distress, nausea & fatigue the next day.
- Von Baeyer CL, Uman LS, Chambers CT, et al. (2011). Can we screen young children for their ability to provide accurate self-reports of pain? *Pain*. 152 (6):1327-33. The best way to decide which pain assessment tool to use [based on a 3-7 years old's ability to report pain](#) is to try different scales when the child is in pain.
- Hellum C, Johnsen LG, Storheim K, et al. (2011). [Surgery with disc prosthesis versus rehabilitation](#) in patients with low back pain and degenerative disc: two year follow-up of randomised study. *BMJ* May 19;342:d2786. Disc prosthesis patients achieved some improvements in pain and disability, but not much more than controls.
- Shambrook J, McNee P, Clare Harris E, et al. (2011). [Clinical presentation of low back pain](#) and association with risk factors according to findings on magnetic resonance imaging. *Pain*, 152 (7):1659-1665. Failure to link MRI results with physical/psychological factors supports "absence of evidence is not evidence of absence"

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Journal Watch (continued)

- Dawson AP, Schluter PJ, Hodges PW, et al. (2011). Fear of movement, passive coping, manual handling, and severe or radiating pain increase the [likelihood of sick leave due to low back pain](#). *Pain*, 152 (7):1517-24. Sick leave due to low back pain was highly related to the severity and presence of radiating pain, especially in men.
- Van de Meent H, Oerlemans M, Bruggeman A, et al.(2011). [Safety of "pain exposure" physical therapy](#) in patients with complex regional pain syndrome type 1. *Pain*, 152 (6):1431-8. Early Physical Therapy using painful structured progressive “loading” exercises cuts lasting pain, improves strength and stamina with CRPS.
- Delgado-Guay MO, Hui D, Parsons HA, et al. (2011). [Spirituality, religiosity, and spiritual pain](#) in advanced cancer patients. *J Pain Symptom Manage*, 41 (6):986-994. Spiritual pain is common, affecting the physical & emotional discomforts of patients with advanced cancer who considered themselves spiritual and/or religious.
- Gray P, Kirby J, Smith MT, et al. (2011). [Pregabalin in severe burn injury pain: A double-blind, randomised placebo-controlled trial](#). *Pain*, 152 (6):1279-88. In addition to opioids for moderate to severe burn pain, pregabalin reduced the sensation of “hot” and “sharp” pain in people with burns on more than 5% of their body.
- Roth SH, Fuller P (2011). Diclofenac topical solution compared with oral diclofenac: a pooled safety analysis *Journal of Pain Research*, 4 (1):159-167 [Topical & oral diclofenac](#) have similar efficacy and prevalence of side effects. The topical form has significantly fewer serious GI & CV side effects but more skin irritation than pills.
- Toblin RL, Mack KA, Perveen G, et al. (2011). A [population-based survey of chronic pain and its treatment](#) with prescription drugs. *Pain*, 152 (6):1249-55. Chronic pain afflicts 25% of adults and is linked to disability, poor health and obesity. Only about 15% of those with pain take prescription opioids; most get no prescriptions
- Wegener ST, Castillo RC, Haythornthwaite J, et al. (2011). [Psychological distress mediates the effect of pain](#) on function. *Pain*, 152 (6):1349-1357. After serious leg injury both pain & psychological distress contribute to disability during the first year. During the 2nd year anxiety & depression, not pain, contributes to more decline.
- Lauwerier E, Paemeleire K, Van Damme S, et al. (2011) Medication use in patients with migraine & medication overuse headache: The role of problem-solving and attitudes about pain medication. *Pain*, 152 (6):1334-1339. Focusing therapy on [daily migraine medication use contributes to problems and medication-overuse headaches](#).
- Skurtveit S, Furu K, Borchgrevink P, et al. (2011). To what extent does a cohort of new users of weak opioids develop persistent or probable problematic opioid use? *Pain*, 152(7):1555-61. Of 250,000 new exposures to weak opioids, [less than 1% developed a pattern of persistent opioid use or problematic opioid use over 3 years](#).

CAM (Complementary and Alternative Medicine)

- A “wand” used to locate & [release internal trigger points](#) linked to chronic pelvic pain may be safe & effective.
- [Ear acupuncture during surgery](#) reduces subsequent pain and need for opioids after hip replacement surgery.
- Methods of [CAM treatments for fibromyalgia](#) see National Center for Complementary & Alternative Medicine.
- Even a brief use of [meditative techniques](#) changes brains in a way that significantly reduces sensitivity to pain.
- Tests show [high intensity focused ultrasound](#) may be effective in alleviating inoperable pancreatic cancer pain.
- [Repeated transcranial magnetic stimulation](#) helps reduce pain, disability and improve sleep in fibromyalgia

Pain-Related Education Opportunities

- Wed-Sat Sept 7-10 [American Society for Pain Management Nursing](#) Annual Conference in Tucson, Arizona
- Wed. Sept 21st Mass Pain Initiative info@masspaininitiative.org Judy Paice featured in day-long event
- Tue – Fri Sept 20-23, 2011 AAPM conference focus on [integrative therapies for pain management](#) Las Vegas

MGH Pain Calendar`

- *Chronic Pain Rounds occur weekly on Mondays at 12:00N* Mail: ttoland@partners.org for details
- *Palliative Care Grand Rounds occur weekly on Wednesdays at 8:00am.* Mail: nalawless@partners.org
- Wed July 13 5:00pm – noon. [Sensible prescribing of opioids](#). meets Mass Regulations for APRN opioid training.
- Advanced concepts in pain assessment and management 8:00am – 4:00pm. Mon. September 26th email [for info](#)

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Key Points of IOM Report: [Relieving Pain in America](#): A Blueprint for Transforming Prevention, Treatment, and Research

The Institute of Medicine (IOM) is an independent, non-profit arm of the National Academy of Sciences, who was mandated by the “Affordable Care Act” of 2010 generate a report to congress and the Department of Health and Human Services about the “state of the science” in pain research, care and education.

WHAT KEY FACTS ARE DELINEATED?

- At least 116 million American adults live with chronic pain
- Tens of millions of others in the US have severe acute pain each year
- Chronic pain affects more people than heart disease, diabetes and cancer combined, and yet only a fraction of the federal budget is spent on understanding its cause or how to treat it.
- Pain costs the U.S. \$560 - 635 billion per year on medical treatment and lost productivity
- Less than 4% of medical schools (5 of 133) have required courses on pain
- With fewer than 4,000 pain specialists in the U.S.; care is shifted to those not specifically educated about pain
- Despite the common nature of chronic pain, it is commonly under-diagnosed and undertreated
- Pain affects individuals differently, thus a one-size-fits-all approach won't work
- Media and political attention focuses more on the less common problem of painkiller abuse
- Two national institutes are devoted to research on addiction: but none exists for the more common chronic pain.
- Legal and regulatory barriers exist that prevent pain patients from getting much-needed treatment.
- Substantial research shows that chronic pain is a nervous system disease that can be triggered by undertreated pain. Yet delayed, inaccessible, or inadequate treatment of pain is common.
- Specific populations are at risk for poor treatment (e.g. minorities, poor, women, children, elderly)
- The doubling of opioid prescriptions to 5.6% of the population since 1988, is not out of line with the rise in pain prevalence. “Ironically, while many people with pain have difficulty obtaining opioid medications, nonmedical users appear to obtain them far too easily,”
- Many patients use their prescription drugs properly, but are stigmatized or denied access because of the misdeeds or carelessness of others.

WHAT IMPLICATIONS ARE THERE?

- Chronic pain as a public health problem in America that is largely ignored
- Patients, care providers & our society need to overcome misperceptions / biases about pain.
- We have effective tools and services to tackle the many factors that influence pain and we need to apply them expeditiously through an integrated approach tailored to each patient."

WHAT ARE THE RECOMMENDATIONS?

- More pain-related research, and more training in pain for healthcare professionals is needed
- Professional licensing and certification exams should include assessment of pain-related knowledge
- Expanded insurance coverage of pain care that permits individualized therapy is needed
- A better understanding of pain is needed by government agencies, healthcare providers, professional groups, educators and payers to remove barriers to timely, effective treatment
- A cultural transformation similar to that seen over the last 50 years toward smoking is needed
- The National Institutes of Health, Department of Health and Human Services and other federal agencies need to develop programs and initiatives to improve our understanding and treatment of pain by the end of 2012.

MGH Cares About Pain Relief website redesign

- Please bear with us while we rebuild and update the website. [Suggestions](#) about content / redesign are welcome.

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