

PATIENT CARE SERVICES

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MGH CARES ABOUT PAIN RELIEF



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# 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
CAM	Page 2

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

## In the News

- SAMHSA released its National Survey on Drug Use & Health, indicating <u>4.5 million use prescription pain relievers without medical supervision</u>
- Butrans 1/week Patch (Buprenorphine) will come in a new 7.5mcg/hour strength to help titration as existing doses are in multiples of 5mcg/hr.
- IASP details desirable characteristics of a National Pain Strategy as the United States draft plan is forwarded to the DHHS for 2015 enactment
- IASP launched its Global Year Against Neuropathic Pain campaign with a series of fact sheets and other resources on Monday, October 20th.
- Relistor (subcutaneous methylnatrexone) gains FDA approved for opioid-induced constipation for chronic pain patients with or without cancer.
- <u>Prescription opioid deaths are falling</u> slightly after leveling off, but the CDC is concerned that <u>rising heroin overdose death rates</u> have doubled.
- Embeda is the 3<sup>rd</sup> opioid with an <u>FDA approved "abuse deterrent" label</u> because when crushed; naltrexone blocks morphine-induced euphoria.
- Antibiotics, not acetaminophen, are now a leading cause of <u>drug-induced liver injury</u>. Diclofenac is the only analgesic in the top 10 offenders.

## Journal Watch [MGHers can obtain articles through the <u>Treadwell home page</u>]

- Phillips JR, Hopwood B, Arthur C, et al. The natural history of pain and neuropathic pain after knee replacement: a prospective cohort study of the point prevalence of pain and neuropathic pain to a minimum three-year follow-up. *Bone Joint J.* 2014 Sep;96-B(9):1227-33. The incidence of <u>neuropathic pain after knee surgery</u> peaks 6 weeks in 30% of patients; then slowly lowers to 20% a few years later.
- Kennedy J, Roll JM, Schraudner T, et al. <u>Prevalence of persistent pain in the U.S. adult population</u>: new data from the 2010 national health interview survey. *J Pain*. 2014 Oct;15(10):979-84. An estimated 39.4 million adult Americans reported persistent pain in a recent survey with 67% indicating their pain is "constantly present," and 50.5% say their pain is sometimes "unbearable and excruciating."
- Kissin I. Scientometric assessment of drugs for chronic pain 1979 2013 rapid growth of publications paucity of successful drugs. J Pain Res 2014:7 505–514. Despite rapid growth in the number of publications from <500 in 1979 to >4,200 in 2013, no drug has replaced Morphine for chronic pain as the most studied drug, with the highest index of ultimate success being scored positively only with triptans.
- Grone E, Uceyler N, Abahji T, et al. Reduced intraepidermal nerve fiber density in patients with chronic ischemic pain in peripheral arterial disease. *Pain.* 2014 Sep;155(9):1784-92. Chronic ischemic limb pain is a form of neuropathy causing nerve hypersensitivity.
- Harrer JU, Uceyler N, Doppler K, et al. Neuropathic pain in two-generation twins carrying the sodium channel Na1.7 functional variant R1150W. Pain. 2014 Oct;155(10):2199-203. A family was identified with a <u>genetic neuropathic pain</u> related to abnormal sodium channels

### MGH Cares About Pain Relief Massachusetts General Hospital

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

- Masclee GM, Valkhoff VE, Coloma PM, et al. <u>Risk of upper gastrointestinal bleeding</u> from different drug combinations .*Gastroenterology*. 2014 Oct;147(4):784-792.e9. Monotherapy with prescription NSAIDs or steroids increases the risk of GI bleed by 4.3 times over no drug. Combining NSAIDs, with SSRIs nearly double that risk of monotherapy, and giving NSAIDs with steroids has a 12-fold rise in bleeding risk
- Cohen SP, Hayek S, Semenov Y, et al. Epidural steroid injections, conservative treatment, or <u>combination treatment for cervical radicular</u> pain: A multicenter, randomized, comparative-effectiveness study. *Anesthesiology*. 2014;121:1045-55. No superior single treatment was found to cut arm pain, but combination therapy was better than mono-therapy using medications, physical therapy or epidural steroids.
- Vehof J, Zavos HM, Lachance G, et al. Shared <u>genetic factors underlie chronic pain</u> syndromes. *Pain.* 2014 Aug;155(8):1562-8.
   Inheritable traits were found in 2/3 of twins with chronic widespread musculoskeletal pain , chronic pelvic pain, & irritable bowel syndrome.
- Kim HJ, Malone PS, Barsevick AM. Subgroups of Cancer Patients With Unique Pain and Fatigue Experiences During Chemotherapy. *J* Pain Symptom Manage. 2014. Oct;48(4):558-68. <u>Assessing both cancer pain & fatigue</u> done periodically helps identify treatable patterns.

### CAM (Complementary and Alternative Medicine)

- NCCAM website is updated & easy to use for patients or professionals to link treatments with diseases; including yoga for back & joint pain.
- The PAINS project released a new brief on the importance of using nondrug methods to relieve pain whenever opioid medications are used.
- Functional MRI has shown how music activates natural relief mechanisms in pain-relieving centers of the brain, brain stem, & spinal cord.
- Pain and quality of life improved with water-based spa treatments for people with fibromyalgia. Mood & tender point counts didn't improve.
- A growing body of research supports the safe, effective, economical use of acupuncture for treating osteoarthritis, especially of the knee.

## Pain Resources on the Web:

- Free on-line modules balancing concerns for pain relief without addiction. Many offer free CE/CME credits.
- Sign up directly to receive the latest information from the NIH Pain Consortium, check their website, or follow them on twitter.
- Videos describe the difference between <u>nociceptive and neuropathic pain</u> & how to assess <u>peripheral neuropathic pain</u>.
- Patient Education handout addressing how <u>alcohol interferes with long-acting opioids</u>, by medication release system.

# Pain-Related Education Opportunities

- Tue, Nov 11<sup>th</sup> a webinar 1 2pm will review the latest guidelines on safe use of methadone to avoid the risks of overdose & arrhythmias.
- Fri, Nov 14<sup>th</sup> (Boston, MA) and Sat. Nov 15<sup>th</sup> (Burlington, VT) <u>The Scope of Pain</u> presented by Boston University Medical School
- Thu Nov 13th Sun Nov 16th American Society of Regional Anesthesia 13th Annual Pain Management meeting in San Francisco, CA

# MGH Pain Calendar

- Pain and Its Management at MGH (Level I) Fri, Nov 7th. Founders House 325 8am 9am. No registration required. email for info
- Tools and Techniques for Effective Pain Management (Level II) Wed, Jan 14th 2015 Founders House 325 @ 1-5pm Sign-up.
- Palliative Care Grand Rounds are Wednesday morning from 8:00 AM 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 <u>http://handbook.pathers.org/pages/168</u> 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: <u>http://www.mghpcs.org/eed\_portal/EED\_pain.asp</u> *The MGH Center for Translational Pain Research:* <u>http://www.massgeneral.org/painresearch</u> *MGH Pain Medicine:* <u>http://www.massgeneral.org/anesthesia/index.aspx?page=clinical\_services\_pain&subpage=pain</u> MGH Palliative Care: <u>http://www.massgeneral.org/palliativecare</u> *MGH Formulary (includes patient teaching handouts in 16 languages):* <u>http://www.crlonline.com/crlsql/servlet/crlonline</u> *Intranet site for MGH use to locate pain assessment tools and policies:* <u>http://intranet.massgeneral.org/pcs/Pain/index.asp</u>

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