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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

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In the News

- Thoughtful op-ed on importance of professional / consumer education & <u>need for smart public policy</u> including abuse-deterrent opioids.
- A National group developed a <u>consensus document on prescribing & dispensing opioids</u> to verify the legitimate medical need for drugs.
- <u>Senators hold the FDA accountable</u> for approving a Hydrocodone-only product that is not abuse deterrent and/or tamper-resistant.
- FDA advisors did not see enough evidence for <u>cardiac safety of naproxen</u> to change the label indicating it is safer than other NSAIDs.
- <u>Topical diclofenac</u> sodium 2% solution now comes in a user-friendly metered dose pump bottle for osteoarthritis induced knee pain
- The DEA released their proposed rule to <u>tighten regulations for Hydrocodone</u>, making it a Schedule II drug after a brief comment period.
- Horrendous consequences for patients and families result when access to cheap, effective analgesia is hampered by over-regulation,
- Children whose mothers used acetaminophen during pregnancy were at higher risk for developing behavioral problems by 7 years old.

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

- Fisher J, Urquhart R, Johnston G. Use of <u>opioid analgesics among older persons with colorectal cancer</u> in two health districts with palliative care programs. *J Pain Symptom Manage*. 2013;46:20-9. About 1/3 of patients are prescribed any opioid 6 months before death. Those with palliative or long-term care were twice as likely to receive opioids; but more men, older age & newly diagnosed were untreated.
- Brandlistuen RE, Ystrom E, Nulman I,et al. Prenatal paracetamol exposure and child neurodevelopment: a sibling-controlled cohort study
 Int J Epidemiol. 2013 Dec;42(6):1702-13. Children exposed to long-term use of <u>acetaminophen during pregnancy had substantial adverse</u>
 <u>developmental outcomes at 3 years</u> of age including poorer gross motor skills despite higher activity levels. The duration of use matters.
- Paul JE, Buckley N, McLean RF, et al. Hamilton <u>acute pain service safety study</u>: using root cause analysis to reduce the incidence of adverse events. *Anesthesiology. 2014*;120:97-109. Rates of hypoventilation, hypotension & pump errors were cut, but more had bad pain.
- Faiz HR, Rahimzadeh P, Visnjevac O, et al., <u>Intravenous acetaminophen is superior to ketamine</u> for postoperative pain after abdominal hysterectomy: results of a prospective, randomized, double-blind, multicenter clinical trial. *Jo Pain Res*, Jan 2014 (7): 65–70. Pain after a hysterectomy was better controlled among patients who received perioperative acetaminophen than those who received ketamine.
- Baranowski AP, Lee J, Price C, et al. Pelvic pain: a pathway for care developed for both men and women by the British Pain Society.
 Br J Anaesth. 2014 Mar;112(3):452-9. Patients with pelvic pain have multiple issues that cross many professional boundaries & are best managed by the coordinated involvement of interdisciplinary teams to address physical pain, emotional distress & functional disabilities.

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

- Perniola A, Fant F, Magnuson A, et al. Postoperative pain after abdominal hysterectomy: a randomized, double-blind, controlled trial comparing continuous infusion vs. patient-controlled intraperitoneal injection of local anaesthetic. *Br J Anaesth.* 2014 Feb;112(2):328-36 A significant opioid-sparing effect of intraperitoneal patient-controlled analgesia provided a faster return of GI function & shorter stays.
- Drummond GB, Bates A, Mann J, et al. Characterization of breathing patterns during patient-controlled opioid analgesia. *Br J Anaesth.* 2013;111:971-8. Using different measures, extremely common abnormal breathing patterns are seen with PCA opioids after surgery.
- Acosta C, Djouhri L, Watkins R, et al. TREK2 expressed selectively in IB4-binding C-Fiber nociceptors hyperpolarizes their membrane potentials and limits spontaneous pain. *J Neurosci.* 2014 Jan 22;34(4):1494-509. A <u>natural brake to limit spontaneous pain</u> was found.
- Emerson NM, Zeidan F, Lobanov OV, et al. <u>Pain sensitivity is inversely related to regional grey matter</u> density in the brain. *Pain. 2014* Mar;155(3):566-73. People with chronic neuropathic pain have less grey matter volume that may represent a loss of inhibitory neurons.
- Mancini F, Nash T, Iannetti GD, et al. <u>Pain relief by touch</u>: a quantitative approach. *Pain. 2014* Mar;155(3):635-42. Touch cut awareness of laser-evoked pain when touch was provided at the time and in the area of noxious stimuli while visual & auditory stimuli were subdued.
- Singla NK, Desjardins PJ, Chang PD. A comparison of the clinical and experimental characteristics of four acute surgical pain models:
 Dental extraction, bunionectomy, joint replacement, and soft tissue surgery. Pain. 2014 Mar;155(3):441-456. Acute pain treatments are derived from research done on one of 4 model that are fraught with methodological limits given patient, professional & setting variability.

CAM (Complementary and Alternative Medicine)

- A thorough review of Mindfulness Meditation programs show it has a moderate effect on pain & other health concerns with lasting benefits.
- <u>Vitamin D supplements</u> for 25 weeks was shown to cut fibromyalgia pain and morning fatigue in women with low vitamin D concentrations.

Pain Resources on the Web:

- Sub-optimal pain relief has been linked to ICU deaths. Evidence-based approaches to <u>assessing pain in critical care units</u> are available.
- The American Society for Pain Management Nursing recently posted a Position Statement on <u>Pain Management at the End of Life</u>.
- Informative videos on safe and effective use of NSAIDs for patients and an adjuvant drug adverse effects clip for professionals is posted.
- PAINS resources by an alliance of leaders working in professional societies, policy groups, people with pain, payers & the private sector.

Pain-Related Education Opportunities

- Thu- Sun. Mar 6-9, 2014 American Academy of Pain Medicine 30th Annual Meeting Phoenix has many skills sessions for pain treatment
- Wed-Sat April 30-May 3, 2014 Early Bird registration until March 24th for the <u>American Pain Society</u> 33rd Annual Scientific Meeting Tampa,

MGH Pain Calendar

- Pain and Its Management at MGH (Level I) Fri, March 7, 2014 Founders House 325 8am 9am No registration required email for info
- Tools and Techniques for Effective Pain Management (Level II) Wed, March 19, 2014 Haber Auditorium 11am 3pm email for info
- Palliative Care Grand Rounds on Wednesdays at 8:00am and Chronic Pain Rounds Mondays at noon are held in the MGH 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