

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

- The CDC wants public health agencies to [teach the administration of Narcan by laypersons](#) to prevent opioid overdose deaths.
- The American Geriatrics Society published a [2012 Beers Criteria listing of drugs inappropriate to give older adults](#)
- Colorado medical community tries to [slow painkiller misuse without hurting people](#) with pain in a balanced way using existing tools.
- Florida [supply of analgesics is cut off by DEA](#) whose focus of the war on drugs turns to distributors, patients and prescribers.
- Concerns have been raised about ["Look-Alike" drug errors with Exparel](#) (bupivacaine liposome injectable suspension) and Propofol
- [New morphine liquid, generic morphine CR](#) formulations are available & a [combination of morphine & oxycodone](#) is in development

Journal Watch

All items are accessible via MGH computers/library. MGHers can obtain other articles from through the [Treadwell home page](#)

- Dasgupta B, Cimmino MA, Kremers HM, et al. (2012). Provisional [Classification Criteria for Polymyalgia Rheumatica, Arthritis & Rheumatism](#), 64 (4):943–954. Preliminary classification criteria makes it easier to diagnose and treat this common, painful condition.
- Michelet D, Andreu-Gallien J, Bensalah T, Hilly J, et al. (2012). A Meta-Analysis of the Use of Nonsteroidal Antiinflammatory Drugs for [Pediatric Postoperative Pain](#). *Anesth Analg*, 114 (2):393-394. Perioperative NSAID administration reduces opioid consumption without sacrificing pain relief while reducing postoperative nausea and vomiting in children for the first 24 hours after surgery.
- Martini C, Yassen A, Olofsen E, et al. (2012). Pharmacodynamic analysis of the analgesic effect of capsaicin 8% patch (Qutenza) in diabetic neuropathic pain patients: detection of distinct response groups. *Journal of Pain Research*, 5 :51–59. Responses to Qutenza [treatment for diabetic neuropathy](#) vary, with a third getting good relief for at least 3 months, a third shorter relief, and rest limited effect.
- The American Geriatrics Society 2012 Beers Criteria Update Expert Panel (2012) American Geriatrics Society Updated Beers Criteria for [Potentially Inappropriate Medication Use in Older Adults](#). Cites the need to avoid using meperidine, pentazocine, and non-selective NSAIDs; particularly the long-acting variety in older adults. See Page 2 of this Newsletter.
- Hooten WM, Qu W, Townsend CO, et al. (2012). Effects of strength vs aerobic exercise on pain severity in adults with fibromyalgia: A randomized equivalence trial. *Pain*, 153(4):915-923. [Strength or aerobic exercises significantly benefit fibromyalgia](#) patients equally.
- Bennett MI, Rayment C, Hjermstad M, et al. (2012). Prevalence and aetiology of neuropathic pain in cancer patients: a systematic review. *Pain*, 153(2):359-65 [Between 20-40% of cancer patients have neuropathic pain](#); with a large amount of those treatment-related.

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

Beers Criteria Related to Pain Medications

The American Geriatrics Society 2012 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults.

http://www.americangeriatrics.org/files/documents/beers/2012BeersCriteria_JAGS.pdf

Drug Category	Rationale	Recommendation	Quality of Evidence	Strength of Recommendation
Meperidine	Oral form often used ineffective. May cause neurotoxicity. Safer options available	Avoid	High	Strong
Oral NSAIDs (non-selective) <ul style="list-style-type: none"> ○ Aspirin (>325mg/d) ○ Diclofenac ○ Difunisal ○ Etodolac ○ Fenoprofen ○ Ibuprofen ○ Ketoprofen ○ Meclofenamate ○ Mefenamic acid ○ Meloxicam ○ Nabumetone ○ Naproxen ○ Oxaprozin ○ Piroxicam ○ Sulindac ○ Tolmetin 	Increases risk of GI bleeding / peptic ulcer in high risk groups including: <ul style="list-style-type: none"> - > 75 years old - Corticosteroids - Anticoagulants - Antiplatelet agents Use of proton pump inhibitor reduces but doesn't eliminate risk. Risk of ulcers complicated by bleed or perforation in first year is 2-4%, and increases thereafter.	Avoid chronic use unless other alternatives are not effective and patient can take a gastroprotective agent (proton pump inhibitor or misoprostol) Avoid all NSAIDs & Cox-2 inhibitor with heart failure and advance renal disease.	Moderate	Strong
Indomethacin Ketorolac	Indomethacin has the most side effects of any NSAID. Risks as above with more bleed/ulcer problems with these 2 agents.	Avoid	Moderate Ketorolac High	Strong
Pentazocine	Opioid analgesic with more CNS side effects (confusion, hallucinations) than other opioids. As a mixed opioid (agonist/antagonist) creates problems in opioid tolerant patients. Safer options available.	Avoid	Moderate	Strong

Also avoid in older adults Diphenhydramine, Hydroxyzine, Tertiary TCAs (e.g. amitriptyline), Benzodiazepines, Metoclopramide, Skeletal muscle relaxants, sometimes used for pain.

Avoid Tramadol in patients with seizures.

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

- Smith HS. (2011). The metabolism of opioid agents and the [clinical impact of their active metabolites](#). *Clin J Pain*, 27:824-838. Excellent reference detailing the active metabolites of opioids. Need to know for safety, efficacy and tailoring analgesic regimens to individual need
- Oki G, Wada T, Iba K, (2012). Metallothionein deficiency in the injured peripheral nerves of complex regional pain syndrome as revealed by proteomics. *Pain*, 153 :532–539. People with [complex regional pain syndrome lack a key protein in affected nerves](#) that serves as a free radical scavenger and mediatory of inflammation. This peptide can be target to develop future diagnostic tests and treatments.
- Cummings KC^{III}, Xu F, Cummings LC, et al. (2012). A Comparison of Epidural Analgesia and Traditional Pain Management Effects on Survival and Cancer Recurrence after Colectomy: A Population-based Study. *Anesthesiology.*, 116 (4):797-806. In a large cohort of patients with nonmetastatic colorectal cancer, 5-year [survival rate is better when epidurals are used](#) during colorectal cancer resection.

Pain Resources on the Web

- In March, the American Pain Foundation Target program focused on the common problem of [back and neck pain](#) with info, tools & tips
- [Peer-to-Peer \(P2P\) Teaching](#) Rounds on a postop chronic pain patient with a moderate risk for addiction disorder
- New clinical practice guideline on [Managing Chronic Pain in Adults With or in Recovery From Substance Use Disorders](#)
- A new [Patient Resource Guide- Reducing Your Pain](#) with a [companion interactive guide](#) is now available in hard copy and e-version.
- ISMP warns of ["ketofol" mix-ups](#) and errors when keatamine and propofol are combined for procedural sedation

CAM (Complementary and Alternative Medicine)

- Learn different [yoga movements that help people with pain](#) can be done simply [from a chair](#) without complex moves required.
- [Massage is better than pain relievers](#) that can be bought without a prescription to reduce exercise-induced pain and promote healing.

Pain-Related Education Opportunities

- Wed, April 4, Drs Morgan & White speak on "[Managing Pain in the Chemically Addicted Patient](#)", in Marlboro, MA. ([Mass PI](#) program)
- Thurs April 5 Distinguished lecturers address "[PAIN: A GLOBAL PUBLIC HEALTH ISSUE](#)" 1-4pm Tufts Medical Center, Boston
- Wed-Thu May 30-31 the FDA is hosting a 2 day conference on [Assessment of Analgesic Treatment of Chronic Pain](#) Register to speak
- Sun – Tue June 10-12 the [first International Conference on Opioids](#) from the basic science to clinical applications and the law. in Boston

MGH Pain Calendar

- *Chronic Pain Rounds occur weekly on Mondays at 12:00N* Mail: email [Tina Toland](#) for details
- *Palliative Care Grand Rounds occur weekly on Wednesdays at 8:00am.* email: [Margaret Spinale](#)
- Need-to-know Basics of Pain Management: Friday April 6th Founders 325 at 8-9am email [for info](#)
- Beyond the Basics of Assessing and Managing Pain Monday April 23rd Founders 325 at 7-11am email [for info](#)

MGH Pain Resources

The Patient Education Television: Dial 4-5212 from patient's phone then order: #279 for Chronic Pain; #280 for Cancer Pain; #281 for Communicating Pain; #282 for Prescription and Non-prescription Pain Medications; @3283 for Postoperative Pain 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>

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