

# 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*

- A [novel sublingual fentanyl spray, launched](#) March 26<sup>th</sup> for cancer patients with breakthrough cancer pain. Has a medication guide REMS.
- FDA & IOM point to the need for more [innovative pain medicines](#) to be developed, including Abuse-Resistant and Nonopioid analgesics.
- The 2012 Massachusetts [Chronic Pain Treatment Guideline for injured workers](#) now recommends opioid dose limits & specific monitoring

## *Journal Watch*

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

- Cepeda MS, Sutton A, Weinstein R, et al. (2012). Effect of Tapentadol extended release on productivity: results from an analysis combining evidence from multiple sources. *Clin J Pain*, 28: 8-13. Nucynta ER, a well tolerated [alternative to OxyContin](#) for moderate pain
- Sanders KW, Von Korff M, Campbell CI, et al. (2012). Concurrent Use of Alcohol and Sedatives Among Persons Prescribed Chronic Opioid Therapy: Prevalence and Risk Factors. *J Pain*, 13 (3):266-275. Combining [opioids, alcohol and sedatives: a dangerous mix](#) is common. A third of patients are at risk based on concurrent prescriptions, while over 10% have more than 2 drinks after taking opioids.
- Webster LR, Fine PG. (2012) Overdose Deaths Demand a [New Paradigm for Opioid Rotation](#). *Pain Med*. 2012; 13: 571–574. Leading clinicians recommend a new approach to opioid rotation for chronic non-cancer pain that doesn't require equianalgesia conversions.
- Akuma AO, Jordan S. (2012) [Pain management in neonates](#): a survey of nurses and doctors. *J Adv Nurs*, 68 (6):1288-1301 Professionals are knowledgeable about neonatal pain, but lack specific skills and < 3% use specific tools or techniques to assess and manage pain.
- Jones L, Othman M, Dowswell T, et al. (2012) [Pain management for women in labour](#): an overview of systematic reviews. *Cochrane Database Syst Rev*. 2012 Mar 14;3:CD009234. Despite more itching, combined-spinal epidurals relieve pain more quickly and have a lower side effect burden than low dose epidurals (e.g. hypotension, motor block) or inhaled (e.g. nausea, vomiting, dizziness) analgesia.
- Compton P, Canamar CP, Hillhouse M, et al. (2012). Hyperalgesia in heroin dependent patients and the effects of opioid substitution therapy. *J Pain*, 13 (4):401-409. Verifies [heroin dependency increases sensitivity to pain](#) that does not improve with treatment.
- Gierthmühlen J, Maier C, Baron R, et al. (2012) [Sensory signs in complex regional pain syndrome](#) (CRPS) & peripheral nerve injury (PNI). *Pain*, 153 (4):765-774. Most patients with CRPS or peripheral nerve injury exhibited a combination of sensory loss and gain. There is more sensory loss in CRPS & less in PNI than anticipated; questioning the pathology being treated in these similar but distinct disorders

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

- Hochberg MC, Altman RD, Toupin April K, et al. American [College of Rheumatology 2012 recommendations](#) for the use of non-pharmacologic and pharmacologic therapies in osteoarthritis of the hand, hip, and knee. *Arthritis Care Res* 2012 Apr; 64 (4): 465-474. Balanced new guidelines that delineate "strong" from "conditional" recommendations for those with arthritis based on joints involved.
- Bauer M, Wang L, Onibonoje OK, et al. (2012). Continuous Femoral Nerve Blocks: Decreasing Local Anesthetic Concentration to Minimize Quadriceps Femoris Weakness. *Anesthesiology*, 116(3):665-72. [Lowering local anesthetic concentration doesn't cut fall risk](#)
- Fisch MJ, Lee J-W, Weiss M, et al. Prospective, Observational Study of [Pain and Analgesic Prescribing in Medical Oncology](#) Outpatients With Breast, Colorectal, Lung, or Prostate Cancer. *J Clin Oncol*. Epub ahead of print. Most patients with these cancer types have pain, 1/3 are undertreated, with 20% of severe pain patients receiving no analgesics. Minorities are twice as likely to have unresolved pain.

## **Pain Resources on the Web**

- New National Comprehensive Cancer Network [NCCN Guidelines for managing Adult Cancer Pain](#). (under supportive care with free login)
- There has never been a greater need for strong voices to influence policy. Learn the [tools and techniques of advocacy](#).
- Help support [chronic back pain patients resume sex](#) by getting their mind, body and communication patterns positioned for success.
- WHO guidelines to help [children with chronic pain](#) include books on [assessment, management](#) and [pharmacological treatment](#) of pain.
- The Clinical Advisor has a series focusing on a [variety of pain management](#) topics, including specific types of pain and therapies

## **CAM (Complementary and Alternative Medicine)**

- Chiropractic care or a home exercise program are [better than medication for neck pain](#) for up to a year of treatment.
- Consistently, [yoga reduces pain and pain-related disability](#) for back pain, headache, rheumatoid arthritis and other conditions.
- [Teen mentors help other teens with chronic pain](#) by providing motivation, modeling and reinforcement using a peer-mentorship program

## **Pain-Related Education Opportunities**

- 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. Boston MA
- Sat – Mon Sept 8-10 Acute Pain Management symposia [www.cme.hms.harvard.edu/courses/acutepain](http://www.cme.hms.harvard.edu/courses/acutepain) Boston MA. [email for info](#).

## **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](#)
- Fri. May 11<sup>th</sup> *Need-to-know Basics of Pain Management: Founders 325 at 8-9am* email [for info](#)
- Wed. Aug 1<sup>st</sup> *Beyond the Basics of Pain Management 7:00 – 11:00 am Founders 325* 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](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](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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To be added to or removed from the Pain Relief Connection mailing list, send an email to [PainRelief@partners.org](mailto:PainRelief@partners.org)