

# 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

- [Massachusetts Medical Society issues guidelines](#) for initiating and maintaining opioid therapy for more than 60 and 90 days for chronic pain.
- [Massachusetts Governor released an opioid plan](#) that focuses on [more addiction treatment](#), not limiting access to needed pain medicines.
- [AMA solutions to minimize overdoses](#) include better prescriber education, electronic monitoring & multidisciplinary pain management.
- [Tramadol related adverse effects](#) and reports of abuse are rising, especially for interactions with benzodiazepines, other opioids &/or alcohol.
- Diarrhea-predominant Irritable Bowel Syndrome has 2 new treatments for pain & GI symptoms; [Viberzi and Xifaxan approved by the FDA](#).
- A recent CDC report [links IV injection of oxymorphone](#) to an outbreak of HIV, with 80% of new HIV infections link to IV drug use.
- Democrats call the same FDA "[black-box warning](#)" for Immediate-release opioids as those currently used for long-acting opioids.

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

- Fukudo S, Kaneko H, Akiho H, et al. Evidence-Based Clinical Practice [Guidelines for Irritable Bowel Syndrome](#). *J Gastroenterol*. 2015 Jan;50(1):11-30. Biopsychosocial approach to assessing and diagnosing IBS, and a stepped approach to treatment is described.
- Zernikow B, Wager J, Brehmer H, et al. [Invasive Treatments for Complex Regional Pain Syndrome in Children and Adolescents: A Scoping Review](#). *Anesthesiology*. 2015 Mar;122(3):699-707. Weak support for aggressive (e.g. blocks, surgery) therapy in young CRPS patients.
- Cronin J, Arnstein P, Flanagan J. Family members' perceptions of most helpful interventions during end-of-life care. *J Hospice Pall Nurs*. 2015 May/June :17(3) 223-8. A peaceful, calm environment & therapeutic presence [support family members at the end of life](#).
- De Vos CC, Meier K, Zaalberg PB, et al. [Spinal cord stimulation in patients with painful diabetic neuropathy](#): a multicentre randomised clinical trial. *Pain*. 2014 Nov;155(11):2426-31. Although immediate effects were limited, by 6 months, Spinal cord stimulation significantly reduced pain, improved health and quality of life for those with painful diabetic neuropathy not responsive to medical management.
- Schreiber KL, Campbell C, Martel MO, Greenbaum S, et al. Distraction Analgesia in Chronic Pain Patients: The Impact of Catastrophizing. *Anesthesiology*. 2014 Dec;121(6):1292-301. Catastrophizing amplifies pain. [Distracting attention from pain](#) effectively opposes this effect.
- Pickering G, Moustafa F, Macian N, et al. A New [Transmucous-Buccal Formulation of Acetaminophen](#) for Acute Traumatic Pain: A Non-inferiority, Randomized, Double-Blind, Clinical Trial. *Pain Physician*. 2015 May-Jun;18(3):249-57. Transmucosal –buccal acetaminophen is similarly effective with many benefits over IV route acetaminophen. It may be used for NPO patients with less risk of side effects or toxicity.

MGH Cares About Pain Relief  
Massachusetts General Hospital

[PainRelief@partners.org](mailto:PainRelief@partners.org) ● <http://www.mghpcs.org/painrelief>

To be added to or removed from the Pain Relief Connection mailing list, send an email to [pmarnstein@partners.org](mailto:pmarnstein@partners.org)

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

- Salomons TV, Moayed M, Erpelding N, et al. A brief cognitive-behavioural intervention for pain reduces secondary hyperalgesia *Pain*. 2014 Aug;155(8):1446-52. A [5-minute intervention can help](#) reduce the amplification, spread and prolongation (possibly Chronification) of pain.
- Scarpignato C, Lanas A, Blandizzi C, et al.. [Safe prescribing of non-steroidal anti-inflammatory drugs](#) in patients with osteoarthritis--an expert consensus addressing benefits as well as gastrointestinal and cardiovascular risks. *BMC Med*. 2015 Mar 19;13:55. For patients with both low GI and CV risks, any non-selective NSAID (ns-NSAID) alone may be acceptable. With low GI & high CV risk, naproxen is preferred. With high GI risk, low CV risk a celecoxib is best. One-third of NSAID deaths are attributed to low-dose aspirin, which should not be given with NSAIDs.

## **Pain Resources on the Web:**

- Find out about [irritable bowel syndrome](#) (IBS) how it's diagnosed and best treated. Alosetron & lubiprostone may help women with severe IBS.
- [US Pain Foundation](#) connects, informs, educates and empowers those living with pain while advocating on behalf of the entire pain community.
- The urgent need for better assessment and management of [pain in the critical care environment](#) is an AACN evidence-based priority.
- A poster, [NIH infographic on Migraine Headaches](#) which can be printed as a poster, or used on-line to follow links to additional information.
- ASAM (addictionologists) released a national practice guideline for the use of medications in the [Treatment of Addiction Involving Opioid Use](#)

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

- Although well tolerated, [transcranial direct current stimulation](#) helps headache, but not chronic low back pain.
- Women with [fibromyalgia](#) may benefit from [hyperbaric oxygen therapy that improves pain & quality of life](#).
- Patients taking [herbal products](#) for pain should look for the USP seal on their label to verify the ingredients are present.
- Two-year follow-up of [low-level laser therapy](#) for elderly with painful adhesive capsulitis of the shoulder
- [Watching a video](#) or yourself or your spouse in pain can reduce the intensity of pain. Empathetic women suppress pain better.
- Which nonpharmacologic therapies help [pediatric patients with functional abdominal pain](#) the most?
- Frequent [meditation & yoga](#) done over 2 months cut pain & other symptoms of common abdominal diseases.

## **Pain-Related Education Opportunities**

- *Pain and Its Management at MGH*: Friday, July 10<sup>th</sup>, Repeated July 31<sup>st</sup> FND 325 8:00 – 9:00am. No registration required. [email for info](#)
- *Tools and Techniques for Effective Pain Management (Level I)*: Wednesday, Oct 14<sup>th</sup>, *Founders House 325 @ 1:00 – 5:00pm*. [Sign-up](#)
- Palliative Care Grand Rounds are Wednesday morning from 8:00 AM – 9:00am in the Ether Dome.
- *Chronic Pain Rounds* in MGH Ether Dome Mondays at noon. Email [Tina Toland](#) for details.

## **MGH Pain Calendar**

- Sat – Sat, July 18<sup>th</sup> – 25<sup>th</sup>. [Brain Reorganization with Chronic Pain](#) and Predictors of Chronification. Conference in Italian Alps.
- Thur – Sat, July 23<sup>rd</sup> – 25<sup>th</sup> “[Treating chronic pain in Primary Care](#)” collaboration Family Practice & Pain Specialists. Orlando, FL
- Wed – Sat, September 16<sup>th</sup> – 19<sup>th</sup> [Pain Management Nursing Conference](#) with multiple tracks & networking in Atlanta, GA

### **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](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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