

# Pain Relief Connection

The Pain Information Newsletter

Provided by MGH Cares About Pain Relief

Archived issues are available at <http://www.MassGeneral.org/PainRelief>



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## Clinical Focus: Pharmacologic Interventions for Pain.

Issues 2-9 had a series of articles on principles and guidelines for pain management. With the November issue, we will begin a new series on the wide range of medications used in the treatment of pain. The series will roughly follow the World Health Organization "Analgesic Ladder" (See [Pain Relief Connection Vol. 1, # 4, April 22, 2002](#)). Drug information for professionals is relatively accessible. There are dozens of print and online references, including [Micromedex](#), in the online Partners Handbook. Information for patients about pain medications is surprisingly difficult to access. Some manufacturers of analgesics have patient-oriented web sites, but it must be understood that even the best of these are in place for marketing reasons. A review of some of these sites will be a future Pain Topics essay. A relatively good free site with consumer drug information (but also lots of banner advertising) is [Drugs.com](#). There are many other sites, but the general quality is low, or the user interface difficult to use.

## In the News

ERROR ALERT: The [New England Journal of Medicine](#) has announced a significant error in the review article "Analgesics for the treatment of pain in children" (NEJM Oct 3, 2002; 347(14):1094-1103). On page 1098, Table 3, the starting intravenous dose of morphine for children <50 kg is erroneously listed as 0.3 mg/kg/hr; the correct dose should be 0.03 mg/kg/hr. The [version](#) currently available on the NEJM web site has the corrected table. The [Institute for Safe Medication Practices](#) has previously reported similar errors in respected peer reviewed journals, and recommends confirming doses of drugs that have a narrow therapeutic index or "high alert" drugs used in vulnerable populations.

On August 28 the New England Division of the American Cancer Society sponsored a meeting in Sturbridge on the status of the dormant Massachusetts Cancer Pain Initiative. It was attended by physicians, nurses, and pharmacists from around the state (MGH was represented by Annabel Edwards, MSN, RN, Advanced Practice Nurse in the Pain Center and Tom Quinn, MSN, RN, Project Director for MGH Cares About Pain Relief). The attendees enthusiastically endorsed the re-institution of the initiative, and unanimously voted to change the name and scope to the "[Massachusetts Pain Initiative](#)." More information can be obtained by emailing Lila Brady at [lila.brady@cancer.org](mailto:lila.brady@cancer.org)

## Pain on the Web

The series "[Ten Guidelines for Assessing and Treating Pain](#)," published serially in *Pain Relief Connection* Vol. No 2 - 9, is now available on the [PainRelief](#) web site. From the home page, click on "[Guidelines](#)."

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The [American Alliance of Cancer Patient Initiatives](#) has a list of [Analgesic Patient Assistance Programs](#) sponsored by pharmaceutical companies to make analgesics more affordable to those with low incomes.

## MGH Resources

[Treadwell Library](#) provides free access to Well-Connected, a database of medical information for consumers. From the [home page](#), click Consumer, then Well Connected. Pain is not a listed topic, but there are extensive descriptions of conditions associated with pain, such as "[Shingles and Chicken Pox](#)," which has a section on post-herpetic neuralgia. Some Well-Connected reports are available in Spanish.

## Pain Education on the Web

The [Oncology Nursing Society](#) is sponsoring a free "Priority Symptom Management (PRISM) Webcast Series." Each session lasts one hour and provides a live interactive presentation by a recognized nurse specialist and provides 1 continuing education contact hour. The session on **cancer pain** is scheduled for 1:00pm on Weds October 30. Pre-registration is required for the site, but an unlimited number of people may attend. To register, log on to [www.commpartners.com/ons](http://www.commpartners.com/ons).

The [End-of-Life Nursing Education Consortium \(ELNEC\) Project](#) is making available for free the [palliative care series](#) published every other month in [American Journal of Nursing](#). The July 2002 issue contains an article entitled: "[Difficulties in managing pain at the end of life](#)" (*AJN* July 2002 102(7):26-33). Nursing contact hours are available for a fee.

## MGH Pain Calendar:

[Educational Offerings and Events Calendar](#) of The Center for Clinical and Professional Development is now available online.

October 23 (Wed) 8:00am – 9:00am: **Using an Innovative Electronic Toolkit ([TNEEL](#)) for Engaging, Interactive Learning About End-of-Life Care.** Diana J. Wilkie, PhD, RN, FAAN. Location: Bulfinch 430 (Etherdome).

October 24 (Thurs) 1:30 – 2:30pm: **Maximize Your time, Minimize Patient's Pain: Computerized Pain Assessments and Education for Patients.** Diana J. Wilkie, PhD, RN, FAAN. Location: O'Keefe Auditorium.

October 25 (Fri) 8:00am – 6:00pm: **Weaving End-of-Life Care into Nursing Education.** Instruction in the practical application of the [Toolkit for Nurturing Excellence at End-of-Life Transition](#) (TNEEL). Sponsored by the [MGH Institute for Health Professions](#). Location: IHP at Charlestown Navy Yard. Brochure and registration form are on the IHP web site.

November 15 (Fri) 8:00am – 11:00am; repeated 12:00N – 3:00pm: **Care of the Patient at the End of Life: Clinical and Ethical Considerations.** Pre-register by calling the Center for Clinical and Professional development at 617-726-3111. Location: Charles River Plaza, 185 Cambridge Street, 2<sup>nd</sup> floor Room 105.

URL notes: **Hold your cursor over the link for a second to see the URL.** If you are reading this in hard copy, this month's links are:

Partners Handbook/Micromedex drug reference: <http://is.partners.org/handbook/TextJournal/pdr.asp>

Drugs.com: <http://www.drugs.com>

Center for Clinical & Professional Development course calendar: <http://tinyurl.com/23zk>

*New England Journal of Medicine*: <http://content.nejm.org>

"Analgesics for the treatment of pain in children": <http://content.nejm.org/cgi/content/full/347/14/1094>

Institute for Safe Medication Practices: <http://www.ismp.org>

Massachusetts Pain Initiative Press Release: <http://www.aacpi.org/media/Massachusetts%20release.pdf>

American Alliance of State Cancer Pain Initiatives: <http://www.aacpi.org/home.html>

Analgesic Patient Assistance Programs: [http://www.aacpi.org/analgesic\\_patient\\_assist\\_pro.htm](http://www.aacpi.org/analgesic_patient_assist_pro.htm)

Ten Guidelines for Assessing and Treating Pain: <http://www.massgeneral.org/painrelief/Guidelines/Ten%20Guidelines.pdf>

Treadwell Library home page: <http://massgeneral.org/library>

Well-Connected report on "Shingles and Chicken Pox": <http://massgeneral.org/library/wc.asp?tm=n&page=doc82L.html>

Oncology Nursing Society: <http://www.ons.org>

ONS-sponsored "Priority Symptom Management (PRISM) Webcast Series:" [www.commpartners.com/ons](http://www.commpartners.com/ons)

ELNEC: <http://www.aacn.nche.edu/ELNEC>

AJN Palliative Care series: <http://www.aacn.nche.edu/ELNEC/ajn.htm>

"Difficulties in managing pain at the end of life": <http://www.aacn.nche.edu/elneec/PalliativeCareAJN2.PDF>

American Journal of Nursing: <http://www.nursingworld.org/ajn>

TNEEL: <http://www.son.washington.edu/departments/bnhs/pain>

MGH Institute for Health Professions: <http://www.mghihp.edu>

MGH Cares About Pain Relief web site: <http://www.massgeneral.org/painrelief>

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# PAIN TOPICS

## What is Chronic Pain?

Annabel D. Edwards, RN, MSN, ANP  
Advanced Practice Nurse, MGH Pain Center

As an Advanced Practice Nurse who works daily with patients who have a diagnosis of a chronic pain condition, I am concerned about the way the adjective "chronic" has too often become a negative label.

Imagine meeting a new neighbor at a local store. In your conversation, the neighbor tells you that he suffers from chronic pain. What crosses your mind about the term "chronic pain?" You would not be unusual if you thought that perhaps the person had a bad back or that maybe he doesn't work. You might assume that he needs pain medication to manage the pain. You might wonder if he were depressed or if he could get better if he only wanted to. You also might think, "Gee, he doesn't look like he's in pain." A recent national [survey](#)<sup>1</sup> confirms that there are many misconceptions about chronic pain among the public. Plainly stated, the phrase "*chronic pain*" has often been coupled with negative behavior and treatment stereotypes. In fact, the [American Geriatrics Society](#) recently updated its [Guidelines](#) on managing chronic pain in elders, but changed the term "chronic" to "persistent." The explanation given is that "chronic pain has become a label that often conjures up negative images and stereotypes associated with longstanding psychiatric problems, futility in treatment, malingering, or drug-seeking behavior."<sup>2</sup>

Language is a very powerful tool and the words that we choose to describe something can greatly impact what others think. Descriptive terms become pejorative when unfounded assumptions and biases color the description. The most widely accepted [definition](#) of the word *pain* was proposed by the [International Association for the Study of Pain \(IASP\)](#) as (in part) "*An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.*" The word "[chronic](#)" is defined as "*lasting for a long period of time or marked by frequent reoccurrence, as certain diseases.*"<sup>3</sup> Therefore, the phrase "*chronic pain*" only means that a person's pain has lasted for an extended period of time or is frequently recurring. A good operational definition of chronic pain may be that it is pain that lasts longer than a reasonable time for healing to occur. No definition, however, tells us what is causing the person's pain, how it has impacted on a person's personal or work life, or how it is treated.

"Chronic pain" does not describe one specific thing, nor is it a specific diagnosis. In fact, there are many different mechanisms that can cause messages of pain to be received in the brain recurrently or over a prolonged period of time. Here are just a few examples:

- Sickle cell disease - a recurring severe pain
- Neuroma trapped in scar tissue - can cause pain every time pressure is applied to the area
- Back pain - can have many different causes such as spinal stenosis, compression fracture, arachnoiditis, bulging disc, etc.
- Phantom pain after a traumatic or planned surgical amputation
- Rheumatoid arthritis and osteoarthritis
- Diabetic neuropathy
- Tumor pressure on a nerve or nerve plexus

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- Malignant bone lesions
- Post-herpetic neuralgia after shingles
- Spinal cord injury
- Radiation-induced neuropathy
- Pancreatitis

Obviously, the medical situations that can lead to the development of chronic pain can be very diverse in their cause, physical effects, treatment and personal meaning. Chronic pain can have a devastating impact on the people who experience it and their families. In addition, chronic pain is the most common cause of disability in the United States, and costs the US economy an estimated \$100 billion per year.<sup>4</sup> When we casually speak of people as having chronic pain, we may, without intention, be setting up a negative dynamic or at least a limited perception of what this problem is. The fault of the phrase is not in the words themselves but rather in the connotations they may bring forth and the lack of specificity. For this reason, it would certainly seem to be in the patient's best interest as well as the providers' to avoid a label that may, at the worst, be pejorative and at the least too general to be helpful. To avoid possible stereotypes, one could consider referring to chronic pain as *long lasting* pain or *persistent* pain. Another tactic could be to add modifiers to the phrase such as by saying; "the chronic pain of post-herpetic neuralgia." A third alternative would simply be to use the formal label of the problem itself such as by saying "our patient suffers from phantom limb pain" avoiding the words "*chronic pain*" altogether.

Our understanding of pain has vastly expanded in just the last few years. We need to try to communicate its complexities as best as we can to help others more fully understand pain as well. Using more precise and communicative descriptions of a patient's pain problem is a worthy effort and may save some patients from negative stereotyping.

#### References:

<sup>1</sup>Survey Commissioned by [Partners for Understanding Pain](#) in June 2002.

<sup>2</sup>American Geriatrics Society, Executive Summary of the Clinical Guideline, "[The Management of Persistent Pain in Older Persons](#)"

<sup>3</sup>The American Heritage Dictionary of the English Language, 3<sup>rd</sup> Ed. Houghton Mifflin Co., NY 1992.

<sup>4</sup>Partners for Understanding Pain [press release](#), quoting National Institute for Occupational Health and Safety statistics.

Partners for Understanding Pain: [http://www.theacpa.org/public\\_awareness.htm](http://www.theacpa.org/public_awareness.htm)  
 Pain Awareness Survey: [http://www.theacpa.org/media\\_kit/Pain\\_Awareness\\_Survey\\_Results.pdf](http://www.theacpa.org/media_kit/Pain_Awareness_Survey_Results.pdf)  
 Partners for Understanding Pain press release on the Pain Awareness Survey:  
[http://www.theacpa.org/media\\_kit/Partners\\_for\\_Understanding\\_Pain\\_Press\\_Release.pdf](http://www.theacpa.org/media_kit/Partners_for_Understanding_Pain_Press_Release.pdf)  
 American Geriatrics Society: <http://www.americangeriatrics.org>  
 Executive Summary of the Clinical Guideline, "The Management of Persistent Pain in Older Persons":  
[http://www.americangeriatrics.org/education/executive\\_summ.shtml](http://www.americangeriatrics.org/education/executive_summ.shtml)  
 International Association for the Study of Pain: <http://www.iasp-pain.org>  
 IASP pain definition: <http://www.iasp-pain.org/Pain>

See also The American Chronic Pain Association: <http://www.theacpa.org>

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