

Pain Relief Connection

The Pain Information Newsletter

Provided by MGH Cares About Pain Relief



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Clinical Focus: Ten Guidelines for Assessing and Treating Pain

This is the third in a series on the principles and guidelines for pain management.

4. Use the World Health Organization Analgesic Ladder:

Originally intended as a model for cancer pain management, the WHO Analgesic Ladder is also applicable to other diseases and conditions in all settings.

Step I. Mild pain: Prescribe acetaminophen or nonsteroidal anti-inflammatory drugs (NSAID). Note that acetaminophen has analgesic and antipyretic effects, but no anti-inflammatory effect.

Step II. Moderate pain: Add 'weaker' opioids or combination products (those that contain an opioid and acetaminophen or an NSAID). The dose is limited by the 'ceiling effect' of the non-opioid portion of the analgesic. Ceiling effect refers to the dose at which unacceptable toxicity occurs or the dose beyond which no additional analgesic effect occurs.

Step III. Severe pain: Use stronger opioids. Morphine is the reference drug against which other opioids are compared. If pain is both severe and prolonged, long-acting opioids are recommended. The correct dosage relieves pain with acceptable or no side effects.

Some practitioners have proposed a fourth step:

Step IV. Intractable pain or intractable toxicities from standard analgesics: various 'interventional' strategies such as nerve blocks and prolonged intraspinal infusions of anesthetics and analgesics.

Additional principles:

- Whenever possible, treat the underlying cause of the pain. Use adequate analgesia until healing has occurred.
- Use 'adjuvant' medications when appropriate. Sometimes referred to as 'co-analgesics,' these are medications that are approved for an indication unrelated to pain, but which have analgesic properties in specific conditions. Common adjuvants are anti-convulsants and tricyclic antidepressants for certain neuropathic pain syndromes.
- Most side effects of analgesics are readily treatable—do not reduce the analgesic dose to avoid the side effect. The most common side effect of opioids is constipation. Prophylaxis must be a part of any plan of care that includes opioids.

Each of the principles and classes of drugs listed above will be further explored in future issues of Pain Relief Connection. They will also appear on the new Pain Relief web site, which will be launched in May.

MGH Cares About Pain Relief

Massachusetts General Hospital • Founders 606 • 55 Fruit Street • Boston, MA 02114

617-726-0746 (Phone) • 617-724-8693 (Fax) • PainRelief@Partners.org

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Webwise

[Pediatric Pain – Science Helping Children](#) is a project of Dalhousie University in Halifax, Nova Scotia. There are resources for professionals, parents, and children, including a quarterly newsletter and a very active international [e-mail discussion forum](#). Professionals use it to exchange information and discuss a wide variety of pain-related issues.

In the News

New morphine formulation approved: The FDA has just approved Avinza,TM a once-a-day, sustained-release oral morphine product. The other sustained release morphine products are MS Contin[®] and Oramorph[®] SR tablets, intended for every 12-hour dosing, and Kadian,[®] intended for every 24-hour dosing. Avinza will be available in 30, 60, 90, and 120 mg capsules. As with all of the other sustained-release products, Avinza should not be chewed, crushed, or dissolved. Doing so causes the full dose to be released at once.

3rd Pain Relief Champions course a success: On April 16-17, 43 MGH and Spaulding Rehabilitation Hospital clinicians completed an intensive 2-day interactive course intended to help them return to their units as “Pain Relief Champions.” Both participants and faculty represented multiple disciplines including nursing, pharmacy, medicine, and social work. Topics covered included barriers to pain relief, misconceptions that interfere with pain relief, advocating for the patient in pain, pain assessment, pharmacotherapy for pain, and working with patients with difficult-to-treat pain syndromes. Something that set this course apart was the emphasis on individual and team contributions on the ‘home’ unit to improving the lot of patients in pain. The emphasis was on identifying small ‘do-able’ projects that participants could work on over the next weeks and months. *Pain Relief Connection* will report on some of these projects as they begin to evolve.

Education

August 21-25 (Weds – Sat): **Advanced Training in Pediatric End-of-Life Care:** The University of New England (Portland, ME) has partnered with the Jason Program to sponsor a five-day workshop series that will cover a variety of topics related to the unique skills necessary to providing quality care and support to terminally ill children, their families and caregivers. For more information,

Phone: 207-797-7688, ext. 4412; Fax: 207-878-4891; email: oce@une.edu

September 19 – 22 (Thurs – Sun): [4th Biennial Forum on Pediatric Pain](#),

Biology, Family, Society, Culture: White Point Beach Resort, Nova Scotia, Canada. Additional information is available on

Purdue Pharma has an MNA-approved

Inservice for nurses. This presentation will review basic pain

CEU's will be awarded to

nurses. Please contact Amy

Pharma LP, (800)745 -7445 ext 1030810 or email aprasol@aol.com.

April 25 (Thurs) in the main corridor, look for the **Hurt Alert**
Children and Healthcare Week.

MGH's observance of

10) will be O'Keefe Auditorium. One of the presentations during Nurse Recognition Week (May 5 –
JCAHO Pain Standards in the Ambulatory Setting : **A Multidisciplinary Thoracic Oncology Team Implements the**

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:

4th Biennial Forum on Pediatric Pain-- <http://www.pediatric-pain.ca/ifpp/>

Pediatric Pain – Science Helping Children-- <http://is.dal.ca/~pedpain>

Pediatric Pain e-mail discussion forum-- <http://is.dal.ca/~pedpain/ppml/ppmlist.html>

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