

Pain Relief Connection

The Pain Information Newsletter

Provided by MGH Cares About Pain Relief

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Clinical Focus: Pharmacologic Interventions for Pain.

NOTE: This series is intended to provide general information and context about medications for the treatment of pain. Clinical experience and judgement, individualization of treatment, and consultation with experts and standard references should guide the treatment of specific patients.

WORLD HEALTH ORGANIZATION [ANALGESIC LADDER](#): STEP 1--NONOPIOID ANALGESICS--NSAIDS, PART 2

RECAP

In NSAIDS, Part 1 ([Vol 1, #12](#)), we took a brief look at the pathophysiology of inflammatory pain, and listed some principles of NSAID use.

OVER-THE-COUNTER "TRADITIONAL" NSAIDS

A common misconception is that non-prescription medications are, by definition, "safe." However, individual medication characteristics; total daily dose including "hidden doses" in combination products; the patient's history and current medical conditions; allergies; and concurrent medications will effect efficacy and toxicity. Several NSAIDs are now available without prescription, alone or in combination with other medications. Aspirin, the prototypical NSAID, was synthesized in 1899 and remains one of the most commonly used pharmaceuticals. It is the only NSAID that has always been available without prescription. The others, ibuprofen, naproxen sodium, and ketoprofen are available over-the-counter (OTC) in tablet sizes smaller than the prescription doses. The term "relatively," below, refers to the relative risk of the associated toxicity compared to other NSAIDs.

Aspirin (also contained in many combination analgesics and cold remedies)

- Clinical effect of decreasing platelet aggregation persists for 7+ days
- In susceptible individuals can exacerbate asthma and precipitate a severe asthma attack
- Significant potential for GI toxicity; enteric coated preparations decrease local irritation only, not COX-1 inhibition
- Maximum daily dose 5400 mg

Ibuprofen (Advil[®], Motrin[®], and many generics)

- Relatively lower risk of GI toxicity than other OTC NSAIDs
- Relatively higher risk of nephrotoxicity
- Maximum daily dose 3200 mg

Naproxen sodium (Aleve[®])

- Maximum daily dose 1650 mg
- May inhibit leukocyte function

Ketoprofen (Actron[®], Orudis KT[®])

- Maximum daily dose 300 mg
- Relatively higher risk of hepatotoxicity

GENERAL PRECAUTIONS

In all cases, alcohol should be avoided in proximity to taking the NSAID dose. People with asthma should take NSAIDs, especially aspirin, only with medical supervision. Misoprostol is the only FDA-approved preventive agent for GI toxicity. Maintaining proper hydration may reduce the risk of NSAID-induced nephrotoxicity. Chronic use of OTC NSAIDs should be under medical supervision. The clinical effect of decreasing platelet aggregation persists for ~3 days in non-aspirin NSAIDs.

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To be added to or removed from the *Pain Relief Connection* mailing list, send an email to PainRelief@Partners.org

In the News

MGH Cares About Pain Relief is planning its activities for 2003. The **Pain Pulse** survey, the annual hospital-wide "snapshot" of pain at MGH, will be conducted Wednesday March 19. The fourth **Pain Relief Champions** course (PRC IV) will tentatively be offered April 14-15. In late Spring, dates to be announced, we will sponsor a **Pain Initiative Expo**. Many individuals, units, and departments have embarked on or completed projects or other initiatives to improve the management of pain. Some of these we know about, others we do not, but would like to highlight your hard work and inspire others to engage in similar efforts. Please email us at PainRelief@Partners.org or call Tom Quinn at 726-0746 if you have a project or initiative--current, past, or planned.

In July ([Vol 1, #7](#)) we mentioned a "State of the Science" [consensus conference](#) held at the National Institutes of Health on the topic of the symptom complex pain, depression and fatigue in cancer. The final report, [Symptom Management in Cancer: Pain, Depression and Fatigue](#) is now available online.

Journal Watch

In the [November issue](#) of *Pain Relief Connection*, the controversy about the use of opioid analgesics in the acute abdomen was explored. The January issue of the [Journal of the American College of Surgeons](#) (2003;196(1):18-36), has a very detailed article on a tightly controlled study, "Effects of Morphine Analgesia on Diagnostic Accuracy in Emergency Department Patients with Abdominal Pain: A Prospective, Randomized Trial." The "study supports a practice of early provision of analgesia to patients with undifferentiated abdominal pain." (p 18, [Abstract](#)). Further, this and all previous studies "uniformly suggest the appropriateness of analgesia provision to patients with undifferentiated abdominal pain," and "emergency physicians and surgeons have little reason to ignore the fundamental clinical imperative to relieve suffering."(p 30) The full text is available via Treadwell Library's [Magic](#) on MGH computers.

A review article on "Regional Anesthesia and Analgesia for Labor and Delivery" appears in the January 23 issue of [New England Journal of Medicine](#) (2003;348(4):319-332). The full text is available in [Magic](#). CME is available.

Pain Education on the Web

[National Pain Education Council](#): register free on the site, then click "CME online" in the left navigation panel.

[UCTV](#): On January 24 at 3:00pm EST, "Pediatric Pain," Grand Rounds presentation at the University of California, Davis, may be viewed. Click on "Watch UCTV Online-Live" on the top menu bar. Rebroadcast from January 21. It will eventually be available in UCTV's [Video on Demand Archives](#).

[Hospice and Palliative Nurses Association](#): Click on "Education" on top menu bar, then "Continuing Education." Scroll down to teleconferences. The text of a teleconference presented in April 2002 "Advanced Pain management" is available free.

MGH Pain Calendar

The following listings are from the Palliative Care Grand Rounds series, held Wednesdays at 8:00am in the Ether Dome: Feb 5, **Assessment of Pain in the Cognitively Impaired Patient**; Feb 19, **Constipation**; March 5, **Me/Not Me? Self, Language, and Pain**; March 12, **Project to Improve Pain Management in Oncology**; March 19, **Bone Pain**; May 7, **Opioid Therapy and Pathological Pain**.

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:
Center for Clinical & Professional Development course calendar: <http://tinyurl.com/23zk> (shortened from the original URL)
WHO Analgesic Ladder: <http://www.mcmahonmed.com/wworks/CHARTS/3step/default.html>
Past issues of *Pain Relief Connection*: http://www.massgeneral.org/painrelief/Newsletter/mghpain_connection.htm
NIH Consensus Development Program: <http://www.consensus.nih.gov>
Report on "Pain, Depression, and fatigue:" http://www.consensus.nih.gov/ta/022/022_intro.htm
December issue of *Pain Relief Connection*: http://www.massgeneral.org/painrelief/Newsletter/prcvol1_12.pdf
Journal of the American College of Surgeons: <http://www.journalacs.org>
Abstract of abdominal pain article: <http://tinyurl.com/4spx> (shortened from the original URL)
Magic: <http://magic.mgh.harvard.edu>
New England Journal of Medicine: <http://content.nejm.org>
National Pain Education Council: <http://www.npecweb.org/default.asp>
UCTV: <http://www.npecweb.org/default.asp>; UCTV On Demand Archives: <http://www.uctv.tv/library.asp>
Hospice and Palliative Nurses Association: <http://www.hpna.org>

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