

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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Pain Q & A[†]: What is Pseudoaddiction?

Pseudoaddiction is the term for an iatrogenic syndrome that appears to mimic behaviors that are commonly believed to be associated with addiction. It may present in a patient with or without a history of or risk factors for drug abuse or true addiction. It usually occurs with acute pain, including acute pain that is overlaid on a chronic pain condition. It is characterized by a climate of distrust and conflict between the patient and the care team related to the use of opioids for pain. Its etiology is pain that is inadequately treated, leading to patient demands for opioid analgesia that are interpreted by the care team as being excessive. The result is a progressive cycle of patient complaints of inadequate pain relief, sometimes accompanied by exaggerated pain behaviors, and care team resistance to providing opioids, sometimes compounded by avoidance and isolation of the patient.

In published case reports of pseudoaddiction, the patient's report of pain is not believed, despite the presence of a progressive disease or painful condition, or the potential for tolerance due to prior opioid use is not taken into consideration by the care team. Inadequate analgesia is therefore inevitable due to either a dose that is too low or a dosing interval that is too long. In such cases "drug seeking behavior," is incorrectly interpreted as evidence of addiction, but would more accurately be viewed in these cases as "relief seeking behavior." There is a tendency in such cases to provide even less analgesia, further exacerbating the problem.

The "treatment" for pseudoaddiction is to redesign the analgesic regimen so that analgesics are provided at an appropriate dose and dosing interval. Ongoing and thorough pain assessment with corresponding adjustment of dose (i.e., titrating to effect), as with any patient, is essential. Frank discussion with the patient about the goals of pain treatment and the care team's concerns are key to re-establishing a therapeutic relationship between the patient and the care team. As David Weissman puts it, "pseudoaddiction is something that we do to patients through our fears and misunderstanding of pain, pain treatment, and addiction. . . Any time there is a suggestion, because of escalating pain behaviors, that a patient on opioids may be 'addicted,' pseudoaddiction should be ruled out."*

To learn more about pseudoaddiction, see (cited articles are available in Treadwell Library; *Journal of Palliative Medicine* is also available free online via [MAGIC](#) on MGH computers)

1. Kowal, *Nursing Economics* 1999;17(6):348-349
2. Porter-Williamson, et al, *Journal of Palliative Medicine* 2003;6(6):937-939
3. Weissman & Haddox, *Pain* 1989;36(3):363-366
4. Weissman, *Journal of Pain and Symptom Management* 1994;9(2): 74
5. *Weissman.

http://www.eperc.mcw.edu/edматы/detail.cfm?matl_id=333&query_id=&srchType=edматы&secSrchType=fastFact&essn_id=5849682845650567882571529 (free registration required at <http://www.eperc.mcw.edu>, then click on 'Fast Facts and Concepts' and navigate to #069, Pseudoaddiction). Accessed 18 Jan 2004.

Pain on the Web

- The [American Pain Foundation](#), a private advocacy group, is providing information on proposed [federal legislation](#) "to declare adequate pain care research, education, and treatment as national public health priorities."

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- A case-based approach to multidisciplinary pain education is provided at PainEDU.org. Free approved CE's are available for nurses, physicians, pharmacists, and psychologists. A "clinical companion" pain manual is also available free on the site. The manual is co-authored by Nat Katz, MD, a pain specialist and researcher formerly at Brigham and Women's Hospital, who has recently accepted an appointment here at Mass General. NOTE: the web site will be down for renovations Jan 30 – Feb 2.

Journal Watch

- A fascinating study in the current issue of *Archives of Internal Medicine* (2004;164(2):175-180) reaches the conclusion that there is "no such thing" as a hospital patient population at low risk for pain. The stated purpose of the study was to identify a population of "sufficiently large size and low risk" for pain that JCAHO would reconsider its universal pain standards and instead focus on patients at high risk for pain: those with cancer, or who are critically ill, or are post-surgical. Instead, in their prospective study of 5584 hospitalized medical patients, the authors "were unable to identify a group at low risk for pain." Furthermore, "our results emphasize that pain is common even in hospitalized patients at the lowest risk, and that each person must be considered high risk."
- The current issue of *Cancer Pain Release* (2003;16(3 & 4)), a World Health Organization publication, is devoted to "[Achieving pain control in pediatric palliative care.](#)"

Pain-Related Education Opportunities

March 18 – 21 (Thus – Sun). **American Society of Pain Management Nurses Annual Meeting**, Myrtle Beach, SC. Call ASPMN at 888-342-7766 for more information. The conference brochure is posted on the [ASPMN](#) and [Pain Relief](#) web sites.

June 9 – 10 (Weds – Thurs). **Brigham & Women's Hospital 4th annual pain management conference**. At the Charles Hotel in Cambridge. Continuing education units for nurses and pharmacists will be available. The keynote speaker will be Chris Pasero, RN, co-author (with Margo McCaffery, RN, MSN) of [Pain: Clinical Manual 2nd Ed.](#) Additional details TBA.

MGH Pain Calendar

Feb 23 (Mon) 1:00pm – 2:00pm **Conversations About Cancer Pain** (for patients and families) Cancer Resource Room, Cox 1st floor. Sponsored by HOPES Program.

The following pain-related Palliative Care Grand Rounds presentations are on Wednesdays at 8:00am in the Ether Dome:

Feb 11 **Radiation Mucositis and Skin Care** Sarah Usher, RN, MSN, OCN, MGH Radiation Oncology

Feb 25 **Cancer Pain and Symptom Management: What does the Evidence Show?** Daniel Carr, MD Saltonstall Professor of Pain Research Tufts Medical School

Mar 24 (Weds). **Annual Pain Pulse Survey**, Weds March 24. Stay tuned for more information!

Pain Relief Champions course. *Day 1 April 26, Wellman Conf Room; Day 2 May 18 Walcott Conf Room.* Open to all disciplines. CE/CME/CPE will be available. Free to MGH and Shriners clinicians; \$30 each day for other Partners clinicians, \$60 for all others. Must attend both days. Stay tuned for further information!

† **Pain Q & A** (page 1) is an occasional column that responds to questions from clinicians. Submit pain-related questions to PainRelief@Partners.org.

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:

Previous issues of *Pain Relief Connection*: <http://www.massgeneral.org/painrelief/Newsletter>

Center for Clinical & Prof. Development:

http://pcs.mgh.harvard.edu/CCPD/Educational_Offerings/cpd_offerings_calendar.asp

Patient Care Services Pain Resource Center: http://pcs.mgh.harvard.edu/Secure/Clinical_Resources/Pain_Resources.asp

Magic—Treadwell Library's electronic catalog: <http://magic.mgh.harvard.edu>

American Pain Foundation: <http://www.painfoundation.org/>

Info on National Pain Care Policy Act: http://www.painfoundation.org/page.asp?menu=1&item=7&file=PCPA2003_Intro.htm

PainEDU.org: <http://www.painedu.org/index2a.asp>

Archives of Internal Medicine: <http://archinte.ama-assn.org/current.dtl>

"Pain . . . in hospitalized medical patients" <http://archinte.ama-assn.org/cgi/content/full/164/2/175>

Cancer Pain Release: <http://www.whocancerpain.wisc.edu/index.html>

"Achieving pain control in pediatric palliative care" http://www.whocancerpain.wisc.edu/eng/16_3-4/16_3-4.html

Pain: Clinical Manual: <http://www3.us.elsevierhealth.com/PAIN/>

ASPMN brochure: <http://www.aspmn.org/html/annualmtg.htm>

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PAIN TOPICS

PDA-Based Opioid Conversion Calculators

Thomas E. Quinn, MSN, RN, AOCN
Project Director, MGH Cares About Pain Relief

This article is excerpted from “Converting Opioid Analgesics, Part II: Review of Equianalgesic Conversion Calculators” 2nd Revised Version, which first appeared in *Pain Relief Connection* Vol 1 #7, July 22, 2002, and was revised April 30, 2003 and January 30, 2004. “Pain Topics” and *Pain Relief Connection* are services of MGH Cares About Pain Relief, <http://www.massgeneral.org/painrelief/>

The personal digital assistant (PDA) or palm-sized computer is enjoying steadily growing popularity among clinicians in all disciplines. Point-of-care reference works (such as drug libraries) and tools (such as medical calculators) are replacing some of the bulky handbooks and cards that have distorted the pockets of so many clinical jackets. It is not surprising therefore, that there are now 4 opioid conversion calculators available for the PDA, 3 of which may have broad clinical appeal.

The PDA cannot match the functionality of a computer with a mouse and keyboard, particularly when it comes to entering data. However, the available opioid conversion calculators for the PDA can be quite useful in clinical practice because of their portability. This convenient platform supports consistent (and therefore potentially safer) practice especially when clinicians in the same practice or institution use the same method for rotating opioids and calculating equianalgesic doses. There has been no research on the clinical impact of these tools. It would be very beneficial to have data on usability as well as impact on the delivery of care (issues such as time required to use the tool and promotion of the use of consistent guidelines) and patient outcomes. It is yet to be determined, for example, whether these tools are more useful for training or for daily clinical practice, or which health care disciplines will find them most useful.

There are three PDA opioid calculators available. As of this writing there is no opioid conversion calculator for Macintosh products. The GlobalRPh calculator (Table 1) is the only product currently available for both Windows PCs and a PDA, and the only one for both the Palm OS and the Pocket PC. A constant dilemma in software development is the determination of the minimum functionality needed to make a tool useful, and whether more (more features, more detail) is necessarily better. For example, the more you expect an instrument to do, the more data you are likely to need to input. If it is too simple however, additional calculations and decisions will need to be made “off line.” As with other software acquisition decisions, multiple factors must be considered in choosing an application for personal or institutional use. A side-by-side comparison of the available calculators is provided in Table 1. See the full [reviews](#) of all known electronic opioid conversion calculators on the [PainRelief](#) web site.

PDA calculators reviewed in Table 1:

Hopkins: <http://www.hopkinskimmellcancercenter.org/specialtycenters/hop.cfm?action=2&errorcheck=nobookmark>

GlobalRPh (PDA version): http://www.globalrph.com/narcotic_pda.htm

GlobalRPh (Windows version): http://www.globalrph.com/narcotic_converter.htm

Cynergy: <http://www.collectivemed.com/jump/opioi.shtml>

PainRelief web site: <http://www.massgeneral.org/painrelief/>

Pain Relief Connection archives: http://www.massgeneral.org/painrelief/Newsletter/mghpain_connection.htm

Pain Topics archives: http://www.massgeneral.org/painrelief/Pain%20Topics/mghpain_paintopics_index.htm

Opioid conversion calculator review:

http://www.massgeneral.org/painrelief/Pain%20Topics/Converting%20Opioids%20Part%202_revised2.pdf

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Table 1: Comparison of PDA-based opioid conversion calculators

	<u>Hopkins</u>	<u>GlobalRPh</u>	<u>Cynergy Group</u>
Morphine equivalents (ME) displayed	Parenteral ME	Oral ME	Oral ME
Conversion factor choice	No choice	User may edit table	No choice
Conversions for:			
transdermal fentanyl	Yes	Yes	Yes
transmucosal fentanyl	No	No	Yes
methadone	Yes	Yes	Yes
hydrocodone	No	Yes	Yes
levorphanol	Yes	No	Yes
combination products	No	No	Yes
meperidine	Yes	Yes	<u>Convert from</u> , only
propoxyphene	No	No	<u>Convert from</u> , only
<u>Convert to methadone method</u>	No choice	Choose 1 of 2 methods	No choice
Alternate routes (IT, EP, etc.) addressed	Oral, parenteral, transdermal, only	Oral, parenteral, transdermal, only	All
Available formulations addressed	No	No	Yes
List of opioids available for performing calculations	All-in-one drop down list	All-in-one drop down list	When route selected, only appropriate drugs displayed
Equianalgesic table displayed	No	Yes	No
Acute vs chronic dosing for morphine methadone	No No, but discussed in User's Manual	Yes Yes	No No, but discussed in instructions
Interface			
Dose entry	Tap in using application's virtual buttons	Use "graffiti;" or tap in using OS's virtual buttons	Use "graffiti;" or tap in using OS's virtual buttons; entry value limited to 3 digits
Drop-down windows	Large: minimal scrolling	Very small: lots of scrolling	All content visible: no scrolling required
Clinical alerts, reminders, limits			
meperidine	No	No	Yes; no <u>convert to</u> function
methadone	Yes (in User's Manual)	Yes	Yes
transdermal fentanyl	Yes (in User's Manual)	Yes	Yes
acetaminophen dose	No	No	Yes
cross-tolerance	No	Yes	Yes
breakthrough dose	No	Yes	No
Dose reduction for cross tolerance available	No	User chooses % reduction	Yes/No choice: if Yes, application chooses % reduction
References cited	Yes (User's Manual)	Yes (web site)	
Can convert concurrent opioids to a single alternative	Up to 3 different opioids	Up to 3 different opioids	Up to 5 different opioids
Instructions available	Yes (User's Manual)	Yes (in application & on website)	Yes (web site)
Platform	Palm OS only (others in development)	Web; Windows; Palm OS; Pocket PC	Palm OS only (web and Windows versions currently not available)
Cost	Free	14-day free demo Web (limited version): Free Windows: \$24.95 PDA: \$16.95	30-day free demo \$99/year
Other		Transdermal fentanyl conversion displayed for every calculation (when guidelines available)	User may choose drug list display: all drugs, generic only, trade only

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