

Pain Relief Connection

The Pain Information Newsletter

Provided by MGH Cares About Pain Relief,
a program of Patient Care Services

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



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In the News

- New page announcement for the [PainRelief](#) web site: [The Intersection of Pain Management & Addictive Illness](#). The page is under construction and access is an exclusive opportunity for *Pain Relief Connection* readers. Links to the new page will not be added to the site's navigation until the page is better developed. In the meantime, come back often to see what we've added. Feedback and suggestions are welcome to Tom Quinn at: tquinn1@partners.org.
- [Kadian](#), a once-daily morphine capsule for persistent pain, is [now available](#) in a 200mg dose. In addition, Alpharma has conducted *in vivo* studies that demonstrate that, contrary to results of previous *in vitro* studies, concomitant use of alcohol and Kadian does not result in rapid release of morphine (or "dose dumping"). The new package insert does not contain a "black box" warning about concomitant use of alcohol. However, alcohol is not recommended and should be consumed with great caution by patients taking any opioid because of the additive CNS effects.
- The [American Heart Association](#) is [recommending](#) that COX-2 inhibitors now be considered "last line" analgesics for patients with chronic pain who also have or are at risk of heart disease. Non-pharmacologic interventions are recommended as the first line of treatment for persistent pain in these patients.
 - Antman EM. Use of Nonsteroidal Antiinflammatory Drugs. An Update for Clinicians. A Scientific Statement From the American Heart Association. *Circulation*. [M] 2007 Feb 26; 115(12):1634-1642.

Journal Watch ([M] = full text free access on MGH computers; [O] = open access; [R] = free registration required)

Did you know that MGHers can obtain articles from journals to which Treadwell Library does not subscribe? From the [Treadwell home page](#), go to Library Services, then Copying/Borrowing.

Problems with postoperative pain management and research.

After looking at a large number of large studies, Liu & Wu come to the conclusion that "there is insufficient evidence to confirm or deny the ability of postoperative analgesic techniques to affect major postoperative mortality or morbidity." In the accompanying editorial, White and Kehlet caution anesthesiologists & surgeons not to "erroneously conclude," therefore, that optimizing pain management doesn't matter. They go on to sharply critique the nature of previous research and suggest future steps.

- Liu SS & Wu CL. [Effect of Postoperative Analgesia on Major Postoperative Complications: A Systematic Update of the Evidence](#). *Anesthesia & Analgesia*. [M] Mar 2007;104(3):689-702
- White PF, Kehlet H. [Postoperative pain management and patient outcome: time to return to work!](#) *Anesthesia & Analgesia*. [M] Mar 2007;104(3):487-9.

Richards & Hubbard focus on the nursing role in postoperative pain management, noting that despite all the technological advances and research in recent decades, most surgical patients continue to experience significant pain. Their phenomenologic study looked at the practice of expert nurses in caring for postoperative patients. They suggest implications and next steps for this line of investigation.

- Richards J, Hubbert AO. [Experiences of expert nurses in caring for patients with postoperative pain](#). *Pain Management Nursing*. 2007 Mar;8(1):17-24.

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As long as we're looking at postoperative pain management, let's look at the first study to confirm what everyone already "knows:" The rate of reassessment by nurses after analgesic administration is dismal and/or the documentation is dismal. The consequences of failing to reassess should be obvious in terms of efficacy and patient safety. But not documenting the reassessment is nearly as bad as not performing the reassessment. Because of the risk of getting "dinged" by JCAHO or the Department of Health? No, it is because sequestering the results of reassessment means that only the patient and one nurse know whether a specific intervention was effective and how effective it was. The rest of the care team are left to fend for themselves—to the detriment of the patient's care and the collegiality and effectiveness of the team. This study was done by nurses in Australia, which highlights the universality of the problem, and which further suggests a need for a systems approach to problem resolution.

- Bucknall T. [Nurses' reassessment of postoperative pain after analgesic administration](#). *Clinical Journal of Pain*. [M] 2007 Jan;23(1):1-7

Children and pain

- Shann F. Suckling and sugar reduce pain in babies. *Lancet* [M] 3 Mar 2007;369(9563):721-723. A very nice short review. Summary: "evidence suggests that the distress caused by venepuncture, heel prick, or immunisation can be reduced substantially by use of 0.5 mL/kg 33% sucrose 2 min before the procedure, followed by a cuddle plus either breastfeeding or a pacifier given during the procedure."
- Clark E, et al. [A Randomized, Controlled Trial of Acetaminophen, Ibuprofen, and Codeine for Acute Pain Relief in Children With Musculoskeletal Trauma](#). *Pediatrics* [M] 2007;119 460-467. From the *Physician's First Watch* summary of this article: Ibuprofen proved substantially better than acetaminophen or codeine at reducing pain in children with musculoskeletal injuries in a study of children ages 6 – 17. Quoting from the study authors' conclusions: "although ibuprofen was more efficacious in providing adequate analgesia, only 52% of children in this group could be defined as receiving 'adequate analgesia' at 60 minutes."
- MacLean S et al. [The Gap Between Pediatric Emergency Department Procedural Pain Management Treatments Available and Actual Practice](#). *Pediatric Emergency Care* [M] Feb 2007;23(2):87-93. The title tells you where this one is going.

Pain Resources for patients

- [Opioid Pain Relievers: What to be Aware of](#). From the [PainACTION](#) web site.
- [How can I tell if I'm addicted?](#) From the [PainACTION](#) web site.
- Pain and the mind: [Suffering is optional](#). From [Yoga Journal](#).

Pain Education on the Web [F] = free registration required

- [The Safety of COX-2 Pharmacotherapy for Patients in Pain](#). CE Medicus. CPE. [F]
- [Update and Cases on Pharmacotherapy of Pain in Older Adults: Nonopioids and Opioids & Adjuvants](#). Quest MedEd. CME; CNE; CPE. [F]
- Virginia Commonwealth University School of Medicine has made available it's [Chronic Non-Malignant Pain Management](#) course. Registration and a nominal fee (\$35) is required. CME

Pain-Related Education Opportunities

- Apr 25 (Wed) [Pain Management at the End of Life](#). Presque Isle, ME. Maine Hospice Council & Maine pain Initiative.
- Jun 7 – 8 (Thu – Fri) [The Art & Science of Palliative Nursing](#). Newton Marriott. Course Directors: Connie Dahlin of MGH & Maureen Lynch of DFCL.
- Jun 20 – 24 (Wed – Sun) [Principles and Practice of Pain Medicine](#). Harvard Medical School Continuing Education
- Jun 21 – 23 (Thu – Sat) [Annual Meeting of the Alliance of State Pain Initiatives](#), Boston. Ira Byock is the Keynote Speaker. MGH's Tom Quinn & Susan Krupnick are presenting. One of the least expensive, high quality conferences available.

MGH Pain Calendar

- Apr 6 (Day 1); Apr 27 (Day 2) 800am – 4:30pm [MGH End of Life Nursing Education Curriculum \(ELNEC\) Workshop](#).
- May 3 (Thu) 11:00am – 4:00pm Second Annual Nurse to Nurse Educational Forum. Includes CNE presentation: **Pediatric Pain Management Strategies in the Ambulatory Setting**. Thier Conf. Rm. Register: lkelly7@partners.org; 617-724-0294.
- **Chronic Pain Rounds are held Mondays at 12:00N in the Cox 8 Conference Room.**
- **Palliative Care Grand Rounds are held Wednesdays at 8:00am in the Ether Dome.** Contact nalawless@partners.org for topics

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MGH Pain Resources:

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

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

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

MGH Pain Resources Page: http://www.massgeneral.org/painrelief/MGH_Pain_Resources.htm

Intersection of Pain Management & Addictive Illness: http://www.massgeneral.org/painrelief/addictive_illness.htm
(under construction)

CCPD educational offerings: http://www.massgeneral.org/pcs/CCPD/Educational_Offerings/cpd_offerings_calendar.asp

Treadwell Library (Magic): <http://magic.mgh.harvard.edu/>

MGH Formulary (includes patient teaching handouts in 16 languages): <http://www.crlonline.com/crlsql/servlet/crlonline>

Partners Handbook: <http://is.partners.org/handbook/>

Primary Care Office InSite (PCOI) (Clinician and patient information): http://oi.mgh.harvard.edu/pcoi/frontpage_frames.asp

Toolbox for Pain Assessment & Management: <http://intranet.massgeneral.org/paintoolbox/>

MESAC intranet site: <http://intranet.massgeneral.org/mesac/index.htm>

MGH Safety Reporting System: <http://safety.massgeneral.org/>

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