In the News:

- FDA approved naldemedine for opioid-induced constipation: a daily peripherally-acting mu-opioid receptor antagonist for chronic opioid use.
- Endo withdraws its long-acting opioid Opana ER amidst FDA pressure claiming that misuse (not therapeutic use) created a public health risk.
- Anti-Nerve Growth Factor drug tanezumab gets fast-tracked to study treatment-resistant osteoarthritis and chronic low back pain.
- A National Academies of Sciences consensus report says address opioid epidemic through better pain treatment, education, research.
- The FDA announces its comprehensive action plan, including updating REMS education, to reduce the impact of opioid misuse & abuse.
- Rising opioid deaths despite cuts in prescribed opioids suggests the treatment of pain isn’t how people initiate opioid abuse.
- NKTR-181 has been granted fast-track designation by the FDA to further test a novel opioid with less euphoric effects.

Journal Watch [MGHers can obtain articles through the Treadwell home page]

- Xie Y, Bowe B, Li T, et al. Excess risk of death among users of proton pump inhibitors (PPI): A longitudinal observational cohort study of United States veterans. BMJ Open. 7/3/17. PPI users have a 25% increased risk of premature death & a 50% higher death rate with <1 year taking PPIs.
Patients with cluster headaches may qualify for a nerve stimulator. Sustained improvements in pain, mood, function and opioid use post interdisciplinary pain rehabilitation. Pain. 2017 Jul;158(7):1380-94. Pain rehabilitation can aid in weaning off opioids, while improving pain, mood & function. Some patients responded, but a focus on improving anxiety & functional capacity may reduce these restarts.


Landsman-Blumberg PB, Katz N, Gajria K, et al., Health care resource use and cost differences by opioid therapy type among chronic noncancer pain patients. J. Pain Res. 2017 Jul. 10(1)1713-22. Patients started on long-acting opioid monotherapy used higher morphine equivalents than those on short-acting opioids alone or combination therapy; but had fewer hospitalizations, ER visits and healthcare costs over 12 months post-initiation.

**Journal Watch** [MGHers can obtain articles through the Treadwell home page] (continued)

- Dear BF, Gandy M, Karin E, et al. The pain course: a randomised controlled trial comparing a remote-delivered chronic pain management program when provided in online and workbook formats. Pain. 2017 Jul;158(7):1289-1301. Identical content provided in workbook or web-based content were similarly beneficial, when supplemented with professional support over 8 weeks in reducing pain, disability and key psychosocial measures.


- da Costa BR, Reichenbach S, Keller N, et al.. Effectiveness of non-steroidal anti-inflammatory drugs for the treatment of pain in knee and hip osteoarthritis: a network meta-analysis. Lancet. 2017;390 (10099), e21–e33. Acetaminophen is ineffective & diclofenac 150 mg/day is the most effective NSAID for osteoarthritis; but safety concerns must be considered.


- Landsman-Blumberg PB, Katz N, Gajria K, et al., Health care resource use and cost differences by opioid therapy type among chronic noncancer pain patients. J. Pain Res. 2017 Jul. 10(1)1713-22. Patients started on long-acting opioid monotherapy used higher morphine equivalents than those on short-acting opioids alone or combination therapy; but had fewer hospitalizations, ER visits and healthcare costs over 12 months post-initiation.

**Pain Resources on the Web:**

- Exploring the link between migraines, aura and a leaky blood-brain barrier; what the science tells us.

- **Procedure-specific post-operative pain management**; complete with evidence-based reviews, guidelines & more.


- Ten minute video explaining biopsychosocial processes contributing to the chronification of pain; and helpful interventions.

- Dr. Forest Tennant is firmly committed to treat pain & suffering with opioids despite pressure to have chronic pain patients just accept & cope with it.

- Evidence reviews by the Cochrane Collaborative show a lack of evidence supporting the use of NSAIDs or oral acetaminophen for cancer pain.

**Complementary Integrative Health** (formerly called Complementary Alternative Medicine [CAM])

- For knee arthritis, 6 months of chondroitin (800mg/day) relieves pain as well as celecoxib, with the combination of both even better.

- **Pulsed electromagnetic fields after C-section** significantly cut pain & analgesic use with better wound healing & fewer inflammation signs.

- Patients with cluster headaches may qualify for a hand-held electric vagus nerve stimulator, called a gammaCore, for joining their registry.

- **Relief from 10 massage sessions for chronic low back pain** sustained for 6 months following community-based massage therapy.

**Pain-Related Education Opportunities**

- **Tue – Sat Sept. 5 – 9th PAINWeek**, the largest conference on pain for frontline practitioners. Las Vegas, NV

- **Wed – Sat Sept. 13 – 16th American Society for Pain Management Nursing** 27th Annual Conference Phoenix, AZ

- **Sat – Sun Sept. 16 – 17th Best Practices in Pain Management**: Primary Care and Specialty Collaboration Williamsburg, VA

**MGH Pain Calendar**

- **Tools and Techniques for Effective Pain Management** – Tuesday, September 26, 2017 Founders House 325 @ 8AM – 1PM Sign-up here.

- Palliative Care Grand Rounds are Wednesday mornings from 8AM – 9AM, Ether Dome. email: Margaret Spinale for more information.

**MGH Pain Resources**

- The Patient Education Television: Dial 4-5212 from patient’s phone then order; see handbook [http://handbook.partners.org/pages/168 for listing: #120 Acute Pain #279 for Chronic Pain; #280 for Cancer Pain; #281 for Communicating Pain; #282 for Pain Medications;

- [Excellence Every Day Pain Portal Page](http://www.mghpcs.org/eed_portal/EED_pain.asp)

- The MGH Center for Translational Pain Research: [http://www.massgeneral.org/painresearch](http://www.massgeneral.org/painresearch)


- MGH Palliative Care: [http://www.massgeneral.org/palliativecare](http://www.massgeneral.org/palliativecare)


**MGH Cares About Pain Relief**

Massachusetts General Hospital

PainRelief@partners.org [http://www.mghpcs.org/painrelief](http://www.mghpcs.org/painrelief)

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