

NEW RESEARCH FINDINGS FROM THE AAPM ANNUAL MEETING

The twenty-third annual meeting of the American Academy of Pain Medicine took place February 7–10, 2007, in New Orleans, Louisiana. The meeting covered highly pertinent topics such as opioid prescribing, opioid addiction, neuromodulation, and the recognition and management of complications arising from interventional procedures. Among the presentations was one on a community survey conducted by Eriator and colleagues exploring public perception of and response to warning signs of inappropriate use of prescription drugs. Their data showed that despite current government statistics pointing to prescription opioids as the most abused substance in the United States, contributing to more accidental overdose deaths than cocaine and heroin combined, only 9 percent of those surveyed considered prescription drug abuse to be a major issue.

Another important study, reported by Wasan and colleagues, evaluated the merit of screening tests as predictors of aberrant drug-related behavior in chronic pain patients. The researchers found that various psychiatric factors, including mood disorders, psychological problems, and psychosocial stressors, are associated with a greater likelihood of drug-positive urine screens and significantly higher scores on the Aberrant Drug Behavior Index. This is an important finding for opioid prescribers, as such screening could aid in early recognition and monitoring of high-risk patients.

One of the most interesting discussions took place in a premeeting conference, “The Truth about Pain Management: The Interface of Pain and Addiction,” conducted by Drs. Howard Heit, Edward Covington, and Douglas Gourlay. Dr. Heit offered a concise overview of current theories on addiction and their relevance to pain practice. Dr. Gourlay followed this presentation with a discussion of the concept of “universal precautions” in pain medicine, which require a strategy centered on careful assessment, ongoing evaluation, the establishment of clear lines of communication and firm boundaries between the patient and the prescriber, and meticulous documentation.

A second panel discussion, presided over by Dr. Covington, questioned whether doctors may have gone from being overly reluctant to prescribe opioids to patients with chronic noncancer pain to being excessively aggressive with opioid treatments. Mounting evidence suggests that opioids are not universally effective and may be associated with poor long-term outcomes. While there is

a great deal of debate surrounding this particular topic, it is generally agreed that the best approach is to individualize pain patients’ therapy as much as possible and employ a combination of treatments, including rehabilitative approaches, cognitive-behavioral therapy, and nonopioid analgesics such as NSAIDs or tricyclic antidepressants, rather than rely solely on standardized opioid regimens. While most pain specialists are quite knowledgeable on these points, primary care physicians are increasingly responsible for treating and monitoring pain patients on opioid therapy. Because these doctors are less likely to have well-developed and tested policies and procedures in place for caring for complicated pain patients, they are the most likely to encounter problems with regulatory agencies. Recommendations for improving this situation include greater involvement on the part of specialists and improved pain education at both the medical school and continuing education levels. (Source: *Medscape Neurology & Neurosurgery*, March 8, 2007; www.medscape.com/viewarticle/553069)

PAIN LINKED TO SOME MAJOR PSYCHIATRIC DISORDER DIAGNOSES

A study presented at the annual meeting of the American Association for Geriatric Psychiatry claims there is a significant association between pain and the major categories of psychiatric disorders in hospitalized geriatric patients. Led by Theodore Osuala, MD, a research team from the University of Maryland Medical Center in Lanham, Maryland, reviewed pain evaluations at admission and in discharge summaries of 504 patients age 60 or older at the center’s acute geriatrics psychiatry inpatient unit. The data analyzed included psychiatric diagnosis, presence or absence of pain, and pain syndrome diagnosis. Self-reported pain symptoms were seen in 25 percent of the patients in the group. The incidence of pain differed significantly according to diagnosis: pain was reported in 34 percent of patients with depression, 20 percent of those with mania, 20 percent of those with psychotic disorders, and 14 percent of those with dementia. The average pain score was 5.9 on a 10-point scale. Of all subjects with documented pain, 58 percent were treated with pain medication while in the hospital.

The results of this study confirm previous work showing a relationship between pain and depression in the general psychiatric population. The findings may also indicate that pain is undertreated in geriatric psychiatry patients and underappreciated in patients with other psychotic

disorders/dementias. (Source: Lexa W. Lee, Medscape Medical News, March 5, 2007)

PSYCHIATRIC FACTORS LINKED TO INCREASED RISK FOR MISUSE OF OPIOID MEDICATIONS

The results of a study presented at the American Academy of Pain Medicine's annual meeting suggest that psychiatric factors, including a history of mood disorders or psychological problems, are associated with an increased risk for misuse of prescription opioids among outpatients receiving opioid therapy for chronic noncancer pain. The lead researcher, Dr. Ajay Wasan, of Brigham and Women's Hospital in Boston, Massachusetts, says that it is known that noncancer patients are more likely to abuse opioids than cancer patients, but to date there is little reliable data on which patients with chronic noncancer pain are most likely to be noncompliant with therapy.

In the current multicenter study, researchers related psychiatric history and current psychological adjustment to aberrant drug-related behavior. Patients completed the Prescription Drug Use Questionnaire, the Brief Pain Inventory, the Screener and Opioid Assessment for Pain Patients (SOAPP), and the Current Medications Misuse Questionnaire (COMM), a newer study tool. Patients were followed for five months, at which time a urine toxicology screen was performed. The Prescription Opioid Therapy Questionnaire, a tool that rates opioid-misuse behaviors, was completed by treating physicians. Using the combined results from the tests and urine screens, patients were classified as positive or negative on the Aberrant Drug Behavior Index (ADBI).

Of 228 patients, 103 were rated "low psych" and 125 "high psych." The high psych patients had been taking opioids for longer periods and scored significantly higher on the SOAPP and COMM ($p < 0.001$). Their urine screens were more frequently abnormal ($p < 0.01$), and their ADBI scores were significantly higher ($p < 0.001$). The researchers concluded that psychiatric factors, such as a history of mood disorders, psychological problems, and psychosocial stressors, may place patients at risk for misuse of prescription opioids. (Source: Lexa W. Lee, Medscape Medical News, March 1, 2007)

PHYSICIANS DEBATE LINK BETWEEN MORPHINE AND DOUBLE EFFECT

Two papers published in the March 10, 2007, *Palliative Medicine* state that medical practitioners are poorly informed about morphine's role in hastening the death of terminal patients and are passing their misconceptions on to the public. The papers are supported by top palliative care specialists in the United Kingdom, who have authorized a letter condemning the credence given to outdated perceptions by the media and the medical community.

Professor Bassam Estfan and colleagues, of the Taussig Cancer Center, have demonstrated that when properly administered in pain patients, morphine does not cause respiratory depression, the mechanism by which a high dose becomes lethal. In their study of 30 patients admitted for inpatient palliative care for severe cancer pain, they did not note any significant changes in breathing after controlling the pain with morphine.

The findings are especially relevant to the ongoing case of Kelly Taylor, a terminally ill woman suffering from constant, debilitating pain who went to court over her right to receive a dose of morphine high enough to induce unconsciousness. Doctors are unwilling to prescribe an amount of morphine adequate to control her pain, insisting that such a dose would likely induce death, amounting to physician-assisted euthanasia—a phenomenon known as "double effect." But many palliative care specialists believe the correlation between double effect and morphine is erroneous, and several insist that unconsciousness could not be sustained with morphine at any dose. "Unlike many drugs, morphine has a very wide safety margin," says Dr. Rob George of University College London, a consultant in palliative medicine. "Evidence over the last 20 years has repeatedly shown that, used correctly, morphine is well tolerated, does not cloud the mind, does not shorten life, and its sedating effects wear off quickly. This is obviously good for patients in pain, but not for those who want to be put into a coma." Dr. George insists that there is no evidence that morphine, when given knowledgeably, is fatal. (Source: Physorg.com, March 2, 2007; Medical News Today, March 10, 2007)

POTENTIAL NEW PAIN DRUG DEVELOPED AT UNIVERSITY OF LEICESTER AND FERRARA

Professor David Lambert, of the University of Leicester, and Dr. Girolamo Calo, in Ferrara, Italy, have collaborated on a new pain medication—UFP-101—that may be as effective as morphine while avoiding many of morphine's unwanted side effects.

"Morphine produces its clinical effects by interaction with opioid receptors," Lambert explained. "In addition to acting as a pain killer, this drug produces a number of unwanted side effects of importance from a clinical (e.g., depression of breathing, constipation, and tolerance) and social (addiction) viewpoints. Clearly there is a place for new morphine-like drugs without these side effects." Lambert has been studying opioids and opioid receptors since 1991, with emphasis on understanding receptor function and exploring new substances that can effectively target these receptors. An inaugural public lecture on the development and proposed role of UFP-101 was scheduled for March 20, 2007. (Source: Physorg.com, University of Leicester, March 16, 2007)