International Association for the Study of Pain
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SIG > NEWSLETTER

ACUTE PAIN

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Message from the Chair

Daniel Carr

Acute Pain SIG Satellite Symposium on September 25 in Yokohama – Rapidly Approaching!

IASP's Acute Pain Special Interest Group is happy to announce a world-renowned group of speakers who will address the many aspects of the dynamic, resurgent interest in acute pain. Its timely theme – the challenge of providing evidence-based care when policymaker concerns are focused on the devastating impact of opioid addiction – is expressed in the symposium's title: “Are Perioperative Opioids Obsolete?"

The symposium will take place Sunday, September 25, 9 a.m.-5 p.m., followed by a cocktail reception. Please sign up soon for this exciting event, as places are limited and rapidly filling.

Registration for the Acute Pain SIG Satellite Symposium is free of charge to all participants, though first priority for admission and seating will of course be to the speakers and moderators, followed by the officers and other current loyal members of the SIG, and then to any other IASP member. This satellite symposium meets in Room 304 (please check onsite to confirm this) at the Yokohama Conference Center, the same venue as the IASP World Congress. The Conference Center adjoins the main hotel, InterContinental Yokohama Grand and the National Convention Center of Yokohama.

To avoid a possible overflow, we request that all attendees reserve their place by sending an email to apsig.yokohama@gmail.com to confirm your intent to attend. Please enter your name and the word "attend" in the subject line.

We look forward to seeing you in Yokohama!

NOTICE: The business meeting for the Acute Pain SIG is scheduled for Wednesday, September 28, 6:30-7:30 p.m. AP SIG Officers and other members are also invited to the SIG Business Meeting during the World Congress. Venue: Conference Center, Room 302 (please check onsite to confirm this).

The current term of AP SIG officers will expire during this World Congress, and AP SIG members will elect those to serve for the next four-year term. **We will also discuss the involvement of AP SIG members in IASP's 2017 Global Year Against Pain After Surgery.**

-- -- *Daniel B. Carr, MD*
Chair, IASP Acute Pain SIG
Professor of Public Health, Anesthesiology and Medicine
Director, Program on Pain Research, Education and Policy
Tufts University School of Medicine, Boston, USA

Acute Pain SIG Satellite Symposium: Are Perioperative Opioids Obsolete?

Satellite Symposium Agenda: Room 304, Yokohama Conference Center at the IASP World Congress on Pain, Sunday, September 25, 9 a.m.-5 p.m.

Welcome and Opening Remarks: Perioperative Opioids -- from Friend to Foe?
Daniel Carr (organizer)

Opioid adverse effects: synapse to society
Esther Pogatzki-Zahn & Jane Quinlan (Co-Chairs)

- F. D'Souza: Big data mining frames postoperative opioid issues
- P. Macintyre: Opioid-induced ventilatory impairment – what's the risk and can it be reduced?
- B. Schachtel: Opioid-induced nausea and vomiting and their prevention
- E. Suzan: Acute opioid tolerance/ hyperalgesia -- is it significant?
- S. Walker: Pediatric/ developmental considerations

Opioid alternatives (I): behavioral and integrative
Robert Cohen & Adriana Desillier (Co-Chairs)

- B. Darnall: My Surgical Success: A perioperative psychological intervention
- R. Cohen: Hypnosis
- H. Tick: Integrative therapies: the foundation for pain care?

Opioid alternatives (II): drugs/ devices/ delivery
Ed Bilsky & Ashok Saxena (Co-Chairs)

- S. Schug: Update on systemic agents -- overview of the latest ANZCA scientific evidence report
- E. Pogatzki-Zahn: Dexmedetomidine for perioperative opioid sparing and analgesia
- J. Chelly: Local anesthetics including extended release/ duration and peripheral catheters
- M. Smith: Angiotensin-II type 2 receptor antagonists
- W. Schmidt: Soluble epoxide hydrolase inhibitors
- D. Manning: Transcription factor inhibition

Making change happen: measurements driving metamorphosis
Gillian Chumley & Babita Ghai (Co-Chairs)

- R. Zaslansky: PAIN OUT data as agents of change -- a case study
- S. Mackey: Perioperative CHOIR: Daily PROMIS integration and initial results
- A. Finley: Does pediatric postop pain control require opioids?
- E. Michna: Postsurgical outpatient opioid analgesia as a community risk
- D. Gordon: From quality improvement to system change

Cocktail Reception

Program Schedule

Cochrane Review Group on Pain, Palliative and Supportive (PaPaS) Care Celebrates 18th Birthday

Phil Wiffen

In 1998, the Cochrane Collaboration registered the PaPaS review group. Its initial core participants came from Oxford's Pain Research Unit (PRU), led by Andrew Moore and Henry McQuay. PRU colleagues and trainees over the years – too numerous to list here – have been among PaPaS's most active participants. PaPaS has now produced hundreds of systematic reviews on all aspects of pain prepared by a worldwide group of collaborators from all health professions.

From the outset, I (a pharmacist and long-term member of the PRU) have served as its editor. Early on I was joined by Chris Eccleston and Dan Carr, who helped recruit systematic reviews in pediatric pain and acute pain, respectively. These and dozens of other members of the PaPaS community gathered at Oxford on July 23, 2016, to look back and celebrate its achievements on the occasion of its 18th birthday.

Chris Eccleston led an interactive group exercise to brainstorm about PaPaS's future. Under my tenure, dozens of training courses have been held worldwide to train diverse health-care providers to contribute systematic reviews. More than 300 systematic reviews have been published and/or updated during PaPaS's 18 years. In that time, evidence-based pain medicine has evolved in its techniques and how it is applied to guide clinical care and health policy. We have viewed, and continue to view, Cochrane reviews as "tools not rules" for those seeking to provide precision care for individual patients as well as directing resources to care for populations.

At the last IASP Acute Pain SIG Satellite Symposium in Buenos Aires, Professor Moore's opening talk addressed the challenges of applying evidence-based pain medicine both the micro and macro levels. His PowerPoint and a video of his talk are viewable elsewhere on the IASP Acute Pain SIG website.

-- Phil Wiffen
Cochrane Pain, Palliative and Supportive Care Group
Pain Research, Churchill Hospital Oxford
Nuffield Dept of Clinical Neurosciences
Visiting Professor Dept of Pharmacy & Pharmacology
University of Bath
Oxford Systematic Review Services

U.S. Government Literally "Devalues" In-Hospital Pain Management

The United States spends almost 18 percent of its GDP on health care with a per capita expenditure more than twice that of other developed countries. Yet it ranks lowest in measures of quality, access, and outcomes. In response, mandatory standard quality assessments have for several years been administered to a random sample of patients after hospital discharge. It is important to include pain as a quality measure because its prevalence is high, and effective treatment speeds recovery, improves satisfaction, and decreases cost.

Pain is one of 11 quality domains; the word “pain” appears in the text of six of the 26 survey items and is the specific focus of questions 12, 13, and 14.

> Q12 During this hospital stay, did you need medicine for pain?
> <1> YES <2> NO
>
> Q13 During this hospital stay, how often was your pain well controlled?
> <1> Never, <2> Sometimes, <3> Usually, or <4> Always?
>
> Q14 During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?
> <1> Never, <2> Sometimes, <3> Usually, or <4> Always

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, by providing these results to the public, allows citizens and health-care professionals to compare the nation’s hospitals with one another. However, the online publication of the HCAHPS data for each hospital produced little voluntary provider and institutional change. As a result, the Centers for Medicare & Medicaid Services (CMS) adopted a series of financial rewards and penalties in a so-called “pay for performance” (p4p) system. In this model, CMS holds back a small portion of health care institution reimbursement, and after examining HCAHPS scores where only items scored “always” receive credit, penalizes poor performers by not returning their holdback, instead paying it out as a bonus to top performers.

Although not supported by evidence, many believe anecdotal impressions inflamed in the media that the opioid-abuse crisis raging in the United States is due in part to p4p-related financial pressure on providers to assess and treat pain. However, the three pain-specific HCAHPS questions do not mention opioids specifically, and only one refers to medication at all.

Recent studies refute a causal relationship between opioid prescribing and high patient satisfaction scores. In fact, the reverse is true. Patients receiving high doses of opioid and benzodiazepine are more likely to report low satisfaction with pain treatment. [DP Mather, W Wong, P Woo, et al. Perioperative factors associated with HCAHPS responses of 2,758 surgical patients. *Pain Medicine*. 2015; (4): 791-801]

In response to calls from the media and others, however, the U.S. Senate and House of Representatives directed CMS to remove the HCAHPS pain items from consideration when awarding p4p reimbursement. That is, patient responses to the HCAHPS surveys have now been de-linked from financial incentives and disincentives. The language in the following excerpt from the U.S. Congressional Record may be illustrative.

> “By severing the relationship between HCAHPS questions on pain management and reimbursement, doctors would no longer feel the undue pressure to overprescribe opioid narcotics

to people they believe may be abusing it." [Congressional Record United States of America PROCEEDINGS AND DEBATES OF THE 114th CONGRESS, SECOND SESSION Vol. 162 No. 24 2/10/2016, page H658]

As these measures fail to address the under-representation of pain in health professionals' educational curricula, shortfalls in provider knowledge to assess and manage pain, and gaps in institutional pathways to educate patients about pain management options early in the course of treatment, they are unlikely to have the intended effect. We must also keep in mind that evidence does identify undertreated acute pain as a risk factor for the development of chronic pain. Thus, the unintended consequence of turning the focus of providers, institutions, and civic leaders away from recognizing that undertreated pain is a problem of enormous impact may be to worsen both the immediate experience of pain as well as to increase the prevalence of chronification of acute pain.

-- Daniel B. Carr, MD

Positive Steps to Address an Unintended Consequence

Robert Cohen

The pendulum that is swinging away from the use of opioids in treatment of acute and chronic pain is gaining momentum as the United States responds to the "opioid epidemic" of misuse and addiction.

In Massachusetts alone, compared with 2010, there was a 162 percent increase in opioid-related deaths last year.* In response, "An Act about substance use, treatment, education, and prevention" ** was signed in March by Governor Charlie Baker.

This act's draft received national attention and provoked controversy. For example, it limited initial pain prescriptions to three days of medication, although this provision did not survive public and legislative review. Many voices contributed to the final form of the legislation, which passed unanimously in both the Massachusetts State Senate and House of Representatives.

An unintended if not unexpected consequence of this and a multitude of other laws and regulatory decisions is a reduction in access to appropriate pain care. In response, the Massachusetts Pain Initiative (MassPI), the American Academy of Pain Medicine (AAPM), and others worked to introduce into the final bill a special commission to "examine the feasibility of establishing a pain management access program - Pain Management Commission" with the purpose of increasing "access to pain management for patients in need of comprehensive pain management resources." ***

The editor, a member of AAPM, was appointed to this special commission as a representative of MassPI. The process is an example of the balance that legislators and regulators need to strike when trying to improve the care of the patient. In a climate where focus upon an all-too-real epidemic risks the devaluing of pain, these are hopeful signs, and I look forward to reporting progress.

* http://www.mass.gov/eohhs/docs/dph/quality/drugcontrol/county-level-pmp/opioid-related-overdose-deaths-among-ma-residents-august-2016.pdf

** https://insight.athenahealth.com/mass-opioid-prescriptions-falling-faster/

*** https://malegislature.gov/Laws/SessionLaws/Acts/2016/Chapter52

--Robert I. Cohen, MD, Editor, Acute Pain SIG Newsletter
