

# AMERICAN SOCIETY FOR Pain Management Nursing

North Texas Chapter  
Volume 6, Number 8 October 2007

[http://www.geocities.com/aspmn\\_ntx](http://www.geocities.com/aspmn_ntx)

## Future Programs

**October 25, 2007** - Breakthrough Pain – Daniel Still – @ VITAS Dallas (see flyer)

**November 29, 2007** - Texas Pain Report Card - Baylor Dallas - Mary Beth Kean & Suzette Thomason

**December – No Meeting**

**January 24, 2008** - Communicating Bad News & Providing Family Support - Methodist Medical Center Dallas - Nancy Grabb

**February 28, 2008** - Ketamine and Methadone - CMC Dallas - Lynn Clark & Kathleen Davis

**March 27, 2008** - topic to be decided. (Fibromyalgia?)

What programs would you like to hear?

presentation: *Communicating Bad News: Comforting Patients and Families*. She included tangible communication strategies that have direct clinical application with an emphasis on cultural considerations.

There was also an excellent presentation by the music therapists from Children's Hospital. The only thing missing was a box of Kleenex as their presentation moved most of the audience to tears.

Great work from our North Texas ASPMN team! Bravo!

## Report on the Palliative Care Conference

by Mary Beth Kean

Jo Howard and I attended Methodist's palliative care conference on October 3. Jo gave an excellent presentation on pain management and really engaged the audience in performing opioid conversions and discussing treatment options. She included the publication of the Texas Pain Summit *The Politics of Pain: Balancing Vigilance with Compassion* in her handouts. Jo marketed the local chapter of ASPMN for us at the conference.

Nancy Grabb did an excellent job in coordinating the conference and in her

### Contact information

Co-Presidents:

Suzette Thomason & Mary Beth Kean

[Gsthomason@sbcglobal.net](mailto:Gsthomason@sbcglobal.net)

[MaryKean@BaylorHealth.edu](mailto:MaryKean@BaylorHealth.edu)

President Elect Katharyn Dispenza

[katharyn.dispenza@childrens.com](mailto:katharyn.dispenza@childrens.com)

Secretary

Treasurer Jo Howard

[jvhoward@charter.net](mailto:jvhoward@charter.net)

Newsletter/Website Judy Goldthorp

[Judygold47@yahoo.com](mailto:Judygold47@yahoo.com)

Mary Beth Kean attended the American Academy of Pain Management Conference in Las Vegas September 26-30<sup>th</sup>. <http://www.aapainmanage.org/>

She wrote a nice list of highlights from the conference for our newsletter.

It was fabulous and very multidisciplinary. There was a lot of talk about turf wars between the disciplines, too. I would highly recommend attending next year's conference if you can- it will be in Tennessee.

<http://www.aapainmanage.org/conference/ConferenceNext.php>

Speakers included: Dr. Betty Ferrell, Dr. Howard Heit, Dr. Doug Gourlay, Dr. Steven Passik and many others.

Emerging science and thought:

- 1) Big focus on addiction and including the use of predictive screening assessment tools in determining overall pain treatment plan.
- 2) Big focus on not just identifying aberrant behaviors but identifying the meaning of those aberrant behaviors.
- 3) Focus on stratifying patient into risk groups and engaging patients in addiction treatment programs when pain is combined with addiction.
- 4) Opioid treatment contracts should be titled opioid treatment agreements
- 5) Suggestion that tolerance may be in fact a form of Hyperalgesia
- 6) Conducting a trial for intrathecal pump analgesia delivery is not supported by evidence even though it is required for reimbursement.
- 7) General consensus that EKG should be done on patients on more than 60 mg/day methadone and should be conducted 1 hr after administration to catch the effect of the drug on QT interval. EKG may be needed for patients who also have additional risk factors for QT prolongations such as those receiving other medications that interact with methadone such as the tricyclics. There is no real reliable way to determine the right starting dose of methadone. Methadone should not be titrated more often than every 7 days.
- 8) Reminder that Duragesic patches should not be titrated more frequently than every 72 hrs.
- 9) Focus on the increased incidence of Tylenol overdose and suggestion that pure opioids should be used chronically as they have not been shown to cause end organ risk like the NSAIDs or Tylenol.
- 10) Huge focus that the effectiveness of pain management lies in the uses of a multidisciplinary team whether that exists in a combined program or in an informal network of team members in practice in the community
- 11) Reinforced that there is evidence to support the use of opioids in the treatment of neuropathic pain with clinical studies proving the effectiveness of oxycotin.
- 12) New formulations of long acting opioids are focusing on decreasing the abuse potential of the opioids with formulation that include naloxone in indistinguishable beads that pass through the GI tract in an inactive form unless the drug is crushed
- 13) Interesting example in a presentation by Steven Passik of an APN clinic that manages the patient assessment, screening, urine drug testing etc. for primary care MDs in the community. The primary care provider MD prescribes the opioids but the risk factors and treatment plan are managed in the nurse clinic.
- 14) Emerging thought that the treatment of pain with opioids should require informed consent where risk for addiction and other side effects are discussed.
- 15) Discussion of the suffering of the people who manage other peoples pain!
- 16) Outstanding presentation by Betty Ferrell on suffering and pain management nursing. She received an award from the academy for her wonderful work.

## **On line Continuing Education**

### **Patient-Physician Email Communication May Be Effective**

<http://www.medscape.com/viewarticle/563678?sssdmh=dm1.307704&src=nldne>

#### Pearls for Practice

- Families who used a patient-physician email service reported that patient-physician email improved access to the physician as well as quality of care. They also believed that email facilitated understanding of medical tests, and they did not believe that patient-physician email distanced them from the pediatrician.
- Only 0.002% of emails sent to the physician required emergent attention. Almost all physician responses were sent within 24 hours. For the physician, answering patient questions by email was 57% faster than by telephone.

### **Strength and Endurance Exercises Decrease Chronic Neck Pain**

<http://www.medscape.com/viewarticle/549433?sssdmh=dm1.307704&src=nldne>

#### Pearls for Practice:

- Neck pain is more common in women than in men, and multiple causes usually contribute to neck pain. Although it has been demonstrated that high-intensity strength training improves chronic neck pain, the record of less intensive training is mixed.
- In the current study, both strength and endurance training for chronic neck pain improved pain and disability among a cohort of female office workers. The duration and intensity of training correlated positively with improved study outcomes.

### **Guidelines Issued for Management of Low Back Pain**

<http://www.medscape.com/viewarticle/563639?sssdmh=dm1.307424&src=nldne>

#### Pearls for Practice:

- Focused history and physical examination should help categorize patients into 1 of 3 broad groups: nonspecific low back pain, back pain potentially associated with radiculopathy or spinal stenosis, or back pain potentially associated with another specific spinal cause.
- Evaluation of psychosocial risk factors is essential to predict the risk for chronic, disabling low back pain. Clinicians should provide patients with evidence-based information on the expected course of low back pain and effective self-care options and should also recommend that their patients be physically active.

### **Caffeine Reduces Cognitive Decline in Women**

<http://www.medscape.com/viewarticle/561166?sssdmh=dm1.307424&src=nldne>

#### Pearls for Practice:

- Previous cross-sectional research has suggested that higher consumption of caffeine may improve long-term memory performance and locomotor speed but not short-term memory, information processing, planning, and attention.
- The current study finds that consumption of 3 or more cups of coffee or tea per day can reduce the risk for cognitive decline among women, but not men. Caffeine intake did not have an effect on incident dementia.

## **Online Articles of Interest**

### **Alcohol Rub, Antiseptic Wipes Inferior at Removing *Clostridium difficile***

<http://www.medscape.com/viewarticle/563232?src=mp>

*“Old-fashioned soap and water are better than antiseptic wipes and alcohol rubs in removing *Clostridium difficile*, according to a study by McGill University researcher Matthew Oughton, MD, presented here at the 47th Annual Interscience Conference on Antimicrobial Agents and Chemotherapy.”*

### **Moral Distress: Recognizing it to Retain Nurses**

[http://www.medscape.com/viewarticle/562718\\_print](http://www.medscape.com/viewarticle/562718_print)

*“Nurses are likely to continue to face a wide range of ethical situations leading to the experience of moral distress. An organizational commitment to addressing the issue of moral distress could reap benefits with greater employee job satisfaction, decreased turnover, and ultimately improved patient care.”*

### **Primum non nocere (First, Do No Harm): Prayer, Culture, and Evidence-Based Practice**

[http://www.medscape.com/viewarticle/561760\\_print](http://www.medscape.com/viewarticle/561760_print)

*“Culturally competent care supports and preserves valued traditions that give meaning to people's lives.<sup>[23]</sup> Introspective Acknowledgment and maintenance of the client's cultural traditions by the nurse show respect for the person. Even though recent evidence-based trials have found no empirical benefit to IP an intrinsic client-based benefit remains in the continued support of the client's cultural desire to engage in this practice. Willingness to assist and relate to clients by affording them the necessary support to engage in prayer results in culturally*

*congruent care and promotion of compassionate action.”*

## **How Do Patients Know?**

[http://www.medscape.com/viewarticle/563286\\_print](http://www.medscape.com/viewarticle/563286_print)

*“The way patients make health care decisions is much more complicated than is often recognized. Patient autonomy allows both that patients will sometimes defer to clinicians and that they should sometimes be active inquirers, ready to question their clinicians and do some independent research. At the same time, patients' active inquiry requires clinicians' support.”*

## **Not a Medscape Member?**

Register here:

<https://profreg.medscape.com/px/registration.do?cid=med>

There is no charge and you will have access to articles of interest to you in your personal and professional life.





### **Recycle Your Old Cell Phones for SafeHaven.**

[www.SafeHavenTC.org](http://www.SafeHavenTC.org) can use your old cell phone for 911 only service. Bring your old cell phones to the next meeting or take them to 401 W. Sanford Street, #1400, Arlington 76011.

### **Searching Make Cents**

**SafeHaven of Tarrant County** is partnering with GoodSearch.com to raise additional funds. The next time you are tempted to do a Google search, try Goodsearch instead. Goodsearch.com is a search engine powered by Yahoo!, so you'll get the same quality search results that you're used to. What's unique is that they have developed a way to direct money to **SafeHaven** with every click. Go to [www.SafeHavenTC.org](http://www.SafeHavenTC.org) and look on the left side of the Home page for more information.



---

---