

SAVE THE DATE

October 28–29, 2011

Mark Your Calendars and Plan to Attend the Next MPS Scientific Meeting

The next Scientific Meeting of the MPS will be held at Northwestern University Medical Center, Chicago, Illinois.

Midwest Pain Society Update is published by the Midwest Pain Society, 4700 W. Lake Avenue, Glenview, IL 60025-1485, (847) 375-4730, fax (847) 375-6489, e-mail mps@amctec.com. Copyright © 2011 Midwest Pain Society. All rights reserved. **ARE YOU INTERESTED IN SUBMITTING AN ARTICLE FOR THE MPS Newsletter?** Contact Karen Frizelis, MSN, NP, at karen.frizelis@dupagemd.com and Sara Dittoe Barrett, Ph.D., at sbarrett@ric.org.

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Are you interested in submitting an article for the Midwest Pain Society Newsletter?

Contact Karen Frizelis, MSN, NP, at karen.frizelis@dupagemd.com and Sara Dittoe Barrett, Ph.D., at sbarrett@ric.org

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Midwest Pain Society UPDATE

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Nathan Rudin, MD, MA

PRESIDENT'S COLUMN

TOO MUCH MEDICINE, NOT ENOUGH MANAGEMENT

As I was working on a business plan to increase my overburdened pain clinic's capacity, a remarkable statistic caught my eye. According to ABC Action News of Tampa, the state of Florida has more pain clinics than McDonald's restaurants (1,167 versus 860)¹. Wow! Should we look to Florida as the nation's leader in pain management?

Unfortunately, no. In truth, pain clinics in Florida have proliferated because many offer their very own "Happy Meal"—large supplies of prescription opioids, no questions asked, sometimes without even a physical examination. A Florida-based family member sent me a Fort Lauderdale weekly newspaper containing no less than 96 pain clinic ads, most of them emblazoned with such slogans as "Pharmacy On Site!" and "50% Off First Visit With Prescription!" The proliferation of these "pill mills" has been accompanied by increased deaths from prescription-opioid overdose, a spike in prescription drug trafficking, and a new Florida "tourist attraction" as people drive in from all over the country to obtain medications much harder to get in other states.

Elsewhere in the United States, the trend is less extreme but still significant. Opioid use has dramatically risen across the nation. Americans comprise about 5% of the world's population but consume 80% of the global opioid supply and 99% of the world's hydrocodone! American opioid use per capita increased 150% between 1997 and 2007². Has this dramatic change in behavior resulted in an equally dramatic decrease in suffering? When considering pain from cancer, injury, and surgery, the answer appears to be yes.

For decades pain of these types was shamefully undertreated. Thanks to tireless advocacy, research and policy efforts—many focused here in

the Midwest—the health professions have finally begun to apply opioids more appropriately, so that people's suffering is addressed as well as their primary medical problems.

But what happens in chronic pain, where pain is the primary medical problem? Chronic opioid therapy is now widely applied to noncancer pain. This practice, which began out of sincere and humanitarian concerns, has created a whole new branch of the pharmaceutical industry and a new set of public expectations. Suddenly "Chronic Pain Management = Opioids." *Time.com* recently quoted one patient as stating specifically that pain medication is "everybody's constitutional right."³ (Perhaps he was referring to "the Pursuit of Happiness.")

Driven by the desire to help their patients and the promise of quick relief, health care providers keep prescribing opioids in increasing quantities, perhaps pushed along by heavy marketing and the pressure of patient expectations. We pain professionals now know that chronic opioid therapy, while sometimes helpful, is simply not always the best treatment for chronic pain. Not everyone who receives these medications gets the relief they are looking for, nor do they all have the best intentions. Unfortunately, most prescribers lack the training to know what to do in these situations, and dose escalation or polypharmacy often result. Prescription opioid-related addiction, abuse, morbidity (including death), and diversion are on the rise nationwide, accompanied by increasing drug-related crime.

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It seems to me that at least in the world of chronic noncancer pain, our increased appetite for opioids has not resulted in the desired decrease in suffering; for every person who achieves relief, at least one other may experience the downside of widely available prescription opioids. Americans do not realize that chronic noncancer pain is generally a condition to be managed, not a symptom to be eliminated. The search for the "magic pill" has resulted in a nation with far too much pain medicine and not enough pain management.

This is where we, the members of the Midwest Pain Society, come in. As experts on the interdisciplinary management of chronic noncancer pain, we are in a position to educate others on how to manage it as a disease, not a symptom. We are already engaged in this task by presenting our annual Scientific Session and by funding pain-related research. However, each member has the potential to contribute more to this effort, not only in day-to-day patient care but in a myriad of other ways. If you are not already directly involved in such efforts, consider what you might be able to contribute.

Some suggestions:

- *Teach your patients.* This is where it's hardest to "make the sale"; the public needs to realize that personal involvement, responsibility, and lifestyle change are essential to effective chronic pain management.
- *Champion safe medication use and disposal.* Recommend or require the use of locked medicine cabinets or safes to keep controlled substances at home. Point patients with leftover medications to community drug "take-back" events.
- *Provide in-services or other presentations* for primary care providers in outpatient and inpatient settings.
- *Champion pain education* in curriculums for students, postgraduate trainees, and practitioners throughout the health professions. Pain is ubiquitous (as many as 56 million people in the United States suffer from chronic pain alone^{4,5}), so it is vital that practitioners learn to address it from the beginning of their training.
- *Offer mentorship experiences* where others can "shadow" and learn from you as you work.
- *Support sound legislation.* Local, state, and national advocacy can help take American medicine in the right direction. If we bring our knowledge and experience to our legislators, better laws should result. This outcome is far preferable to what happens when a flawed

legislative agenda is abruptly imposed and we must then scramble to mount appropriate responses.

I would love to hear from members about what you are already doing to help educate our public, as well as any suggestions you have regarding how our Society can increase its contribution. Feel free to send your stories and suggestions to me at rudin@rehab.wisc.edu.

Meanwhile, the events in Florida should serve as a cautionary tale to patients, caregivers and lawmakers nationwide. Some Florida pill mills are being shut down as links to drug trafficking and organized crime are uncovered. State legislators have proposed strict measures that should help close these clinics, but unless changes are made the new laws may make it harder for legitimate pain centers to stay open. Meanwhile, the practitioners working in those centers continue their tireless efforts to help people manage their pain conditions, achieve more function and comfort, and improve their quality of life.

Like the real McDonald's Happy Meal, the pill mill's opioid offering has proved to be bad for our nation's health. McDonald's has been forced to reformulate the Happy Meal to improve its nutritional value.⁶ Now it falls to us to teach the public to appreciate the healthier alternative of rational, function-oriented chronic pain management.

REFERENCES (Websites all accessed July 2011)

1. http://www.abcactionnews.com/dpp/news/region_tampa/investigation-florida-has-more-pain-clinics-than-mcdonald%27s
2. Manchikanti L et al. *Pain Physician*. 2010 Sep-Oct;13(5):401-35.
3. <http://www.time.com/time/nation/article/0,8599,1981582,00.html>
4. Brennan F et al. *Anesth Analg*. 2007;105(1):205-221.
5. <http://www.census.gov/compendia/statab/population>
6. "Under Pressure, McDonald's Adds Apples to Kids Meals." *The Wall Street Journal*, July 27, 2011.

HELPING PARENTS MANAGE THEIR CHILD'S CHRONIC PAIN

Diane Amstutz, Ph.D. and Gadi Revivo, DO
Rehabilitation Institute of Chicago, Center for Pain Management

Treating children with chronic pain effectively involves addressing the family unit. Specifically, the child-parent interaction often portends how well the patient will participate in a treatment program, and ultimately how well they will cope with the pain. A recent study (Clarr et al, 2009) demonstrated that parents who saw the cause of their adolescent's pain as "medical only"

were more likely to have children with increased disability. Disability was related to parental worry about the adolescent's physical, but not mental, health. Research shows that parental catastrophizing, passive and active coping interactions and protective behaviors strongly influences the child's pain behavior and efforts put forth in therapy. Parental catastrophizing is shown to contribute to greater parental solicitous responses, negatively affecting the child's participation (Hechler, et al 2010). Parental protective behaviors are also linked to greater levels of childhood depression and duration of pain behaviors.

In rehabilitation, parental responses to program activities, and specifically to the use of pain coping tools, is often predictive of the child's success in pain management. When parents respond "protectively" to pain, by encouraging less activity, the child often responds with decreased activity and less positive mood. When parents are able to use "distracting" responses, children seem to have fewer restrictions in their activity level (Connelly et al, 2010). In terms of exercise compliance, it is more important what parents don't say (i.e., discouraging coping statements) than providing "positive self-statements" (Reid et al 2005).

Parents must be included in interdisciplinary treatment in order for it to be successful. In our clinic, we often seen a negative relationship between parental anxiety and the child's ability to understand and utilize pain coping tools. Parental fears are often directly and indirectly communicated to the child in a way that increases the child's catastrophizing and decreases his/her ability to learn pain management techniques.

Initially, parents need education about how to approach their child's pain. Parents should be urged *not* to ask about pain, but to focus on the child's functioning (Zeltzer, 2005). It is best to meet with the parent(s) and child together to have this discussion. That way, children understand why their parents are no longer asking about the pain. At the same time, the child should be encouraged to continue to discuss painful experiences, so that he/she can problem solve with the parents about how to handle these situations. Parents are urged to be "coaches" for their children, encouraging the use of coping behaviors when they struggle with painful episodes. It is not uncommon for children to demonstrate some relief when parents are told to "stop asking." Children will often comment that they grew tired of their

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CHRONIC PAIN: CHALLENGES AND SOLUTIONS FOR PRIMARY CARE

DATE: September 28, 2011
SPONSOR: University of Minnesota Office of Continuing Medical Education, Fairview Pain Management Center
LOCATION: 1890 Buford Avenue, Minneapolis, MN
HOTEL: Continuing Education and Conference Center
CONTACT: (800) 776-8636, www.cmecourses.umn.edu

ULTRASOUND FOR PAIN MEDICINE WORKSHOP

DATE: September 30–October 2, 2011
SPONSOR: University of Toronto
LOCATION: Toronto Western Hospital 399 Bathurst St., Toronto, ON, Canada M5T 2S8
CONTACT: christine.drane@uhn.on.ca (416) 603-5118

OCTOBER

THE 34TH ANNUAL SCIENTIFIC MEETING OF THE MIDWEST PAIN SOCIETY (MPS)

DATE: Oct 28–29, 2011
SPONSOR: Midwest Pain Society
LOCATION: Northwestern University in Chicago, IL
HOTEL: Avenue Crowne Plaza Hotel
CONTACT: taitrc@slu.edu

NOVEMBER

CAPC NATIONAL SEMINAR: NEW TRENDS, PROVEN SOLUTIONS

DATE: November 10–11, 2011
SPONSOR: Center to Advance Palliative Care (CAPC)
LOCATION: San Diego, CA
CONTACT: (212) 201-2680 or capcevents@mssm.edu

DECEMBER

PAIN MANAGEMENT: FROM BEGINNING TO END

DATE: December 2–4, 2011
SPONSOR: Southern Pain Society
LOCATION: New Orleans, LA
HOTEL: Royal Sonesta Hotel on Bourbon Street
CONTACT: John Boothby, cmeinfo@vcu.edu

CALL FOR POSTER ABSTRACTS

**35TH MIDWEST PAIN SOCIETY SCIENTIFIC MEETING
OCTOBER 28–29, 2011
NORTHWESTERN UNIVERSITY, CHICAGO, ILLINOIS**

The Midwest Pain Society (MPS) invites you to submit abstracts for posters to be presented at the annual meeting, October 28–29, 2011. Posters will be displayed Friday, October 28, and all interested parties are encouraged to submit abstracts. Authors of accepted posters will be notified in late September, and will receive further information about presentation guidelines. Posters accepted for display can be entered in the 2011 MPS poster competition, and will be independently rated by the program committee members, including nurses, physicians and psychologists. Award winners will be announced during the breakfast presentation on Saturday, October 29.

INSTRUCTIONS: Abstracts may be submitted electronically or via mail. Submitted abstracts must be 300 words or less and include the name, address, phone number, fax number, e-mail address and MPS membership status for each author. Also, please indicate if the corresponding author is other than the first author. At least one author must have agreed to attend the MPS meeting. MPS will not waive the registration fee for poster presenters.

SUBMISSION DEADLINE: September 13, 2011 by 4:00 p.m.

SELECTION CRITERIA: Each poster submission will be reviewed and rated by the poster selection committee for the following elements:

- 1) Scientific quality
- 2) Broad appeal to the interests of the membership
- 3) Timeliness of the topic

SUBMIT ABSTRACTS TO:

Chris Herndon, PharmD at cherndo@siue.edu.
First authors of accepted posters will receive instructions for poster submission.

MIDWEST PAIN SOCIETY MEMBERSHIP APPLICATION

Members receive the semiannual MPS newsletter and discounted conference fees at the annual MPS meeting. Please complete the information and send with a check, via U.S. Postal Service, to MPS or fax to MPS at (847) 375-6489. We accept Visa, MasterCard and American Express.

Name: _____
Title: _____
Discipline: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
E-mail: _____
Present Clinical Affiliation: _____
Credit Card #: _____
Expiration Date: _____ Circle One: VISA MC AE
Signature: _____

Type of Membership Desired (check one):

- Doctoral (\$50)
 Other Health Professional (\$30)
 Resident/Student (\$10)

If Paying by Check:

Send via U.S. Postal Service to:
Midwest Pain Society, 4700 W. Lake Avenue
Glenview, IL 60025-1485.

Who recruited you to join the MPS? _____

parent's questioning and will later report that they had to remind their parents of their promise to stop inquiring about the pain.

Parents can benefit from education by all staff, so that they understand what their child is learning in the program, and how they can help facilitate further practice of skills (e.g., posture, ergonomics, stretching, exercise, and biofeedback) at home. Some parents may resist staff efforts to increase the child's activity, feeling that pain has to be relieved before this can happen. It is necessary to facilitate the parents' understanding of the relationship of activity and pain management. Parents should understand that the child needs to live a "valued" life, one in which he/she is participating in activities that are important and give meaning to life (Rogers, 2008). NOT being active, limiting participation and social interaction have not been helpful to the child in managing pain. In fact, doing less and less may have contributed to an enhanced pain experience. Children and parents should be urged to understand that returning to valued activities often make it possible for the child to cope with the pain more effectively. As one parent put it, this focus "taught me that the pain goes away after the child returns to more-normal living (and not vice versa)."

Finally, it is helpful to explore what activities or events are able to be avoided due to pain. While no child wants to have pain, there may be some subtle and not so subtle benefit that the child has learned can arise from the pain experience. Not having to attend family events, school, sports activities, or even physical education class can result in decreased motivation to make recovery. When this appears to be the case, it is important to remove this obstacle to recovery and to talk to parents about appropriate limit setting. For example, a child may be excused from traditional PE class, but required to complete an active home exercise program during this time at school. In the case of school avoidance, a structured program that involves gradual return to school, with appropriate accommodations for pain management, is often necessary. Parents need to set limits and make clear their expectations for participation. Reinforcement of functional behaviors is critical, so that the focus is on ability, not limitation.

Successfully treating a child or adolescent with chronic pain requires the involvement of the family system. Parents need to accept the idea of increased activity and encourage such, while monitoring pain complaints and problem solving

with the patient about ways to manage the pain effectively. Programs are most effective when the patient and the parents focus on a return to valued activities through use of pain coping tools. Although parents may initially resist such a philosophy, they can, with encouragement, come to understand the role they play in their child's pain management and learn to be effective coaches in the pain management process.

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Reid, G., McGrath, P., Lang, B. Pain. 113 (2005): 201-210. *Parent-child interactions among children with juvenile fibromyalgia, arthritis, and healthy controls.* Pain. 113 (2005): 201-210.

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Zeltzer, L., Schlank, C. *Conquering your child's chronic pain.* HarperCollins: New York. 2005.

2011 PROPOSED BYLAWS CHANGE

At their October 2010 meeting, the Midwest Pain Society board of directors voted to send the membership a proposal to amend the bylaws pertaining to the membership of the board. The current wording is as follows:

ARTICLE VI BOARD OF DIRECTORS

SECTION 2. NUMBER, TENURE, QUALIFICATION:

The Board shall consist of the President, President Elect, and Treasurer and seven (7) other Founding, Life or Active members, each with the right of one vote. The seven members of the Board who are not officers shall be referred to as "Directors." Two of the Directors shall be past Presidents of the Society. All Directors shall have played an active role in the affairs of the Society. The President shall be Chairperson of the Board and the President Elect shall be Vice Chairperson of the Board.

The proposed amendment would replace Section 2 above with the following revised version:

SECTION 2. NUMBER, TENURE, QUALIFICATION:

The Board shall consist of the President, President Elect, Newsletter Chairperson, and Treasurer and seven (7) other Founding, Life or Active members, each with the right of one vote. The seven members of the Board who are not officers shall be referred to as "Directors." Two of the Directors shall be past Presidents of the Society. All Directors shall have played an active role in the affairs of the Society. The President shall be Chairperson of the Board and the President Elect shall be Vice Chairperson of the Board.

The board recommended this change to recognize the importance of the newsletter editor's participation when policy is made for the organization, as well as to increase the total membership of the board to 11 members. The board felt that having an odd number of members would allow the board to more efficiently conduct business without the possibility of a tie vote when all board members are present.

This proposal will be submitted to the membership for a vote at the Saturday, October 29, 2011 general membership meeting.

The Chicago Metropolitan Chapter of the American Society for Pain Management Nursing Presents a Luncheon Lecture on:

UTILIZING INNOVATIVE TREATMENT INTERVENTIONS FOR COMPLEX PAIN SYNDROMES TO PREVENT ADDICTION

Presenter: Magdalena Anitescu MD, Ph.D. University of Chicago Medical Center

Sponsored by: Medtronic, Inc.

Following the Midwest Pain Society Meeting on Saturday, October 29, 2011 12:00-2:00 p.m.

For more information and to R.S.V.P. (by Oct 21): constance.wright@uchospitals.edu or Phone: (773) 702-6857

MIDWEST PAIN SOCIETY 2011 ROBERT G. ADDISON, MD AND E. RICHARD BLONSKY, MD RESEARCH GRANTS

These grants are offered in honor of Robert G. Addison, MD and E. Richard Blonsky, MD

Dr. Addison was a founding member of the MPS. He was also the first president of the society and served on multiple committees during those early years. The consensus of an informal survey of past MPS presidents was that the MPS would not have become as successful as it is today had he not played such a pivotal role in the 1970s (see *MPS Update*, June 2005). In addition to his work with the MPS, during his active years as a clinician, Dr. Addison initially practiced as a very busy orthopedic surgeon and later served chronic pain sufferers as founder and director of the Center for Pain Studies at the Rehabilitation Institute of Chicago (RIC). He also was elected president of the American Pain Society (APS) and the American Academy of Pain Medicine (AAPM). He served on numerous committees of these organizations, the IASP, and similar societies. Although Dr. Addison is enjoying a much deserved semiretirement, he continues to consult and attend pain-related meetings across the globe, and holds a position at RIC's Center for Pain Studies.

Dr. Blonsky was also a past president of MPS. He was passed the MPS torch, and his passion for the small but growing society helped advance it for over two decades. Many times he was not listed as a member of a particular committee, yet he did as much or more work as many committee members to ensure a top-rated meeting. People take volunteer positions for many reasons. Dr. Blonsky volunteered solely to advance the mission of the MPS. Dr. Blonsky was also a past president of the American Academy of Pain Medicine (AAPM), and served on committees of several pain and neurological organizations. He was director of Pain Studies at the RIC for seven years and he directed the Pain & Rehabilitation Clinic of Chicago (PRCC) beginning in 1993. He held the rank of clinical professor of Neurology at the Feinberg School of Medicine of Northwestern University until his passing in late 2009.

The recipients of 2010 Robert G. Addison, MD and E. Richard Blonsky, MD Research Grants

were: Vani Mathur and Jennifer Lee.

A neural investigation of the effects of racial group membership and discrimination on the experience of pain by Vani Mathur.

The Influence of TENS on Mucositis Pain and Function in Head and Neck Cancer Patients: A Randomized and Placebo-Controlled Double Blind Clinical Trial by Jennifer Lee.

APPLICATION INSTRUCTIONS:

For student/resident/fellow applicants:

The grant application process includes the following components:

- Application form, (including abstract, budget (up to \$3,000) with justification, four page description of your proposed research, references);
- Letter of support from your MPS member sponsor/supervisor/advisor endorsing your project and guaranteeing institutional resources as outlined in your application;
- One- to two-page CV/Biosketch;
- You must be a student/resident/fellow member of the MPS to apply. Your advisor must also be a MPS member.

For MPS member applicants:

The grant application process includes the following components:

- Application form, (including abstract, budget (up to \$5,000) with justification, four-page description of your proposed research, references);
- One- to two-page CV/Biosketch;
- You must be a member of MPS to apply.

For ALL applicants:

Complete the application form on the APS website (under Midwest Pain Society Grants). Incomplete applications will not be considered. Attach the additional documents. Keep a copy of this application for yourself.

A multidisciplinary team of pain specialists (e.g., nurse, physician, psychologist) will review each application without knowing the identity of the individual submitting the application or the identity of the individual's advisor/supervisor or institution. Once an application is determined to have sufficient scientific merit to be considered for funding, the committee will subsequently review the credentials of the applicant and sponsor to evaluate their ability to complete the proposed research.

Applications can be submitted either in paper or electronically:

If submitting on paper

- In order to ensure anonymity, make sure parts 1 and 2 of the application are on separate pages. Do not include any identifying information (e.g., your name, institution, or sponsor) in Part 1.

- Submit four (4) hard copies of your application.

- Mail your completed application to: Addison/Blonsky Grants Committee, Midwest Pain Society, 4700 W. Lake Ave., Glenview, IL 60025.

If submitting electronically

- All submissions should be in Microsoft Word or Adobe PDF format.

- In order to ensure anonymity, make sure parts 1 and 2 of the application are on separate files. Do not include any identifying information (e.g., your name, institution, or sponsor) in Part 1.

- Submit all applications as email attachments to Steven J. Krause, Ph.D., MBA at krauses@ccf.org. Include "MPS grant program" in the subject line.

All applications must be received no later than the end of business on Friday, September 30, 2011. Late or incomplete applications will not be considered.

Questions regarding this grant application should be directed to Steven J. Krause, Ph.D. (216) 445-0620 or krauses@ccf.org.

CALENDAR OF EVENTS

SEPTEMBER

PAIN RESOURCE NURSE (PRN) TRAINING COURSE CELEBRATING 20 YEARS OF NURSING EXCELLENCE IN PAIN MANAGEMENT

DATE: September 7-9, 2011
SPONSOR: City of Hope
LOCATION: Cooper Auditorium, City of Hope, 1500 East Duarte Road, Duarte, CA 91010
CONTACT: Maggie Johnson (mjohnson@coh.org) (626) 256-4673 ext. 63202