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In the News

New Oral Agent for Opioid Induced Constipation

Movantik™ (naloxegol) has received FDA approval for the treatment of opioid induced constipation (OIC) in adults with non-cancer chronic pain and should be available in the first half of 2015. Movantik is a polyethylene glycol form of naloxone meaning minuscule doses are absorbed via the GI tract making opioid withdrawal symptoms very unlikely. Given as a 25 mg tablet either one hour before or two hours after first meal of the day, Movantik works in 6 to 20 hours. It can be given to those taking or not taking laxatives. Patients with a CrCl <60 mL/min should have the dose reduced to 12.5 mg. Most common side effects were gas, abdominal pain, diarrhea, and nausea. It should not be given if bowel obstruction or ileus is suspected or present. As naloxegol structurally resembles noroxymorphone, the DEA has classified it a C-II scheduled drug.

Smoking and Low Back Pain

The prevalence of tobacco use is nearly 2-fold higher among people with chronic pain. Nicotine has analgesic properties that, interestingly, help relieve acute pain, however overtime nicotine can alter pain processing and contribute to the development of chronic pain and greater pain intensity. A variety of reasons is believed to contribute to the analgesic action of nicotine. One, nicotine is an agonist for certain receptors found throughout the central and peripheral CNS, notably in brain regions associated with pain transmission; 2) smoking stimulates the release of beta-endorphins; 3) smoking causes changes in the neuroendocrine system that could modulate pain perception; 4) studies have suggested that the hypertensive effect of smoking is linked to a reduction in pain sensitivity. However, these analgesic effects occur only with brief exposure to nicotine. Chronic nicotine exposure has the opposite effect contributing to pain. It is important patients who smoke understand the impact nicotine has on pain and may be useful in helping patients decide to quit.

Injectable NSAID Dyloject

The FDA has given approval for Dyloject™ (diclofenac) injectable for use with acute pain. Dyloject is administered conveniently in a small-volume, intravenous bolus over 15 seconds for mild to moderate pain as a single agent or with an opioid for moderate to severe pain. Studies have shown it to effect for acute pain from pelvic, abdominal and orthopedic surgeries both in reducing pain intensity and reducing opioid requirements. Recommended dose is 37.5 mg IV every 6 hours up to maximum of 150 mg a day. Pharmacokinetics appear to be dependent on body weight, though this has not been fully studied. Safe use in pediatrics has not been established. Use with caution and careful monitoring in the elderly.

Parent-Child Link Possible in Chronic Musculoskeletal Pain

According to researchers from the Norwegian University of Science and Technology in Trondheim, children with parents who have chronic musculoskeletal pain (CMP) are at a higher risk for developing CMP. Using data from 11,248 parent-offspring trios (i.e., father, mother and child), the researchers found that maternal and paternal CMP was associated with 20% to 40% increased odds of CMP in sons and daughters. The strongest parent-offspring association was seen when both parents had CMP. The researchers noted that not all the cases in the study were clinically relevant, and the data available did not allow them to test for genetic and environmental factors for CMP. Findings have been reported in *Biomed Central Public Health* (2014;14:797).

Medtronic Neuromodulation Education on You Tube

Medtronic has launched a series of You Tube provider education and training, patient education, and professional practice management videos on the topic of neurostimulation and intrathecal drug delivery systems. Visit YouTube.com/MedtronicNeuro to view.

Intranasal Ketamine vs Intranasal Fentanyl in Pediatric Patients

A recent study looked at the effectiveness of intranasal fentanyl and sub-dissociative intranasal doses of ketamine for acute pain from limb fractures in pediatric ED patients. The researchers conducted a randomized, doubled-blinded trial comparing intranasal fentanyl at 1.5 mg/kg to ketamine at 1mg/kg. They collected data from 73 children with a median age of eight years and a baseline pain score of 80 mm on a 100 mm visual analog scale. Thirty minutes after administration, the median pain reduction was 40 mm with fentanyl and 45 mm with ketamine, a non-significant difference. The effect remained at the 60-minute follow-up. One difference, however: Ketamine appeared to cause more minor adverse events, though the difference was not statistically significant. Ketamine was equally effective and could be considered as an alternative intranasal analgesic in cases where an opioid may be contraindicated or where initial intranasal opioid analgesia has been inadequate or resulted in a poor response. Study was published in *Annals of Emergency Medicine*, 2014.

NSAID Risk in Post-Menopausal Women

Regular use (defined as twice a week for more than two weeks) of naproxen may increase the risk of stroke, heart attack, and even death in postmenopausal women, new research shows. For the study, published in the journal *Circulation: Cardiovascular Quality and Outcomes*, researchers combed through data from more than 160,000 postmenopausal women who were surveyed as part of the Women's Health Initiative. Of these women, 53,142 regularly used NSAIDs. Even after controlling for obesity, hypertension, diabetes, use of aspirin, and other health factors, the researchers found the increased risk for heart attack, stroke, or death among the women who used certain types of NSAIDs. Previous studies showed that NSAIDs that solely target the cox-2 enzyme, which include Vioxx and Celebrex, have been associated with adverse cardiovascular events such as heart attack or stroke. The researchers believe the culprit in naproxen is also cox-2 inhibition. The salient point is use NSAIDs at the lowest possible dose for the shortest possible time. The study found no cardiovascular or stroke harm associated with ibuprofen.

Patient Education

Risk of cervical artery dissection with neck manipulation

Many people with neck pain rely on manipulation of the cervical spine to alleviate pain. However, this is not without risk. One potential risk that could have devastating outcomes is cervical artery dissection resulting in CVA. This has led to publication of a new report and statement in the journal *Stroke*. Cervical artery dissection is most prevalent in the upper cervical spine and can involve the internal carotid or vertebral arteries. Dissections can occur from a variety of causes including high speed MVC, sports injuries, hyperextension and rotation of the cervical spine, it has also been associated with cervical spine manipulation. Although a direct cause-and-effect relationship between neck manipulation and cervical artery dissection has not been established and the absolute risk is probably low, cervical artery dissection can result in serious neurologic injury. The take home rule is "be gentle to your neck" and if patients experience any worrisome symptoms after spinal manipulation they should immediately seek medical attention.

Books of Interest

Chapter News

The officers for 2015 are

President: Jacque Davis

Past President: Katherine McClernon

President Elect: Laurie Holmes

Secretary: Laura Textor

Treasurer: Lynn Anson

Director of Education: Debra Davidson

Webmaster and CNE Committee Chair: Laura Habighorst

Dues

Please make sure both national and chapter dues have been paid

Mark your calendars!

April 6, 2015 6 pm: Chapter meeting and TJC Pain Standards

August 3, 2015 6 pm: Board Meeting

October 24, 2015 0730: Fall Conference

December 7, 2015 6 pm: Chapter meeting and election of officers

Locations to be announced.

Laughter Does Good Like Medicine

I was caring for a woman and asked, "So how's your breakfast this morning?" "It's very good, except for the Kentucky Jelly. I can't

seem to get used to the taste," the patient replied. I then asked to see the jelly and the woman produced a foil packet labeled "KY Jelly." —Dr. Leonard Kransdorf —

A woman in brought her baby in to see the doctor, and he determined right away the baby had an earache. He wrote a prescription for eardrops. In the directions he wrote, "Put two drops in right ear every four hours" and he abbreviated "right" as an R with a circle around it. Several days passed, and the woman returned with her baby, complaining that the baby still had an earache, and his little behind was getting really greasy with all those drops of oil. The doctor looked at the bottle of eardrops and sure enough, the pharmacist had typed the following instructions on the label: "Put two drops in R ear every four hours." —

A man comes into the ER and yells, 'My wife's going to have her baby in the cab!' I grabbed my stuff, rushed out to the cab, lifted the lady's dress, and began to take off her under-wear. Suddenly I noticed that there were several cabs — and I was in the wrong one. —Dr. Mark MacDonald

One day I had to be the bearer of bad news when I told a wife that her husband had died of a massive myocardial infarct. Not more than five minutes later, I heard her reporting to the rest of the family that he had died of a "massive internal fart." Submitted by Dr. Susan Steinberg

An "Ask a Nurse" line at a small-town hospital received a call from a very upset woman who couldn't stop crying. After several minutes of the call nurse trying to calm her, it was discovered that the woman thought she had been exposed to anthrax upon opening a letter. She had opened an e-mail.

A couple who didn't speak English came into an Ohio delivery room ready to deliver. The man kept trying to get out of the delivery room, but the nurses kept insisting he had to stay for moral support. When the baby emerged, a nurse turned the reluctant man's head so his eyes were on the delivery. The next day, the nurse found out he wasn't the woman's husband. He was her brother.

