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Scientific Research Highlights

23rd Annual Meeting of the American Academy of Pain Medicine

NEW ORLEANS – Pain medicine investigators presented preliminary research findings at poster sessions held during the 23rd annual meeting of the American Academy of Pain Medicine at the Hilton New Orleans Riverside Hotel/Morial Convention Center, February 7-10, 2007. The highlights are as follows:

Internet not Primary Source for Illegally Obtained Prescription Drugs

Despite media reports suggesting that the Internet is the primary source for illegally obtained prescription opioids, only a small percentage of opioid analgesic abusers reported this as a source of their drug supply.

Illegally obtained opioid medications present an ongoing and challenging dilemma to society at large, while also impacting the legitimate prescribing of opioids for those individuals with moderate to severe chronic pain conditions. The researchers analyzed questionnaires filled out by 5,803 patients at 69 methadone treatment programs to learn how opioid analgesic abusers obtained their drug. Of the respondents, 59% reported an opioid analgesic as their primary drug of abuse within the past month. The most commonly reported sources for obtaining opioid analgesics included: dealers (81.6%), friends or relatives (50.4%), physician prescription (30.5%), emergency room visits (13.9%), theft (6.2%), forged prescription (2.9%), Internet (2.4%), and other (not specified) (3.1%).

Investigators: *Ann T. Kline, MS, Purdue Pharma L.P., Stamford, CT; Meredith Y. Smith, MPA, PhD, Purdue Pharma L.P., Stamford, CT; J. David Haddox, DDS, MD, Purdue Pharma L.P., Stamford, CT; John P. Fitzgerald, MS, LPC, CAS, Purdue Pharma L.P., Stamford, CT; Andrew Rosenblum, PhD, National Development and Research Institutes (NDRI), New York, NY; Chunki Fong, MS, NDRI, New York, NY; Mark Parrino, MPA, American Association for the Treatment of Opioid Dependence (AATOD), New York, NY; and Carleen Maxwell, MPH, AATOD, New York, NY.*

Report Characterizes Opioid Analgesic Abuse

Opioid analgesic abuse is more prevalent in rural areas and is growing in popularity among teenagers.

Although numerous US surveillance systems currently report on opioid analgesic abuse, there is a need for additional descriptive and interpretive data, not only to confirm and characterize the cases, but to guide targeted intervention efforts. The researchers conducted 258 telephone interviews in 40 states with a wide range of contacts, including law enforcement officers, physicians, pharmacists, and drug abuse treatment staff. They found that hydrocodone, oxycodone (immediate-release) and OxyContin® were reported to be the most frequently abused and diverted opioid analgesics; opioid analgesic abuse is least commonly reported in rural areas; opioid analgesic abuse appears to be rising among teenagers; and abusers perceive prescription drugs to be safer to use than illicit drugs.

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Other key findings include the abuse of antidepressants to reduce the side effects of methamphetamine; abuse of prescription drugs rising in Mormon communities and on Native American reservations; and local government officials are being forced to redirect resources from diversion and abuse of prescription drugs to combat a rising methamphetamine problem. Interpretation of quantitative reports of opioid analgesic abuse and diversion are substantially enriched by the addition of detailed, descriptive field-based inquiries.

Investigators: *John P. Fitzgerald, MS, LPC, CAS, Meredith Y. Smith, Ann T. Kline, and J. David Haddox, DDS, MD, Purdue Pharma L.P., Stamford, CT.*

Spinal Cord Stimulation Can Relieve Low Back Pain

Careful patient selection and stimulation programming can improve management of axial low back pain with spinal cord stimulation. The researchers note that axial low back pain is a novel indication for spinal cord stimulation. Technological capabilities of the spinal cord stimulation system, particularly fractionalized current across contacts, uniquely provide the type of stimulation needed to relieve axial back pain.

Spinal cord stimulation effectively manages a range of painful etiologies, but little published evidence supports its use for axial low back pain. The researchers studied 226 spinal cord stimulators (Precision™, Advanced Bionics) implanted in patients with axial low back pain to assess the therapeutic value of spinal cord stimulation in treating axial back pain associated with failed back surgery syndrome. Pain scores, quality of life, and disability assessments were gathered at three, six, and 12 months after activation of the spinal cord stimulation system and compared to baseline measures. Additional assessments were made at 3.5 months after a two-week period of no stimulation. The investigators found that spinal cord stimulation significantly reduced axial low back pain, and when present, leg and foot pain, from baseline at all time points. With stimulation off, pain scores returned to near baseline. Quality of life and disability also significantly improved with spinal cord stimulation. Of 226 temporary trials, 172 (76%) were successful, and 159 subjects (70%) received permanent implants. Reported here are outcome data for all subjects through 3.5 months, and for those subjects who have completed six- and 12-month evaluations. A subsequent report will include all 12-month data. This study represents the largest prospective experience reported to date for spinal cord stimulation in axial low back pain.

Investigators: *Benchmark Clinical Study Working Group, Advanced Bionics, Valencia, CA; Jim Thacker, MS, Enteromedics, St. Paul, MN; Todd Gross, PhD, Advanced Bionics, Valencia, CA; and Allison Foster, PhD, Advanced Bionics, Valencia, CA.*

More Patient Education Necessary to Manage Sickle Cell Pain

A significant number of people with sickle cell disease reported significant pain and currently use a combination of pharmacological and non-pharmacological methods to manage pain events.

A number of sickle cell patients manage a great deal of their pain episodes at home. The researchers studied 46 questionnaires completed by sickle cell patients to determine if provision of increased knowledge and skills in the use of pharmacologic and non-pharmacologic methods will provide sickle cell patients with greater self-management of pain, improved quality of life and decreased hospitalizations. The investigators found that the average age of respondents was 30 years and the majority were females (58.4%). 57.9% have a diagnosis of sickle cell anemia (hemoglobin SS), while 38.6% had hemoglobin SC disease, and 5% have other hemoglobinopathies. About 22.2% of the respondents were taking opioids analgesics for pain control. About 44% reported experiencing mild-moderate pain events within the last six months. 60.0% had experienced moderate-severe pain requiring a visit to a medical facility within the past six months. More than 75% reported pain greater than 5 on a 0 – 10 point scale when asked to rate their pain during these events.

Relaxation was reported as being used by 77.8% of respondents to help control pain, heating pad was used by 3.7%, and 14.8% report using other techniques to help manage pain events. The researchers conclude that there are opportunities for education and other interventions to improve such techniques and empower patients to achieve improved pain control. As a corollary, this will decrease health care utilization and improve patients' well being and family life for this group of patients.

Investigators: *Arleen Anderson, Wendy Thompson, Stephen Tafor, and Ike Eriator, from the University of Mississippi, Jackson, MS.*

Novel Radiofrequency Treatment Shows Promise for Lumbar Pain

Intradiscal biacuplasty is an effective procedure to treat chronic discogenic pain. Improvement in pain scores and functional capacity can be observed much earlier with intradiscal biacuplasty than with intradiscal electrothermal therapy suggesting some additional or/and different mechanisms of action. It also appears to be more effective than intradiscal electrothermal therapy producing more than 50% of the pain relief in more than 50% of patients.

Intradiscal electrothermal therapy has produced variable results in the pain reduction and functional improvement in patients with axial discogenic pain. A new procedure called intradiscal biacuplasty utilizes two radiofrequency electrodes placed on the opposite posterolateral sides of the treated annulus. This procedure is minimally invasive and provides an alternative to lumbar fusion or disc replacement surgery. The researchers completed a pilot study of 13 patients who received intradiscal biacuplasty and were followed for six months. Following provocative discography patients underwent intradiscal biacuplasty. There were significant improvements of all of the indices (SF-36, Oswestry, Visual Analog Scale pain scores and opioid use) at the first follow-up at one month. Those improvements were maintained throughout six months of follow-up. At six months after intradiscal biacuplasty, patient's median pain scores measured by Visual Analog Scale decreased from 7 to 3. Functional capacity significantly improved with Oswestry scores median decrease from 25 to 18, and SF-36 PF median increase from 55 to 70. Median SF-36 BP score increased from 35 to 58. Median opioid use expressed in morphine sulphate mg equivalents decreased from 40 to 5 mg. There were no significant differences in any of the indices from first to sixth month after intradiscal biacuplasty. There were eight of 13 patients who had Visual Analog Scale pain scores decreased by three or more points. There were no complications perioperatively or during follow-up.

Investigators: *Leonardo Kapural, MD, PhD, Alan Ng, MD, and Nagy Mekhail, MD, PhD., from Cleveland Clinic Foundation, Cleveland, OH.*

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Founded in 1983, AAPM is a medical specialty society representing physicians practicing in the field of pain medicine. Information is available on the practice of pain medicine at www.painmed.org.

For more information, contact Amy Jenkins at 312/836-0613 or email amy@jenkinspr.com. During the meeting, Feb. 6 – 9, call Amy's cellular phone at 312/371-8365.