INDIANA PAIN ACADEMY Newsletter

STATE CHAPTER OF NORTH AMERICAN PAIN ACADEMY

President: Randall Lee Oliver, MD

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Welcome to the Indiana Pain Academy. The goal of this newsletter is to discuss the practical treatment of pain. We believe in the Hippocratic Oath and the basic principal that medicine's greatest goal is the relief of human suffering. To that end, we bind together all the various modalities involved in pain relief: Medicine, Chiropractic, Alternative, and Nutritional. We believe that it's the quality of life that matters, not the length of life. We believe in pain relief.

IPA expanding with increased membership, ideas

Membership is currently at 250 statewide. An advisory committee meeting was held on June 15, 2002, with Randall L. Oliver, M.D. (President), John Grimm, M.D., Brian Foley, M.D., Greg McComis, M.D., John Morgan, M.D., and Michael McFadden, M.D., attending. Throughout the meeting we discussed the treatment of chronic pain, including the peripheral and neurogenic components, psychological components, fatigue, insomnia, and sexual disfunction.

Ideas for future emphasis of the Indiana Pain Academy were a statewide Kasper Report, such as the one Kentucky has. In Kentucky, a physician can request a Kasper Report and will receive a report of all scheduled drugs received by an individual patient from any pharmacy in the state of Kentucky. If Kentucky can furnish this report, we see no reason why Indiana cannot do so also. This year, the IPA will push for a similar Kasper Report to be available for the physicians of the state of Indiana. This report is extremely helpful in determining whether or not a patient is abusing prescription drugs. One example of this report aiding a physician is receiving a report of a patient who was receiving five different scheduled drugs from five different physicians, filled at five different pharmacies. This information was obtained in one hour from a faxed Kasper Report. Simple, quick, informative.

Sinus Headache: Fact or Fiction?

By Randall Oliver, M.D.

Overdiagnosed or just misdiagnosed?

C's Textbook of Medicine (20th edition), which is backed by several recent studies, states, "Most patients who have been diagnosed as having sinus headaches are in fact suffering from either vascular or tension type headaches" (2034). The real problem with mislabeling these migraines is they get treated with decongestants and not tryptans. *Cecil's* states that the walls of the sinuses are poorly inervated. Dr. Mark Logan and Dr. Tom Logan at Midwest Ear, Nose and Throat Institute feel that while facial pain from sinus structures exist, chronic sinus problems do not cause chronic headaches. The presence of nausea with the headache gives an International Headache Society (IHS) diagnosis of migraine and rules out either tension or sinus. Dull, bilateral, pressure-type facial pain with nasal congestion, moderate to severe pain, in the presence of nausea, meets IHS migraine diagnosis.

INDIANA PAIN ACADEMY

Neurogenic Pain

By Rebecca Oliver

Another issue discussed at the Indiana Pain Academy meeting held in Orlando, Florida on June 15, 2002, was the impact of neurogenic pain upon the chronic pain process. Chronic pain's most simplistic definition is pain present for more than six months. However, the definition presented by Randall Oliver, M.D. in the article titled "Fatigue: The Art of Thorough Assessment" in the October 2001 issue of *American Journal of Pain Management* says that chronic pain is present with five comorbid symptoms. Those five symptoms are depression, anxiety, insomnia, fatigue, and sexual disfunction.

Central vs. Peripheral

These symptoms develop as a consequence of chronic pain and also help to define the chronic pain process itself. These are central neurogenic components. Pain by itself is not a static disease. Simply having pain causes one to develop increased pain. Having pain on a regular basis actually stimulates the development of new pain fibers, increased pain mediators, and decreased modulating pain signals in the spinal cord. Therefore, with chronic pain, one actually develops a decreased pain threshold and and increased sensitivity to pain sometimes called a "wind-up syndrome." Chronic pain can be a self-perpetuating problem. The central neurogenic components of chronic pain are those components having to do with the spinal cord, brain stem, and brain as opposed to peripheral neurogenic pain such as the well recognized Diabetic peripheral neuralgia and post-herpetic neuralgia.

Treatment

Treatment for neurogenic pain mainly involves using neurogenic pain medication, such as the anti-epileptic agents. There are two types of anti-epileptic agents---those that work on the sodium/potassium channels and those that work on the calcium channels. Some actually work on both. Calcium channel agents have more usefulness in central neurogenic problems and sodium/potassium channel agents have more usefulness in peripheral neurogenic problems. Gabapentin, recently approved for treatment of postherpetic neuralgia, has most of its utility as a central neurogenic medication and Lamotrigine, also not approved for pain by the FDA, has great utility as a peripherial neurogenic medication.

AEA Side Effects

The side effects of most of the AEAs are common, including drowsiness, mental slowing, dizziness, and ataxia. Therefore, these medications should be started at a low dose, especially in a naive patient, and gradually increased to higher doses. The doses range for neurogenic pain can be quite high. For instance, with Gabapentin the dosage range for pain can start at 100mg but therapeutically might end up at 3000mg. You can start Lamictal at 25mg and go up to 400mg.

Common Mistakes

It is very common for physicians to make two common mistakes. One is that they will start Gabapentin at 100mg three times a day and then quit because it's ineffective. This is stopping at too low a dose. They might also make the mistake of starting at 300mg three times a day, developing side effects, and then stopping the medication for that reason. Either one of these senerios could be prevented by starting at a very low dose and increasing very gradually up to a high dose.The medication tends to be tolerated much better while starting at a very graduated pace. One needs to remember that with chronic pain there is essentually no hurry in controlling the pain because by definition, it is present for a long period of time. The medications used for chronic pain need to be tolerated slowly and sometimes need time to work.

Instant Gratification

Looking for immediate answers such as Lortab simply set up an inappropriate expectation in the patient. Dosage schedules for many of the antiepileptic agents have been prepared by the Indiana Pain Academy and can be obtained through the Academy at no charge by contacting the head office at (812) 425-9824 or by fax at (812) 422-2421.

Early Treatment of Chronic Pain

By Randall Oliver, M.D.

Since chronic pain itself may be a self-perpetuating disease with physical and biological changes involved, it makes sense that these changes evolve over time. Therefore, the sooner that the process can be halted or ameliorated the less likely that one would develop chronic pain or that the chronic pain process would be severe. It is therefore important to treat pain as early as possible in order to prevent these changes from occurring.

The question came up at the June 15, 2002 meeting in Florida as to when a chronic pain consultation is appropriate. Common reasons might be a confusing case, a potential drug seeker, an uncomfortable level of opioids, uncontrolled pain, or a confusing concomitant illness. The answer is simply that all chronic pain should be treated and all uncontrolled chronic pain should be referred to the next level up of appropriate care to try to obtain that control. Lack of chronic pain control will only lead to a worsening of the chronic pain symptoms with time.

Special attention is placed upon dealing with the neurogenic aspect of pain as it is these physical and biological changes that take place in the nervous system that lead to the chronicity and intractability of pain. Chronic pain management does not necessarily mean the complete ablation of pain. This is oftentimes not obtainable. Chronic pain treatment means decreasing the total pain level down to a functional state with decreased variation in the pain levels. It also means controlling the concomitant symptoms of pain, that is, the depression, anxiety, insomnia, fatigue, and sexual disfunction.

All of these symptoms are part and parcel of the neurogenic aspect of pain and also lead to the decrease in function that one has with chronic pain. The goal of chronic pain treatment is an improvement in function. Improvement in function comes only when the pain is controlled along with addressing the comorbid symptomatology.

COMMON NEUROGENIC MEDICATION

ANTI-EPILEPTIC AGENTS	SIDE EFFECTS	DOSAGE RANGE
Neurontin (Gabapentin)	somnolence, dizziness, ataxia, fatigue, weight gain, nausea	100mg-3000mg
Topamax (Topiramate)	somnolence, dizziness, ataxia, speech disorders, psychomotor slowing, abnormal vision, memory difficulty, parasthesia	15mg-400mg
Depakote (Divalproex Sodium)	nausea, vomiting, diarrhea, somnolence, thrombocytopenia, asthenia, anorexia, weight gain	125mg-1500mg
Gabitril (Tiagabine HCl)	dizziness, asthenia, somnolence, nausea, abnormal thinking, confusion	2mg-32mg
Lamictal (Lamotrigine)	serious rash, dizziness, ataxia, somnolence	25mg-400mg
Tregretol (Carbamazepine)	dizziness, drowsiness, unsteadiness, nausea	100mg TID
Trileptal (Oxarbazepine)	dizziness, somnolence, diplopia, nausea, asthenia, abnormal gait	150mg-2400mg
Zonegran (Zonisamide)	somnolence, anorexia, dizziness, tremor, incoordination, ataxia	100mg-600mg/day

INDIANA PAIN ACADEMY

Coming Events

Family Practice/Anti-Aging Symposium

November 2, 2002
Evansville Marriott

For more information, please call:
(812) 425-9824

Resources

Indiana Pain Academy

For further information, contact:

Indiana Pain Academy
P.O. Box 6271
Evansville, IN 47719
812-425-9824
IndianaPainAcad@cs.com

Educational material available from the IPA:

1.) Chronic opioid contracts
2.) Chronic pain treatment contracts
3.) Anti-epileptic agent/neurogenic pain medication dosing schedules
4.) Functional impairment scales
5.) Depression scales
6.) Anxiety scales
7.) Zanaflex dosing scale
8.) International Headache Society migraine classifications

Preceptorships available

The Indiana Pain Academy offers preceptorships for physicians, nurses, and nurse practicioners for both the management of pain and the business aspect of running a pain clinic, including billing for pain treatment.

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