

Welcome to the Tri-State Pain Partners Network. The goal of this newsletter is to discuss the practical treatment of pain. Who do we refer to and how do we recognize and treat pain? Our mission is that we believe in the Hippocratic Oath. The basic principle 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.

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NSAID's: The Current Osteoarthritis Treatment

by Dr. Randall L. Oliver, M.D.

General Practitioners treat 16 million osteoarthritis patients and 2 million rheumatoid patients per year. At one out of six visits to a physician's office, the patient mentions a muscular skeletal complaint.

Corticosteroids are very effective for both conditions, but have multiple serious adverse effects. The risk of adverse effects increases with chronic use of steroids.

The second main treatment for arthritis conditions is NSAID's.

NSAIDS

Traditional

Aspirin
Ibuprofen
Feldene
Naproxen
Indomethacin
Tolmetin
Ketoprofen
Clinoril

Cox-2

Celebrex
Vioxx

This class of medicines has been used for years with Aspirin being the mainstay. Aspirin has been used for 100 years.

NSAID's treat arthritis by blocking inflammation. Inflammation is a response to injury or malfunction of a muscle or joint. Inflammation from arthritis triggers release of prostaglandins, which causes pain, further inflammation, and fever. NSAID's block the release of prostaglandins, therefore stopping the inflammation, fever and pain. All NSAID's are equally effective. They may all treat arthritis, but they do not all have the same safety profile.

See page 2 for further discussion of NSAID's.

Remember, treat migraines early and hard, and then repeat treatment to eradicate the migraine

Non-Selective NSAID's vs Cox-2 Specific Inhibitors

by Randall L. Oliver, M.D.

Non-Selective NSAID's

- ☛ 40% dyspepsia, stomach discomfort, nausea or vomiting, abdominal pain
- ☛ Risk of frank GI bleeding leads to hospitalization, transfusion, scopes and at times death
- ☛ Can not be given with ASA. Increased risk of GI bleed
- ☛ 10-20% discontinuation rate due to GI intolerance
- ☛ Two times more likely to have a drop in Hgb or Hct than Celebrex
- ☛ Lower cost in medicine, but higher over-all healthcare cost due to monitoring and treatment of adverse events.

Cox-2 Specific Inhibitors

- ☛ Introduced 1999
- ☛ Inhibits pain as effectively as other NSAID's
- ☛ Spares prostaglandin release in necessary biological functions (Cox-1)
- ☛ Vioxx indicated for OA and RA, but now also for acute pain and dysmenorrhea
- ☛ Celebrex 200mg (OA) or 400mg (RA) only once a day
- ☛ Vioxx 12.5mg or 25mg (OA or RA) only once a day or 50mg once a day for 5 days for acute pain
- ☛ Celebrex more rapid recovery of ankle pain in ankle sprain than placebo
- ☛ Equal efficacy in post-op orthopedic surgery in Celebrex 200mg every 8 hours vs hydrocodone 10mg with Tylenol 1000mg every 8 hours.

Scientific Frontiers, 2001. Cox-2 Specific Inhibitors: Transforming the Management of Arthritis. CME. Unrestricted educational grant- Pharmacia and Pfizer, Inc. Pennsylvania.

Editor's Holiday Wishes

With the Holidays upon us, it is a time to reflect on the past year and the upcoming year. Although our country has been threatened and lives were lost, we saw how strong our colleagues are and how our country came together when it was necessary. Now is a time to take that strength and continue to work together for the people of our country and the world. As treaters of pain, we see first-hand how

pain affects the whole person. So at this time in the world, I wish you success in relieving all of the pain and suffering possible in the upcoming year. I wish all of you, your loved ones and your staff a Happy Holidays. I extend my gratitude for your continued support of Tri-State Pain Partners by giving all of you one of my son Zak's September 11th prints. Please enjoy.

Randy Oliver, MD

What's New?

NEW TRIPTAN

Axert (almotriptan malate)

Axert was introduced in mid-summer of 2001 as another triptan marketed by Pharmacia. Dosing is either 12.5mg or 6.25mg. Axert is an oral tablet that peaks relief in two hours. Axert has the highest bioavailability of all the oral triptans. It has a mean half life of 3-4 hours and has a renal excretion. The tablets can be taken with or without food. The 12.5mg dose can be repeated in 2 hours, but there is a 24 hour maximum of two 12.5mg tablets.

The side effects are generally well tolerated and are mild and temporary. They include nausea, sleepiness, dry mouth and burning and prickling sensations. Axert has the lowest incidence of side effects of all the triptans, specifically the lowest incidence of chest discomfort. The chest pain is a non-cardiac event.

Contraindications for Axert is the same as with all triptans. Axert is contraindicated in uncontrolled HTN, hemiplegic basilar migraines, heart disease and pregnancy or breastfeeding. It is not recommended in patients taking MAO inhibitors, ketoconazole or within 24 hours use of another triptan or ergotamine-type medications.

Pharmacia Product Information, 2001



NEW NARCOTIC

Kadian

Kadian is a long acting morphine sulfate similar to MS Contin. It is indicated for moderate to severe pain. Kadian is a 24 hour time release capsule and MS Contin is 12 hours. The capsules are polymer-coated sustained released pellets.

The Kadian capsules can be swallowed or opened and the pellets sprinkled onto soft food for patients with swallowing difficulties. The capsules can be taken with no regard to food consumption.

Kadian comes in 10mg, 20mg, 30mg, 60mg and 100mg capsules. The dose is calculated by giving the total amount of morphine needed in 24 hours and giving that in one dose. For example, a patient is taking MS Contin 30mg BID, then they should be prescribed Kadian 60mg QD. Treatment with Kadian should be initiated once the dose is titrated with a short acting opioid. The peak effect of Kadian is 8 hours, so the person is allowed to awaken pain-free if given at bedtime.

Kadian is marketed by Faulding Laboratories.



Quick Notes on Narcotics

1. Don't use Demerol inpatient or oral outpatient--causes heavy sedation, can lead to meperidan toxicity and gives poor pain relief.
2. Don't mix two long-acting or short-acting narcotics--example: Duragesic and Oxycontin.
3. Never use sustained release narcotics PRN--this gives poor pain relief.

Pain Terms

Pain Threshold — The least experience of pain that a subject can recognize. Since pain is always the experience of the patient, threshold is of little clinical application.

Pain Tolerance Level — The greatest level of pain that a subject is prepared to tolerate. Also a subjective number.

Suffering — A state of emotional distress associated with events that threaten the biological and or psychological integrity of the individual. Suffering is not directly proportionate to the amount of pain. Suffering is also a perception of the patient. It is important to assess the amount of pain as well as how much the pain threatens the integrity of the person (suffering).

Coming Events

Annual Oliver Headache & Pain Seminar

May 11, 2002

Evansville Marriott

Published Articles

The Art of Thorough Assessment in Chronic Pain Syndrome

Randall L. Oliver, M.D.

April Taylor RN, BSN

Going to be reprinted in digest form

Zomig vs Maxalt: Patient Satisfaction Study

Randall L. Oliver, M.D.

Upcoming study report

The effectiveness of Viagra on erectile dysfunction in males with chronic low back pain

Randall L. Oliver, M.D.

Upcoming study report

Resources

Dr. Oliver is a member of the following Advisory Boards. Please feel free to let him know of any comments or concerns he can bring back to these boards:

Elan (Zanaflex and Frovatriptan)

Glaxo (Imitrex and Amerge)

Janssen (Dúragesic and Aciphex)

Pfizer (Neurontin)

Merck (Maxalt)

Purdue (Oxycontin)

Tri-State Pain Partners

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We wish to make this newsletter to the group, but also from the group. We invite any and all contributions to the newsletter. Please feel free to advertise upcoming events or your company email, phone number, or web-site. We also welcome articles or notes about your current medical

practice. Feel free to comment on any columns in the current newsletter and we will publish them in the next newsletter. We welcome questions also. Send all correspondence to Oliver Headache & Pain Clinic. Thank you for your support.

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