

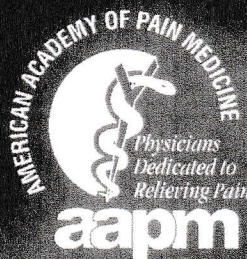
# Pain Medicine

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Conclusions: Pain and depression appear to be persistent conditions in older adults, even when there is full access to healthcare. Identification and effective treatment of depressive symptoms, even minor symptoms, would reduce pain-related impairment and health care costs in the elderly.

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Funding: National Institutes of Aging

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#### Research

##### **The Effectiveness of Viagra on Erectile Dysfunction in Males with Chronic Low Back Pain**

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Background: Chronic low back pain greatly affects quality of life. Erectile dysfunction is a problem with increased incidence in males with chronic low back pain. Sildenafil citrate (Viagra) works in diabetics, vascular disease, nerve-sparing radical prostatectomy and some improvement in spinal cord injury (1). There is no clinical studies researching the incidence of erectile dysfunction and Chronic Low Back Pain (LBP) or the effectiveness of Sildenafil citrate in-patients that have erectile dysfunction and LBP. The objective of this study was to determine the effectiveness of Sildenafil citrate on erectile dysfunction in patients with Chronic LBP.

Method: Nineteen male subjects with chronic low back pain were enrolled in an 4-week single-center study. Patients were given nine 50mg tablets and instructed to try 50mg and 100mg tablets and to keep a diary of their success in reaching erection, penetration, and orgasm. Subjects were also surveyed on their use of narcotics and antidepressants.

Results: Seventeen subjects were on a narcotic and thirteen were on an antidepressant. Fifteen subjects completed the study. Twelve of the subjects were able to reach orgasm with either 50mg or 100mg of Sildenafil citrate. Only two subjects experienced mild side effects.

Conclusion: Sildenafil citrate is an effective treatment for this problem in this population.

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Hines SE. (2000). Restoring Erectile Function. *Patient Care*, 34, (11), 76-99.

Funding: This study was sponsored by a grant from Pfizer.

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#### Clinical

##### **Pain Rehabilitation With Opioid Withdrawal: Comparison of Treatment Outcomes for Chronic Noncancer Pain Based on Opioid Use Status at Admission**

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There is limited research on the effects of opioid treatment on the outcomes of pain rehabilitation. The present study examined 356 patients with chronic noncancer pain treated in the Mayo Clinic Pain Rehabilitation Center in 2002 in a nonrandomized 2-group pre-post design comparing patients at admission and discharge by opioid use status at admission. Patients completed questionnaires related to functioning (MPI), depression (CES-D), and catastrophizing (CSQ) at admission and discharge. Over one-third of patients (n = 135, 37.9%) were taking opioids at admission (mean daily oral morphine equivalent dose = 78.4mg); 221 patients were not taking opioids. At discharge all but 3 patients had completed opioid withdrawal. Analysis of variance revealed no significant differences between the opioid and nonopioid groups on demographic characteristics, pain duration, or treatment completion. Patients taking opioids reported significantly greater affective distress (p < 0.05) and catastrophizing (p < 0.05) at admission than patients in the