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PAIN MEDICINE NETWORK

Physicians Dedicated to Relieving Pain Vol. 28, No. 1 • 2013

FDA Refuses to Set Dosage, Duration Limits on Opioid Labels

Decision Protects Physicians' Ability to Provide Individualized Care, AAPM Leaders Say

By Kevin B. O'Reilly, Contributor

After more than a year of research, public hearings, and consideration of nearly 3,000 comments filed by physician organizations, patients, and others, the U.S. Food and Drug Administration (FDA, 2013) in September altered the labeling of extended-release (ER) and long-acting (LA) opioid analgesics to place a greater emphasis on the medications' safety risks. The action falls far short of the strict limits on the dosage and duration of opioid therapy for patients' noncancer pain that were proposed by advocacy groups last year.

The change means that on-label prescribing will be reserved for "use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain," said the FDA's letter to manufacturers of these drugs.

"The FDA's primary tool for informing prescribers about the approved uses of medications is the product labeling," said Douglas Throckmorton, MD, deputy director for regulatory programs in the FDA's Center for Drug Evaluation and Research. "These labeling changes describe more clearly the risks and safety concerns associated with ER/LA opioids and will encourage better, more appropriate prescribing, monitoring, and patient counseling practices involving these drugs."

A new black-box warning will highlight the "risks of addiction, abuse, and misuse, which can lead to overdose and death" and advise physicians to assess patient risk before prescribing and monitor patients regularly for aberrant behavior. The box also will warn of the risk of fatal respiratory depression, accidental consumption by children, neonatal withdrawal syndrome, and interaction with alcohol.

"The FDA needs to be complimented for a careful and, I think, very thoughtful process," said AAPM President Lynn R. Webster, MD, chief medical director of CRI Lifetree Salt Lake City Research Center. "They reviewed thousands of comments and pieces of scientific literature to reach their conclusions."

continued on page 3

Inside...

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FROM THE AAPM EXECUTIVE DIRECTOR

The Value in the Rigorous Assessment and Evaluation of Data

Philip A. Saigh, Jr., AAPM Executive Director

In a world where headlines and emotion all too often drive decisions, the U.S. Food and Drug Administration (FDA) has reminded us of the value of the rigorous assessment and evaluation of data. I am referring to the recent FDA decision on the labeling of opioids. The decision—and the rigorous assessment and evaluation of data—was prompted by a 2012 Citizens' Petition submitted by a group calling itself Physicians for Responsible Opioid Prescribing (PROP). The petition called upon the FDA to take three specific actions regarding opioid analgesic labeling modifications:

1. Strike the term "moderate" from the indication for noncancer pain.
2. Add a maximum daily dose, equivalent to 100 mg of morphine, for noncancer pain.
3. Add a maximum duration of 90 days for continuous (daily) use for noncancer pain.

In the days and weeks that followed the submission of the petition, the news media, Internet blogs, and individual e-mails hosted significant debate on its merits. To gather input in a more systematic fashion, the FDA established a formal docket and scheduled 2 days of hearings to collect professional and public input. Physician leaders of the American Academy of Pain Medicine (AAPM) collaborated on the development of AAPM's testimony for the FDA docket (see newsletter links located on the home page of www.painmed.org). Many other professional societies also submitted testimony commenting on the merits of the petition's arguments. The docket also collected testimony from numerous individuals, and no one can remain unmoved by the passionate stories of people who have lost loved ones due to opioid overdose. However, just as moving are the stories told by people whose lives have been given back to them by the relief from pain afforded by their medications.

Fast forward to September 2013 and the publication of a letter from Janet Woodcock, MD, Director of the FDA Center for Drug Evaluation and Research, which responded to the specific actions called for in the Citizens' Petition. (A link to the FDA response to the petition is available on the FDA website at www.regulations.gov/#!documentDetail;D=FDA-2012-P-0818-0793.) The FDA offered a point-by-point assessment and response to the petitioners—emblematic of the scientific rigor that must continue to guide further decisions regarding the use of opioids. The gist of the FDA's response was to grant some aspects of the petition and deny others. But both the granting and the denying are well grounded in data rather than rhetoric and emotion.

The prescribing of opioids for acute and chronic pain is undergoing tremendous scrutiny across public and professional sectors. This scrutiny is good because it will ultimately lead to better care for individuals suffering from significant pain, and for this we are all indebted. But beyond that, the FDA response to the petition serves to remind us that rigorous scientific examination is a fundamental component of good health policy. ■

FDA Refuses to Set Dosage, Duration Limits on Opioid Labels

continued from page 1

The move came in response to a petition filed in July 2012 on behalf of a group of 37 doctors by New York-based Physicians for Responsible Opioid Prescribing (PROP) and Public Citizen, a Washington-based consumer advocacy organization, that asked the FDA to change the noncancer pain labeling for instant-release and LA opioids by

- striking the term "moderate pain" from the indication
- limiting the maximum daily dose to the morphine equivalent of 100 mg
- limiting daily use to 90 days.

Those suggestions, although driven by legitimate safety concerns related to opioids, did not line up with the best available evidence, according to the FDA. In a September 10 letter to Andrew Kolodny, MD, the addiction-medicine specialist who is president of PROP, Director of the FDA Center for Drug Evaluation and Research Janet Woodcock, MD, wrote that the data cited in the petition did not define a clear-cut relationship between opioid dose and emergency department visits or death.

FDA: More Data Needed

Dr. Woodcock added that the data on the persistence of chronic pain among patients on long-term opioid therapy are "inconclusive," and that the available data on long-term opioid use and addiction are not strong enough to justify setting a threshold for how long the medicines should be used.

The FDA acted prudently by refusing to move ahead of the evidence base, Dr. Webster said.

"I was particularly pleased to see that they weren't snowed by the lack of evidence for some of the petition's requests," he said. "The contention that there is a difference between cancer and noncancer pain is false, and they pointed that out. The contention that there's something magical about 90 days is also false, and the arbitrary 100-mg dose limit is also false."

Nearly all the commenters, whether they opposed or favored the PROP petition, cited a need for more data to help reduce opioid-related overdoses and deaths. To beef up the evidence base, the FDA ordered makers of ER/LA opioids to conduct a raft of postmarket approval studies to be submitted by 2017. The studies would

- determine the incidence of misuse, abuse, addiction, overdose, and death among chronic pain patients
- develop measures of these adverse events
- validate using medical codes to identify opioid-related adverse events
- define and validate cases of doctor or pharmacy "shopping"
- estimate the serious risk of developing hyperalgesia or opioid tolerance following at least 1 year of using ER/LA opioids.

AAPM Past President Perry G. Fine, MD, also lauded the FDA's "thoughtful, very deliberative process." He said the agency struck the right balance on safety risks versus benefits for patients with chronic pain.

"What they've done is to strengthen the onus of responsibility on the prescribers to educate themselves and to be very thoughtful in their patient selection and patient prescribing, but they didn't limit or constrain the ability of prescribers to practice the art and science of medicine," said Dr. Fine. He is professor of anesthesiology at the University of Utah in Salt Lake City, UT, where he also serves on the faculty in the Pain Research Center and is an attending physician in the Pain Management Center.

PROP Ponders Legal Action

AAPM was not alone in opposing the proposed maximum duration and dosage limits. The American Medical Association, the American Society of Anesthesiologists, and the American Pain Society were among the other medical organizations that opposed PROP's petition.

For his part, Dr. Kolodny is not giving up the fight to rein in what he views as harmful overprescribing of opioids for patients with chronic pain.

The FDA's action is "a very small step in the right direction," he said. "We wanted the FDA to go much further, and instead the FDA came down in favor of the opioid manufacturers instead of pain patients. I think their decision to maintain long-term and high-dose opioid therapy as an on-label treatment is very bad for people with chronic pain."

PROP is now consulting with legal advisers about the possibility of filing a federal lawsuit against the FDA. Dr. Kolodny believes that by refusing to further restrict opioid labeling, the FDA is failing to live up to its statutory obligations under the Federal Food, Drug, and Cosmetic Act.

It remains unclear what impact the FDA's labeling change will have on clinical practice and the rate of opioid-related overdose deaths in the United States, which the Centers for Disease Control and Prevention has tabbed at about 16,000 annually. AAPM and others voiced concern that setting dosage and duration limits on opioid therapy would lead insurers to restrict their formularies in a way that would harm patients living with debilitating pain and put doctors in the bind of prescribing less effective, potentially riskier alternatives such as methadone for financial reasons.

Now that such changes have been rejected, will the new safety warnings make prescribers think twice before ordering ER/LA opioids for patients with chronic pain? An unscientific poll offered at the MedPage Today (2013) website found that 68% of prescribers said the labeling changes would not alter their prescribing habits. At this article's deadline, more than 1,500 users had voted in the poll.

In a June 2011 report, the Institute of Medicine estimated that chronic pain costs the United States $635 billion annually in medical expenses and lost productivity, affecting 116 million Americans at some point each year. ■

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Midway Through His Term, AAPM President Lynn R. Webster, MD, Discusses the Academy's Progress Toward the Goals of the IOM Report

By Jane Martinsons, Contributor

As his presidency at the Academy reaches mid-year, Dr. Webster takes a calculated look at the 2011 Institute of Medicine (IOM) report "Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research" and documents AAPM's progress in reaching toward those goals.

"The report illuminates the need for every segment of society to be engaged in addressing what should be a national priority," said Dr. Webster, who serves as medical director of CRI Lifetree in Salt Lake City, UT. Moreover, the timing of its release is crucial, given the aging population of the United States. "One out of three people experiences chronic pain," he said, "and as Baby Boomers age, the prevalence of pain is likely to increase further."

Shared Vision

As soon as the IOM's report was released in 2011, Academy leaders realized how closely the IOM report mirrored AAPM's mission and vision for the future of pain. The Academy's Board of Directors made a commitment to keep the IOM recommendations as a prominent focus of all strategic endeavours. Dr. Webster recently updated *Pain Medicine Network* about the Academy's stance and plans for future growth in light of the IOM goals:

- **Improve the education of and research for pain.** "AAPM recognizes the need for pain education beginning in medical school through clinical practice," Dr. Webster said. "Curricula in pain medicine for medical students is being developed along with broad and deep educational content for primary care. The magnitude of the educational deficit is so large that it will indeed require a transformation in the medical educational system to evolve into competent and compassionate care for people in pain."
- **Develop better collaboration among pain specialists and primary care providers.** "With more than 100 million people in pain and the prevalence of pain exceeding the number of Americans with heart disease, cancer, and diabetes combined, primary care providers will be major soldiers in the battle to eliminate pain as a major public health problem," Dr. Webster said.

  "There are only about 10,000 so-called 'pain specialists' and they will not be able to treat all of the people in pain. We need to think of treating pain like we treat cardiovascular disease or diabetes. There was a time when most diabetics would be treated by an endocrinologist, [but] today most diabetes is managed by primary care. This is the model we need to work toward."
- **Improve data collection to assess pain and the many therapies to treat it.** Dr. Webster points to several new treatments being used at pain clinics, including new drugs to treat glia inflammation. "These look promising, although it is too early to know when they will be clinically available," he said.

Dr. Webster said that advances in neuromodulation offer the potential to relieve some of the worst pain conditions without the side effects seen with medications. He stressed that "understanding how we can learn to not experience pain based on neuroplasticity manipulations is exciting and could be revolutionary."

Dr. Webster further noted that the IOM recognizes the value of complementary and alternative therapies. "There is some evidence that a subset of patients may do quite well with one or another form of complementary or alternative treatments. As the integrative approach to treating pain becomes more standard, complementary and alternative therapies will likely increase their role as part of the treatment regimen."

All these goals bode well for the field of pain medicine, said AAPM President-Elect Sean Mackey, MD PhD, of Stanford University School of Medicine in Palo Alto, CA, and one of several AAPM members to serve on the IOM Committee that worked on the report.

"One of the clear benefits we're seeing from this report is an increased awareness at the societal level on issues of pain," explained Dr. Mackey on behalf of the IOM. "The field of pain medicine remains a relatively young field. There is increasing interest from young physicians who want to go into the field and increasing awareness on society's need to appropriately treat pain."

"I'm hoping the report will get further attention by the federal government and other public entities, such as the Veterans Administration and the Department of Defense, that are involved in treating pain. Quite frankly, they are already well aware of the issues of pain and are putting significant resources into it. We're hoping that this report will raise awareness of pain within federal agencies and lead to an increase in research funding."

"Optimal pain care requires a collaborative, multidisciplinary, and integrative approach. . . The IOM appropriately advocates for a change in public and private financing so quality and outcomes are rewarded more than just 'doing something' to a person in pain. This should lead to more integrative services and less emphasis on a procedure or office visit to receive a prescription."

Lynn R. Webster, MD, AAPM President

Dr. Webster agreed that, although costly, research is imperative. "NIH has limited funds for this type of research, and industry has only made limited investments in this area to date," he said, but "most people interested in affordable, high-quality medicine are urging more research in this area."

Major Findings

Several of the report's key findings are particularly salient for AAPM members, according to Dr. Mackey. Chief among them is the concept of pain as a disease in its own right. "The IOM Committee recognized that while pain can be a symptom of another condition, when it becomes persistent and chronic, it can involve fundamental peripheral and central system changes," Dr. Mackey explained. "This disease concept guides us toward a need to educate our patients, physician colleagues, and our payers and, from a research perspective, to ultimately identify mechanisms of pain and ways to combat it."

Equally striking are the report findings that chronic pain affects an estimated 100 million American adults, and that pain costs the nation up to $560–$635 billion a year in medical treatments and lost productivity. The report concludes that the effective treatment of pain demands a cultural transformation on the part of patients, physicians, and researchers.

"We're looking at a half-trillion-dollar problem," Dr. Mackey said. "Huge numbers of patients are being affected and large amounts of money are being spent on pain as a disease in its own right."

According to the IOM report, public and private insurers should "offer incentives to support the delivery by primary care providers of coordinated, evidence-based, interdisciplinary pain assessment and care for persons with complex pain." That is essential, said Dr. Webster, who describes the current payment system in medicine as "perverse" because it rewards behaviors based on number of interactions and not on the quality of care.

"The IOM appropriately advocates for a change in public and private financing so quality and outcomes are rewarded more than just 'doing something' to a person in pain. This should lead to more integrative services and less emphasis on a procedure or office visit to receive a prescription," he said.

As provisions of health reform continue to evolve, healthcare delivery systems will undoubtedly change, Dr. Webster says. "Obviously, it is not possible to know the future, but the framework exists for a more collaborative delivery of health care. Optimal pain care requires a collaborative, multidisciplinary, and integrative approach. Only time will tell if communities will evolve to help people with pain in this way."

Meanwhile, Dr. Mackey stressed that AAPM's strategic goals seek to advance the message of the report to membership and to the public because it's in the interest of society for the Academy to take this lead. "My prediction is that the future of pain medicine is defined in the IOM report. We can all work together to make this a very bright future." ■

Don't Miss This Perspective

"Lessons in Pain Relief—A Personal Postgraduate Experience"

By Philip A. Pizzo, MD, in the September 19, 2013, issue of the *New England Journal of Medicine*, Volume 369, 1092–1093.

Dr. Pizzo was chair of the Committee on Advancing Pain Research, Care, and Education, which was instrumental in developing the Institute of Medicine's "Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research," the IOM report on pain to which the American Academy of Pain Medicine has aligned its strategic goals and resources in hopes of leading the concerted response to the crisis of pain in America.

ACADEMY BRIEFS

Save the Date: March 6-9, 2014

Chester C. Buckenmaier III, MD COL MC USA

W. Mike Hooten, MD

Celebrate the Academy's 30th year of serving pain physicians and their treatment teams during the 30th Annual Meeting in Phoenix, AZ. The 2014 Annual Meeting Committee, under the leadership of co-chairs Chester C. Buckenmaier III, MD COL MC USA, and W. Mike Hooten, MD, of the Mayo Clinic, have prepared a highly relevant, hard-hitting, science-of-pain meeting for physicians and clinicians with limited time. All the plenary sessions are scheduled on Friday morning, leaving the other days open for more education, more specialization, and many no-nonsense, need-to-know sessions that capture the entire spectrum of pain from acute to chronic. Plan now to attend March 6–9, 2014. Come a day early on March 5 and take advantage of preconference sessions. Watch for updates in the AAPM e-News and at www.painmed.org.

AAPM Developing "On-Demand Education"

AAPM is looking for ways to help you get pain education from the best of the best in your time and your space. Currently, there are a number of relevant non-CME sessions from the 2010 Annual Meeting available. In addition, several Coding for Pain webinars are available, and many more On-Demand Education sessions are in the works. These sessions are perfect for physicians, clinicians, or anyone who treats pain or assists on a pain treatment team. Watch the AAPM e-News, delivered to your e-mail twice each month, for the newest offerings.

Benefits and Resources You Can Use

Vast resources for research are available on AAPM's website, including an archive of Research in the News and Pain in the News articles, as well as a growing library of research tools. Check it out. Click on the Library/Research tab at www.painmed.org.

Have You Been Dropped?

Did you know that one of the biggest complaints we receive from past members is that they did not know their membership had expired? We mail out invoices to members 3 months in a row, call, leave messages, and e-mail, but many still don't know that their office manager never renewed their membership. Starting in September, many of our members began receiving their Annual Renewal invoices. Watch your mail. Tell your office manager: Renew your AAPM membership.

AAPM E-mail

You're busy. We know it. You want Academy information, but maybe not all of it. AAPM is upgrading its e-mail carrier to allow you to select the types of e-mails you want. Watch for the notice that will allow you to make your selections.

Attention AAPM Voting Members

Leadership Election: Be an active voice in the Academy's future by casting your ballot for president-elect, director-at-large, and the nominating committee.

Watch your e-mail for details about the upcoming AAPM 2014–2015 Leadership Election. A message linking you to complete information about each candidate and the voting site, along with your user ID and password for the election, will be sent on October 11. Polls close on November 4.

Bylaws Revisions: Important changes to the Academy's governing document are being brought forth for your consideration. Proposed revisions include

- an update to the mission statement
- a revision to the dated language for the position of Vice President for Scientific Affairs
- an additional means by which the bylaws can be amended.

Your vote on these important Academy governing decisions is of vital importance.

Year-End Giving Opportunity

Don't miss the chance to donate the AAPM Foundation with a year-end, charitable contribution. Donate $1,000 or more by December 31 and become a member of the **Founders Society.**

Your financial support of the AAPM Foundation advances its mission of patient safety by enabling

- research focused on optimizing outcomes in pain management therapies
- pain management education for physicians and for people with acute and chronic pain.

Find out more about the Foundation by visiting www.aapmfoundation.org/donate.

AAPM members: You can also now make a contribution to the Foundation while renewing your AAPM membership!

AAPM's New Textbook on Pain

With more than 160 authors, the Academy's newly released *Comprehensive Treatment of Chronic Pain by Medical, Interventional, and Integrative Approaches* (editors T. R. Deer, M. S. Leong, A. Buvanendran, V. Gordin, P. S. Kim, and S. J. Panchal) continues to command respect in the international medical community. To date, there have been more than 4,500 downloads of individual chapters and 200 purchases of the hardcover textbook.

Did You Know?

The Academy's PR consultants for 2012–2013 prepared some great tips for working with the media. Those tips are available at www.painmed.org to Academy members (you must log in).

Visit **www.painmed.org** for more Academy information.

Eight Safe Prescribing Practices for Physicians and Clinicians©

The eight safe prescribing practices that are described below will be featured in each of the biweekly eNewsletters for the remainder of the year.

1. Assess patients for risk of abuse before starting opioid therapy and manage accordingly.
   Highlighted in the Sept. 10 AAPM PainNetwork eNews
2. Watch for and treat comorbid mental disease if present.
   Highlighted in the Sept. 24 AAPM PainNetwork eNews
3. Conventional conversion tables can cause harm and should be used cautiously when rotating (switching) from one opioid to another.
   Highlighted in the Oct. 8 AAPM PainNetwork eNews
4 Avoid combining benzodiazepines with opioids, especially during sleep hours.
   Highlighted in the Oct. 22 AAPM PainNetwork eNews
5. Start methadone at a very low dose and titrate slowly regardless of whether your patient is opioid tolerant.
   Highlighted in the Nov. 5 AAPM PainNetwork eNews
6. Assess for sleep apnea in patients on high daily doses of methadone or other opioids and in patients with a predisposition.
   Highlighted in the Nov. 19 AAPM PainNetwork eNews
7. Tell patients on long-term opioid therapy to reduce their opioid dose during upper respiratory infections or asthmatic episodes.
   Highlighted in the Dec. 3 AAPM PainNetwork eNews
8. Avoid using long-acting opioid formulations for acute, post-operative, or trauma-related pain.
   Highlighted in the Dec. 17 AAPM PainNetwork eNews

Eight Opioid Safety Principles for Patients and Caregivers©

Download these safety points for patients and caregivers at no charge from the Patient Center section of AAPM's website.

1. Never take an opioid pain medication that is not prescribed to you.
2. Never adjust your own doses.
3. Never mix with alcohol.
4. Taking sleep aids or antianxiety medications together with opioid pain medication can be dangerous.
5. Always tell your healthcare provider about all medications you are taking from any source.
6. Keep track of when you take all medications.
7. Keep your medications locked in a safe place.
8. Dispose any unused medications.

Pain Facts

AAPM has key pain facts in the press room of its website at www.painmed.org. Below are some highlights:

- Considering the number of Americans who suffer from chronic pain and the societal and economic impact of chronic pain, funding for pain and pain treatment research is woefully inadequate.
  - More than 100 million Americans suffer from the debilitating effects of chronic pain, which prevents them from working and engaging in the normal activities of daily life.
  - This is more than the number of Americans suffering from diabetes, coronary heart disease, stroke, and cancer combined.
  - This number includes the most common types of pain in adults: spine pain, headache, facial pain, and arthritis pain.
  - Twenty percent of American adults report that pain disrupts their sleep a few nights per week.
  - More than half of all returning military personnel report chronic pain from war wounds that in some cases becomes so disabling it can lead to suicide.
  - The medical cost of pain care and the economic loss related to disability, lost wages, and productivity ranges from $560 billion to $635 billion, *excluding* military service members and older adults living in long-term care (e.g., nursing homes), in whom the prevalence of painful conditions is very high.
  - According to the National Institutes of Health (NIH), an estimated 1.9 million people are addicted to prescription pain relievers. The number of unintentional overdose deaths from prescription pain relievers has quadrupled since 1999, outnumbering those from heroin and cocaine combined.
- Despite this high prevalence and the extraordinary impact of chronic pain on the American people and our economy, funding for research on pain and pain treatment by the NIH has actually declined in recent years and now represents less than 1% of all NIH research grants.

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2013 Presidential Award and Commendation Recipients

The American Academy of Pain Medicine (AAPM) is pleased to announce the recipients of this year's Presidential Awards and Commendations who were recognized for their exceptional service to the field of pain medicine on Saturday, April 13, during the 2013 Annual Meeting.

Presidential Awards

The **Philipp M. Lippe, MD, Award** is given to a physician for outstanding contributions to the social and political aspect of pain medicine. The 2013 Philipp M. Lippe, MD, Award recipient is **Chester C. Buckenmaier III, MD COL MC USA.**

The **Founders Award** recognizes an individual who makes outstanding contributions to the science or practice of pain medicine. The 2013 Founders Award recipient is **Allan Basbaum, PhD.**

The **Patient Advocacy Award** recognizes an individual who advocates for appropriate evaluation and treatment of patients suffering from pain. The 2013 Patient Advocacy Award recipient is **Malene Davis, MBA MSN CHPN, and Capital Caring.**

The **Distinguished Service Award** honors an individual's commitment and contributions to AAPM. The 2013 Distinguished Service Award honoree is **Philip A. Saigh, Jr.**

The **AAPM Presidential Excellence Award for Education** honors an individual who has made major contributions to the education of others about pain medicine. The 2013 Presidential Excellence Award for Education recipient is **Debra K. Weiner, MD.**

Presidential Commendations

Penney Cowan, founder and chief executive officer, American Chronic Pain Association, is commended for her commitment to being an active voice supporting the needs of all people who suffer with chronic pain.

Melanie Thernstrom, contributing writer, *The New York Times Magazine*, is commended for her work on the Institute of Medicine Committee on Advancing Pain Research, Care and Education, and for authoring *The Pain Chronicles*, an account of her personal battle with chronic pain. ■

Application Deadline Rapidly Approaching for AAPM's Pain Medicine Fellowship Excellence Award

PAIN MEDICINE FELLOWSHIP EXCELLENCE AWARD
the AMERICAN ACADEMY *of* PAIN MEDICINE

Applications Due: November 8, 2013

AAPM's annual Pain Medicine Fellowship Excellence Award is open to pain medicine fellowship programs within the United States that are accredited by the Accreditation Council for Graduate Medical Education (ACGME). The Award recognizes one program each year that provides an exceptional learning experience to its fellows, preparing them to deliver the highest standard of care to patients with pain.

AAPM presents the award once a year at the AAPM Annual Meeting. The winning program will receive

- two (2) complimentary registrations for fellows to attend AAPM's Annual Meeting
- a special sign of distinction to use (in accordance with AAPM guidelines)
- an announcement in AAPM's *e-News* and on the Academy's website
  - If the winning program participates within the Academy by means of poster presentations at AAPM's Annual Meeting, journal submissions or fellow/trainee memberships, these efforts will be highlighted as well.
- recognition in *Pain Medicine*, the official journal of AAPM.

Visit the www.painmed.org for all criteria and to download an application to be signed by your program director.

APPLY BY NOVEMBER 8, 2013.

the AMERICAN ACADEMY *of* PAIN MEDICINE

SAVE THE DATE: MARCH 6–9, 2014

TO ATTEND AAPM'S 30TH ANNUAL MEETING • PHOENIX, AZ

AAPM's 30th Annual Meeting is the premier meeting for physicians and their treatment teams in the field of pain medicine.

- Hear presentations by nationally recognized leaders from the specialty of pain medicine.
- Get the latest in the science, clinical practice, and social policy issues in pain medicine.
- Network with colleagues, mentors, and partners.
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* *AAPM is accredited by the Accreditation Council of Continuing Medical Education (ACCME) to offer continuing medical education for physicians.*

For more information, visit **www.painmed.org**, call 847.375.4731, or e-mail **info@painmed.org.**

REGISTRATION WILL BE LIVE SOON.
MAKE YOUR RESERVATIONS EARLY FOR THE BEST RATES.

2013 Annual Meeting Networking Event

continued from back cover

More than 25 students, residents, and current pain fellowship trainees attended the event, enabling them to interact with 10 program directors from some of the country's most influential pain medicine fellowships.

The Academy also introduced the Pain Medicine Fellowship Excellence Award at the 2013 Annual Meeting. This new award recognizes Pain Medicine Fellowship Programs within the United States that are accredited by the Accreditation Council for Graduate Medical Education (ACGME) and that provide an exceptional learning experience to their fellows, preparing them to deliver the highest standard of care to patients with pain. The inaugural recipient of the award was Brigham and Women's Hospital, Boston, MA. Dr. Mackey had the privilege of acknowledging Srdjan Nedeljkovic, MD, program director at Brigham and Women's Hospital, and several of his current fellows at the reception. The award-winning program received two complimentary registrations for fellows to attend AAPM's Annual Meeting, a special sign of distinction to use (in accordance with AAPM guidelines), an announcement in AAPM's *eNews* and on the Academy's website, and an advertisement in *Pain Medicine*, the official journal of AAPM. Pain programs directors are invited to participate in the 2014 award. For more information on the award, visit the Member Center of the AAPM website. The deadline to submit an application is November 8, 2013.

The Association of Pain Program Directors (APPD) also met for the second year at AAPM's Annual Meeting and plans are underway to host an AAPD meeting at the 2014 Annual Meeting in Phoenix AZ, March 6–9. Make plans today to attend the 2014 Annual Meeting as well as its many networking opportunities. ■

Back row from left: Jeremy Broadnax (fellow), Rob Edwards (staff), David Boyce (fellow), George Hanna (fellow), Bob Jamison (staff), Andrew Vaclavik (fellow), Mohammed Issa (fellow), Ivan Valovski (staff), Christopher Voscopoulos (fellow), Sanjeet Narang (staff). Front row from left: Terrence Gray (fellow), Maira Hameed (fellow), Srdjan S. Nedeljkovic (fellowship director), Karl Saba (fellow), and Dana Aminian (fellow).

Medical Students, Residents, and Trainees

AAPM currently offers free memberships to medical students, residents, and trainees (see www.painmed.org for details). The Academy also provides trainees the opportunity to renew their free membership for $100 during the year following the completion of their fellowship. With a 29-year history of equipping pain medicine physicians with the best information in multidisciplinary pain care, peer contacts, and resources, AAPM gives fellows (trainees) **outstanding opportunities to improve their skills, advance their knowledge, and gain access to many key resources for pain specialists**, such as the Academy's *Pain Medicine* journal, award-winning website, biweekly e-News with the latest news in the field of pain medicine, and discounted rates for AAPM's Annual Meeting.

For more information, go to **www.painmed.org.**

2014 AAPM Pain Medicine Fellowship Excellence Award

PAIN MEDICINE FELLOWSHIP EXCELLENCE AWARD
the AMERICAN ACADEMY *of* PAIN MEDICINE

APPLICATION DEADLINE: NOVEMBER 8, 2013

the AMERICAN ACADEMY of PAIN MEDICINE
the voice of pain medicine

8735 W. Higgins Road, Suite 300
Chicago, IL 60631-2738
www.painmed.org

Young Physicians Network with Pain Medicine Leaders at the 2013 Annual Meeting

For the second consecutive year, AAPM's Annual Meeting provided an excellent opportunity for pain medicine fellows, residents, and students to network with pain program directors from across the country. AAPM President-Elect Sean Mackey, MD, addressed the group about the Academy's efforts to reach out to physicians in training who are interested in the field of pain medicine.

continued on page 11