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Critical Review

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Fifteen Years of Explaining Pain: The Past, Present, and Future

G. Lorimer Moseley and David S. Butler

Explaining Pain (EP) refers to a range of educational interventions that aim to change one's understanding of the biological processes thought to underpin pain. It draws on educational psychology and on conceptual change strategies to help patients understand current thought in pain biology. This report attempts to address common misconceptions of EP. The authors provide a systematic review of recent contributions to the field and propose future directions by which care providers might enhance the effects of EP as part of multimodal pain rehabilitation.

Original Reports

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Analgesic Response to Intravenous Ketamine Is Linked to a Circulating microRNA Signature in Female Patients With Complex Regional Pain Syndrome

Sabrina R. Douglas, Botros B. Shenoda, Rehman A. Qureshi, Ahmet Sacan, Guillermo M. Alexander, Marielle Perreault, James E. Barrett, Enrique Aradillas-Lopez, Robert J. Schwartzman, and Seena K. Ajit

Although ketamine is beneficial in treating complex regional pain syndrome (CRPS), a subset of patients respond poorly to therapy. This work investigated treatment-induced microRNA (miRNA) changes and their predictive validity in determining treatment outcome by assessing miRNA changes in whole blood from CRPS patients. Differences in miRNA signatures in responders and poor responders prior to therapy indicate prognostic value. Mechanistic studies on altered miRNAs can provide new insights into disease.

ON THE COVER

Although ketamine is beneficial in treating complex regional pain syndrome (CRPS), a subset of patients respond poorly to therapy. This work investigated treatment-induced microRNA (miRNA) changes and their predictive validity in determining treatment outcome by assessing miRNA changes in whole blood from CRPS patients. This figure represents post-treatment samples, demonstrating that 43 miRNAs differed between responders and poor responders. See Douglas et al, page 814.

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Adherence to Analgesics for Cancer Pain: A Comparative Study of African Americans and Whites Using an Electronic Monitoring Device

Salimah H. Meghani, Aleda M. L. Thompson, Jesse Chittams, Deborah W. Bruner, and Barbara Riegel

Despite well-documented disparities in cancer pain outcomes among African Americans, surprisingly little research exists on adherence to analgesia for cancer pain in this group. This research compared adherence for cancer-related pain over a 3-month period between African Americans and whites using the Medication Event Monitoring System. There were considerable differences between African Americans and whites in the overall dose adherence. Unique predictors of analgesic adherence varied by race; income levels, analgesic side effects, and fear of distracting providers predicted analgesic adherence for African Americans but not for whites.

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Psychological Distress Mediates the Relationship Between Pain and Disability in Hand or Wrist Fractures

Cassie Ross, Ilona Juraskova, Hopin Lee, Luke Parkitny, Tasha R. Stanton, G. Lorimer Moseley, and James H. McAuley

Upper limb fracture is a common musculoskeletal injury that can lead to marked pain-related disability. Unlike with other common painful musculoskeletal conditions, such as low back pain, little consideration has been given to the role of psychological variables in explaining the relationship between pain and disability during early fracture recovery. This cross-sectional study aimed to determine if psychological distress mediates the relationship between pain and disability in acute hand/wrist fractures. Findings suggest that depression and stress, but not anxiety, explain the relationship between pain and disability and may be novel targets for interventions designed to reduce pain-related disability after upper limb fracture.

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Symptoms of Depression Are Associated With Opioid Use Regardless of Pain Severity and Physical Functioning Among Treatment-Seeking Patients With Chronic Pain

Jenna Goesling, Matthew J. Henry, Stephanie E. Moser, Mohit Rastogi, Afton L. Hassett, Daniel J. Clauw, and Chad M. Brummett

In the past 2 decades, there has been a dramatic increase in the use of opioids to treat acute and chronic pain. Recently it has been posited that depression may be a critical factor in the initiation and maintenance of opioids. This study investigated the association among opioid use, pain, and depression in patients evaluated at a university-based outpatient pain clinic. Depression emerged as a moderator of the relationship among opioid use, pain severity, and physical functioning. These findings lend support to the hypothesis that patients may be self-medicating affective pain with opioids.

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