Communication is the foundation of understanding. It is how we share an emotion, a need or desire, a thought or idea, or even a physical sensation. Sharing our life experiences requires descriptive words that create vivid pictures. Even so, at the end of the story, we may feel as if we haven’t fully recreated the experience. We often say, “You just had to be there.” It isn’t a great loss that we couldn’t fully share our sense of excitement, wonder, or disappointment about an experience. But what about when we are trying to communicate a sense of physical pain?

If only we could take our pain out of our bodies and hold it in our hands. Then we could show it clearly and say, “This is how much pain I am in.” That would help others understand. But we all know that is not possible. So how do we communicate not only our physical pain but the impact it has on our lives?

Trying to Show the Pain
We try our best to put into words the tremendous strain and level of suffering we experience. The problem is that no one can ever feel your pain. Even when you do your best to clearly describe it in minute detail, they still will not understand.

I can remember spending hour after hour trying to think of the best way to describe my pain so that my healthcare provider could understand my life; understand how my pain was in total control of my thoughts, words, and deeds.

I didn’t realize that the more I thought about my pain, the more I would suffer. So I continued trying to find just the right words. I believed that if I could just make him comprehend the amount of pain I experienced, he would be able to help me.

But there were no words that would fully convey the magnitude of my pain and the impact it had on my life.

CONTINUED ON PAGE 6...
The ACPA uses many modern tools—email, social media, and the Internet—to better connect with its members. It also offers many resources to help people with pain communicate in support groups and with healthcare providers and family members.

These two support group facilitators share how they have taken advantage of many of these tools—to improve relationships and their understanding of pain conditions, and create a larger sense of community.

Seeking to be Heard
As a young child, Lori McGuire was often sick, seeming to catch whatever germs were passed around. Her adoptive parents’ family doctor was also a friend, and would dole out antibiotics for frequent sore throats and whatever else seemed to ail her. She was never taken to a medical office for tests or further treatment.

When McGuire would try to communicate that she didn’t feel well, her concerns would be ignored or dismissed. This was, after all the 1950s and 60s, she said, when children were “seen and not heard.” As she got older, the aches and pains she felt were chalked up to her competitive skating activities.

In 2009, McGuire contracted pneumonia and not long after, she said, her body went haywire. She had muscle weakness, unusual rashes, extreme fatigue, and dizziness. Finally, after three years and visits to specialty hospitals in the Chicago area, McGuire was diagnosed with Undifferentiated Mix Connective Tissue Disease—a precursor to diseases such as lupus, rheumatoid arthritis, and scleroderma. Communication while she was in pain, she said, was very difficult.

Seeking a way to connect with others and help educate her husband about her pain, McGuire found a myasthenia gravis (MG) support group at a local hospital. Although only some of her symptoms matched theirs, the experience led her to consult a doctor who specialized in MG. Eventually, she learned that her issues were thyroid related, and after four days on medication, her health issues dissipated.

Aiming to Educate
“After I worked through my anger, I realized just how important communication is with your caregivers, and I wanted to join or start a group,” McGuire said. Needing to connect with others in similar situations, she eventually found an ACPA group (that she now leads) near her hometown of St. Charles, Illinois.

To help educate healthcare providers about chronic pain, McGuire tried to drop off pamphlets at chiropractors and rheumatologists offices. She found them resistant. So she began looking for other ways to connect, educate, and learn—via her St. Charles support group, as well as several online gatherings. McGuire said she also dove into the ACPA website, seeking out tools and materials that could help her and her group.

Testing Communication Solutions
But it was one of her pain group members who introduced her to the app Catch My Pain. This tool enables her to track her pain by pressing on various parts of the body image; it is similar to the ACPA’s Pain Maps, available at www.theacpa.org/Communication-Tools. She then prints it out and takes it to her doctors’ appointments for further discussion.

“Doctors need a clear picture from the patient, and the app has improved my ability to share how I’m feeling,” McGuire said. “I’ve found they tend to take me more seriously when I can tell them what I did (or didn’t do), or how I was feeling, on a particular day.”

In her support group, McGuire said they use a mix of media—from ACPA videos and workbooks to Facebook pain groups. Facebook has been a great tool for McGuire and others in her circle, in that members share their reviews of physicians. These suggestions may not always lead folks to the right doctors, she said, but it helps get them moving in the right direction.

However, in her experience, face-to-face interaction has been the most effective tool, as it fosters learning, friendships, and healing.

So what lessons learned does she have to share with others? McGuire said,

“Keep going – and keep seeking. If you can’t find people in your personal lives to help and support you, find a group you can join or start one. Once you start talking, you will find others who walk in similar shoes, or are at least able to help you walk in yours.”

CONTINUED ON PAGE 3...
Searching for Answers about Pain

When Sheila Perkins thinks back to the beginning of her chronic pain, she zeroes in on the year 1985, when she was in a car accident. The impact hit her square on the driver's side. She was bruised, shaken, and physically hurting—more than she realized at first.

This was also when she was an admitted alcoholic, which she thinks numbed the painful condition that followed the accident. After she stopped drinking in 1991, she began experiencing a lot of pain in her neck and back. Her family doctor ran some tests and diagnosed her with arthritis. After further testing, she was told she had arthritis throughout her body. Four years later, she was told she had fibromyalgia.

Around 2005, Perkins said she was convinced that the pain she felt was more than fibromyalgia. She tried repeatedly to tell her doctor about the substantial neck, back, and spine pain. With her concerns ignored, Perkins pushed harder, getting CT scans, X-rays, and MRIs. Finally, in 2014, a resident reviewing her scans for the first time discovered herniated discs in Perkins' neck. A few months later, she had fusion surgery.

But it was not entirely successful. During the procedure, the surgeon irritated a nerve in C5 of her spine, causing substantial pain in her right shoulder and arm that likely will never fully subside. Soon after, she realized she needed to connect with other people with chronic pain.

“A realization hit when my youngest son said, ‘Mom, do you know that every time you talk to me, all you talk about is feeling bad?’ That really hurt my heart, and made me realize how chronic pain truly burdens families. It’s not a good place when your family can’t understand what you are feeling or are going through. So I decided to connect with the ACPA and find a support group where I could communicate with others who understood what I was going through.”

Creating Connections

After calling the ACPA, she found there wasn’t a support group in her hometown of Toledo, Ohio, so she started her own earlier this year. Finding members has been a slow process, but she remains committed, understanding that it takes great courage for some to open up about how chronic pain has affected their lives.

When folks do attend her meetings, they are met with welcoming arms, an open forum, and plenty of ACPA pamphlets that they can use to help open up lines of communication with doctors, family members, and friends. Perkins has also incorporated some of the ACPA videos into the meetings, which help facilitate discussions.

“I share routinely with group members how important communication is, because chronic pain needs a voice.”

Perkins said. “No one else can speak for us like us. I tell them that if they aren’t satisfied with the doctor’s diagnosis, or they don’t feel they are listening, to get a second opinion. Passive voices will never be heard.”

Seeking Listeners

In her own life, Perkins has discovered her voice and other tools that help her more effectively gain her doctors’ attention. She's found pain management physicians who understand much more than the family doctor she had relied on for so many years. Perkins is also active in WebMD forums, reading (and sometimes sharing information) about treatments or specific pain triggers and/or conditions. She also takes worksheets to her appointments that allow her to track and share specific pain on a given day. These tools, Perkins said, will always play a part in her toolbox because researching and understanding chronic pain is—and will be—a lifelong process for her.

Communication has also improved in her personal life. Because of the support group outlet, Perkins said family members no longer feel burdened by not knowing how to relate to her pain experience. Her relationship with her three sons has also improved, in that they aren’t always having to take care of her or continually struggle with how they can help her.

At age 50, Perkins said she has finally realized that individuals living with chronic pain need to use their condition as a motivator and employ every tool possible to get others to pay attention and learn.

“I figured out that when you live so many years with pain, there will never be any kind of pain medication that completely takes the pain away,” Perkins said. “This isn’t something that everyone gets. But once individuals who have chronic pain realize they will always have to live with a certain amount of discomfort, then they can accept their fate, move forward, and live again. We have to find outlets, like the ACPA support groups or online tools. Because when you help others, you are also helping yourself.”
ACPA Communication Tools You Can Use

Understanding between provider and patient is critical to high quality care. These ACPA communication tools can help you quickly explain your pain, the impact it has on your ability to function, and the effectiveness of various therapies you have tried. Best of all, they are all free on our website for you to use. You can find them at www.theacpa.org/Communication-Tools.

Interactive Pain Maps
These body maps help you to locate the areas where you have pain, explain how it feels (burning, sharp, etc.), and rate its intensity. You can print your map and take it along on your next office visit to show your healthcare provider. There are specific maps for these kinds of pain:
- Nerve pain
- Fibromyalgia
- Back pain
- Head pain

Quality of Life Scale
The Quality of Life Scale looks at our ability to function, rather than at pain alone. It can help people with pain and their healthcare team to evaluate and communicate the impact of pain on the basic activities of daily life. This information can provide a basis for more effective treatment and help measure progress over time.

Pain Log
Stress, mood, isolation, lack of activity, and other factors can have an impact on how much pain you experience. The Pain Log can help you track the everyday things that have an impact on your pain.

Ability Chart
It can be hard to explain to your healthcare professional how climbing stairs, getting out of a chair, or bathing might be challenging. This tool will help you to identify all the areas where you struggle and how much trouble you have with each activity.

Tools to Get Ready for Your Healthcare Appointment
Fill in these charts before your visit to make the most of the time you spend with your healthcare team.
- Daily Activity Checklist: This checklist can help you explain where you are having difficulties with everyday activities. It also is a useful way to communicate your progress to your healthcare professional.
- Prepare For Your Healthcare Visit: One way to make the most of your visit with your healthcare provider is to prepare a brief description of what has taken place since your last visit. This tool helps you do that. It also allows you to rate your response to medications and treatments, and highlight any problem areas.
- Follow Up from Your Visit: After your appointment, it is important to follow through with topics discussed during your visit. Ask your healthcare provider to fill in this simple chart to help you complete all the treatments, tests, restrictions, and recommendations.
Social Sharing Enriches Our Community

by Alison J. Conte, Editor, ACPA Chronicle

Social media, email, and the Internet have given us new ways to stay in touch with friends and family, even when we can’t meet up face-to-face. We share photos and stories, news, and advice, connecting in groups of common interests.

This is also true for the ACPA and its members. Through social media tools, we form a community, bringing together new members and established ones. We become a resource for those with chronic pain who haven’t yet discovered ACPA, helping their families, healthcare providers, and caregivers.

ACPA believes strongly in the power of face-to-face meetings and the benefits of getting out of the house to attend a support group meeting in person.

At the same time, through social media, we can share videos, tips, tools, and resources. People living with pain find it dominates their time and attention, so they are best able to absorb information in small chunks, perhaps on Twitter. Social media lets us join you on the sites where you spend your time, such as Facebook, and provide easy links back to our informative website.

It is also important to share your feelings with your healthcare providers. You can use the ACPA’s excellent tracking tools to help you connect with your doctor. They allow you to more easily describe your pain and its effect on your daily life over time. Find them on our website: www.theacpa.org/Communication-Tools.

Author Charles Leadbetter comments on our society today, saying: “In the past you were what you owned. Now you are what you share.” The ACPA has been sharing information for 35 years. We continue to speak for the person with pain and get the word out through traditional means and newer media.

Over the years, the ACPA has supported people in pain with manuals, videos, on television, through government reports, in legislative meetings, even on billboards in New York City’s Times Square. Now we have several websites, accounts on Facebook, Pinterest, and Twitter, as well as a YouTube channel.

We also have 225 support groups where people with pain meet in person and understand that they are not alone. Many of these support groups also use social media to stay in touch with their members between meetings.

We invite you to be a part of this community—liking, posting, retweeting, and responding. Interaction is essential. Your contributions will enrich our offerings as we raise awareness. Despite all of the fun and flash, our mission and message remain the same: helping people have full, rewarding lives in spite of chronic pain.
Home Remodeling for Disability and Special Needs

For many people, owning and maintaining a home is one of the most significant investments they ever make. But for some seniors, as well as individuals living with disabilities or special needs, creating a comfortable home can be an expensive task.

Many people who live with chronic pain find that the layout of their own home can cause additional struggles. A more accessible house could create fewer physical challenges.

You can find help through a free, comprehensive resource on remodeling homes for full accessibility. This may be useful to people living with pain or those who want to plan for a future when they would need a home that is easy to maneuver in.

This guide identifies legal and financial resources and offers tips on hiring the right home remodeler. It suggests modifications that can be made throughout the home to make the space as accommodating as possible in kitchens, bathrooms, entry ways, and flooring.

The home remodeling guide discusses the federal grants available to seniors, veterans, and disabled people, which can help them pay for the costs. You can read it at: [http://www.expertise.com/home-and-garden/home-remodeling-for-disability-and-special-needs](http://www.expertise.com/home-and-garden/home-remodeling-for-disability-and-special-needs)

**Expertise.com**, which includes content written by industry experts, was developed to help people make better decisions by clearly laying out their options. Because of its non-biased approach, the site is trusted by government entities and organizations throughout the United States.

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**The Art of Communication**

CONTINUED FROM PAGE 1...

**Turning Pictures into Communication Tools**

This is why the American Chronic Pain Association created the communication tools that are available on our website at [www.theacpa.org/Communication-Tools](http://www.theacpa.org/Communication-Tools). We knew that the saying, “a picture is worth a thousand words” was true. That is why we used pictures to help you communicate your pain issues quickly and simply during an appointment with your healthcare provider.

You know that trying to use the scale of zero to ten to put a number to your pain can be difficult. The level of pain that one person describes as a five may prevent them from leaving the house, while another person may use the same number, but still have a part-time job.

For these reasons, the ACPA developed the **Quality of Life Scale** to measure daily function rather than pain. You can use it to show how your pain affects your ability to function, an area in which the numerical pain scale falls short.

The ACPA Pain Maps are a valuable communication tool to explain the sensation and intensity of your pain, and point out what might make it worse. All you have to do is point and click to create a picture of your pain. Instead of taking ten minutes to think about and explain your pain in words, you can simply show your provider, in a few seconds, a picture of your pain.

**Tracking Activity over Time**

You can also use the **ACPA Pain Log** to track the factors that contribute to your level of pain, such as stress, sleep, appetite, side effects, or isolation. This tool lets you track each of the measures over a long period of time, allowing you to see the impact that certain factors have on your pain levels.

Things that most people take for granted can be daily struggles for a person living with pain. The **Ability Chart** uses graphics to help you explain how difficult it is to perform simple functions, such as going up stairs or getting out of a chair.

There are more than a dozen ACPA communication tools, all free of charge for you to use with your healthcare provider. The ones you use will depend on your personal needs.

The important thing for you to remember is that you are a part of the treatment team. You must be an active participant in your care and not a passive patient. The ACPA communication tools can help you in this quest and enable you to connect with your healthcare provider.

More importantly, they can help to validate your pain.

Of course there is much more to appropriate pain management than good communication, but it is a great way to begin to build a positive relationship with your healthcare provider.

In future issues of *The Chronicle*, we will look at more of the self-management skills you will need to learn to make the journey from patient to person.
Compounded Transdermal Creams in Pain Management

by Andrea Branvold, MS, RPh, PCCA

Pain is very complicated and is felt differently by each individual. There are various medication challenges that physicians, prescribers, and people with pain often face. We need to get the pain under control while still maintaining a good quality of life. To achieve this, we need to look carefully at the medications we use for treatment, potential side effects, and the extent of pain relief reached.

Challenges in Treating Pain
A person’s quality of life can change drastically when medications don’t work or when side effects (especially drowsiness and dizziness) make it difficult to perform normal daily tasks. Efforts to control pain by using narcotics and increasing doses can lead to addiction, abuse, and overprescribing.

Some physicians look to compounded transdermal pain creams, which can be customized for each individual’s specific needs. This may help minimize some of the challenges of pain management.

What is a Compounded Transdermal Cream?
The practice of compounding dates back to the early “druggists” or chemists of ancient times.

A transdermal pain cream is made by a compounding pharmacist. He or she compounds (mixes) a combination of pain medications into a special cream base that’s applied topically to the site of pain. It is carried through the skin to provide relief.

Compounded medications have unique formulas and should be prepared under the strict guidance of the United States Pharmacopeia (USP). These creams should use active pharmaceutical ingredients (APIs) that are used in drugs approved by the FDA.

A physician can prescribe the combination of medications needed for the different types of pain a person is experiencing. When a transdermal pain cream is applied directly to the site of pain, the drugs may not be absorbed throughout the body. This differs from oral pain medications, which are taken by mouth. These drugs must be distributed throughout the entire body to work, which can result in unpleasant side effects.

Advantages of Compounded Creams
There are several advantages to a custom compounded transdermal pain cream.

• Treatment is given right at the site of pain.
• Medication is customized to treat various types of pain and the individual’s requirements.

• There are potentially fewer side effects such as drowsiness and dizziness as the cream is applied locally.
• Treatment has the potential to reduce or eliminate narcotics from the treatment plan.

Compounded creams avoid some of the problems related to oral treatment with pain capsules or tablets. People who are in pain often experience different types of pain at once, requiring multiple medications, perhaps three to four times per day. For example, pain caused by inflammation is treated differently than nerve pain, which is treated differently than muscle pain. The large quantity of capsules (or tablets) that needs to be taken daily can be hard for the person with pain or caregiver, leading to confusion, missed dosages, and uncontrolled pain.

Oral pain medications commonly have various side effects, which can affect the quality of life. These medications include NSAIDs, e.g., ibuprofen; acetaminophen; narcotics, e.g., hydrocodone, oxycodone; muscle relaxants, e.g., cyclobenzaprine; tricyclic antidepressants, e.g., amitriptyline; and anticonvulsants, e.g., gabapentin. Possible side effects may be drowsiness, stomach upset, nausea, ulcers, and damage to the liver or kidneys, especially with high doses or long-term therapy.

An Example of Therapy
You can view a video about one person who was helped by transdermal pain therapy. A lifelong woodworker, David had chronic knee pain, but he didn’t like the way pills made him feel. By working with his doctor and a compounding pharmacist, he found a solution—a cream medication that bypasses many total-body side effects, while targeting the specific location of his pain with the exact amount of the medication he needed.

Professional Compounding Centers of America (PCCA) pharmacists can provide guidance in writing prescriptions for a compounded pain cream. Visit online at pccarx.com or call 800-331-2498.

| TOP |
These articles are intended to give members more insight into the interests and contributions of ACPA board members.

Kevin Weber, the newest member of the ACPA board of directors, is ready to put his 30 years of experience in the bioscience industry to work for people with pain.

“I met Penney [Cowan] and Donna [Kalauokalani] when I was at Depomed,” Weber said. “We were trying to develop support programs for people with pain. I enjoyed their vision and mission, and Donna suggested that I think about joining the board.”

Weber feels the strength of the ACPA is in its visibility and relationships with people with pain and providers. “The ACPA has a stellar reputation, great credibility within the pain community. Not all patient organizations have that,” he said.

“Our partnerships with pharmaceutical firms and medical device companies can be a good thing, as long as we keep the right balance,” Weber said.

Weber expects to contribute strongly in the next year to help develop a strategy for the future direction of ACPA. “I have experience in planning and executing the commercialization of products. This is what the ACPA needs: a clear understanding what the customer wants. These “customers” could be payers or employers, as well as providers, and people with pain.”

“We need to know what value we could deliver for each of these audiences and package it to fulfill their expectations,” he added.

Recently, Weber forged a personal connection between the ACPA and close friends of his from California. Their daughter lives with chronic pain and he introduced them to Penney. “The ACPA helped them to see that they were not alone, and for their daughter not to feel like a victim,” he said.

For most of his professional life, Weber served in commercial management roles for large pharmaceutical firms and he was ready to try something smaller. “With a startup, a smaller company, you have to be flexible. It is a daily challenge to build the organization,” he said. “I find that exciting.”

Weber is now facing that daily challenge as CEO and President of Paraffin International, LLC, which markets ready-to-heat-and-use paraffin wax treatments. Their initial target was health spas and cosmetic users. They are now expanding into the medical segment. “Paraffin wax can be very helpful for people with pain, so we are looking to rheumatologists, occupational therapists, and physical therapists,” he said.

Kevin was previously the President and Founder of BioMark Partners, LLC, a commercial strategy consulting firm that works with pharmaceutical, biotech, and medical device companies to help them successfully launch, market, and sell their clinical innovations around the world.

Prior to starting BioMark Partners, Kevin was the Vice President of Marketing for Depomed, a specialty pharmaceutical company focused on pain medicine and neurology products. He is also an active Board member of the American Academy of Pain Medicine Foundation.

When not working, Kevin enjoys riding his Harley motorcycle. He has new routes to discover, as he and his wife Wendy recently moved to Scottsdale, Arizona. They have been married 34 years and have two grown sons.

Your donation on one day can have an impact on all 364 other days of the year. Please donate to the American Chronic Pain Association on December 1, the National Day of Giving.
Book Review

**Chronic Pain Doesn’t Have to Hurt**  
written by Sandy Rozelman

Review by Tara White, RN

I love the opening paragraphs of this book.

“The secret to relieving your pain is to focus all of your energy, not in fighting the pain, but on healing your thoughts about your pain. It’s all in your head. But it’s not what you think. But it is what you think.”

“I asked God to take away my pain. God said, ‘No. It is not for me to take away, but for you to give it up.’”

“You may want to be pain-free, but are you willing to make healing a high priority? Are you willing to look inside and discover the source of your pain in order to deal with it?”

Rozelman’s book is very simple to understand, in that it includes an easy-to-read guide and strategies for learning to let go of the suffering caused by chronic pain. The author’s chronic pain was diagnosed as fibromyalgia, which stemmed from a car accident. She goes through all the stages of grief, searches the Internet for answers and even facilitates an ACPA support group for several years to help others. The information in this guide reflects the philosophies and skills the ACPA has been teaching for 35 years. She has put the techniques she learned into this workbook for all of us to benefit from.

She stresses that we all have the power to shift our perception of pain; that we are all stronger than we think, and that we all have choices and options far beyond what we would initially believe. Dealing with chronic pain is a process, a journey with certain beliefs and feelings that tend to occur in a natural order but with individual variations.

The author says that we can reclaim our power over pain by making sure we listen to our bodies. She urges us to eat properly, get sufficient rest and sleep, and to exercise. These are all vital for everyone, but especially for those of us in chronic pain. This is easier said than done, and this is where her very clever techniques come into play.

Rozelman relates that there is personal satisfaction when you are able to manage the pain yourself. Like a proactive pain management cheerleader, she encourages her readers to explore her various ideas, using what works and being willing to let go of what doesn’t. Once you begin to feel better, you will be motivated to explore more actions and options so you have your own personal toolbox of pain-relieving strategies.

She offers many excellent ways to control your physical reaction to stress (which, of course, heightens pain), as well as ways to release the stress, and be fully present in the moment. She even has suggestions for preventing a flare up. She also suggests not discussing your pain with anyone but your healthcare provider. Respond to others’ inquiries with “I’m fine” and mean it. People really aren’t interested in hearing a litany of complaints, and after a while you will believe it yourself. Other ideas are:

- Make the decision to concentrate on what you can do, not on what you can’t.
- Explore what brings happiness, wonder, and joy into your life, and then fill your life with these moments.
- Remove the two words “I can’t” from your vocabulary. This will bring you peace of mind, strength, and empower you to get through life’s challenges.
- When you feel tired and weak, remember that though there will always be difficult days, you have gotten through them before, and better days are ahead.
- It’s all about awareness of your power and regaining that power.

She also discusses the benefits of laughter, music, positive affirmations, and the power of your words or thoughts. Lovely, positive meditations are included.

As soon as you hear yourself thinking a negative thought, immediately turn it around to a positive one. This actually creates a self-fulfilling prophecy that is a win-win for you and your loved ones. Imagine best-case scenarios and start speaking to yourself in a whole new way.

Rozelman says, “Pain by any other name is still pain. Just as a rose by any other name is still a rose. But if I can remove some of the thorns so that it’s easier for you to enjoy the rose, then I will have succeeded in what I set out to do.”

Sandy Rozelman facilitates an ACPA support group in Ohio.  
Handbook of Opioid Bowel Syndrome
edited by Chun-Su Yuan, MD, PhD

Review by Tara White, RN

“I have finally come to the konklusin that a good set of bowels iz worth more to a man than enny quantity of brains.” —Josh Billings, aka Henry Wheeler Shaw (1818-1885 an American writer known for his intentional misspellings)

This very technical and comprehensive handbook is intended for physicians and other healthcare providers. Using this handbook, medical professionals will be able to provide the valuable effects of opiates while minimizing their most common side effect: opioid bowel syndrome and constipation. There are new medications on the horizon that can reverse or prevent opioid bowel dysfunction while still allowing the patient to receive the analgesic effects.

The book starts with a general discussion of what opioid dysfunction entails, the many areas where opioid dysfunction is seen, and finally cutting-edge therapeutic approaches. Here is a summary of each chapter.

1. Gastrointestinal Opioid Physiology and Pharmacology.
   Why constipation is one of the common side effects and why this is such a complex problem. Drug development focuses on offering treatment without taking away the pain relief.

2. Pathophysiology of Opioid-Induced Bowel Dysfunction.
   It is important to reduce the severe side effects of opioids, such as constipation, nausea, vomiting, and other effects, allowing patients to experience the benefits of pain relief.

3. Opioid-Induced Immunosuppression.
   Although it is not completely understood, opioids have been found to decrease immune function in certain populations.

4. The Epidemiology of Opioid Bowel Dysfunction.
   A combination of proper diet, fluid intake, exercise, and prompt medical intervention to alleviate symptoms will result in better quality of life for the patient. It may also improve drug compliance.

5. Opioid Bowel Dysfunction in Palliative Care.
   The problem can affect patients in palliative care settings (those with cancer or other far-advanced incurable diseases who seek pain relief).

6. Opioid Bowel Dysfunction in Acute and Chronic Nonmalignant Pain.
   Opioid-induced constipation is an often overlooked part of the discomfort felt by those in acute or chronic pain. More predictable and effective bowel regimens are needed.

7. Post-operative Bowel Dysfunction.
   Patients undergoing surgery, especially abdominal surgery with anesthesia and analgesia, have their own set of potential bowel dysfunctions.

   More research is needed for the specific needs of these patients beyond those normally addressed.

   Rather than using Naloxone, which reverses the pain-relieving effects of the opioid as well as the side effects, a new drug is being studied. Methylnaltrexone has the potential to provide pain relief without the side effects.

    A discussion of the physiology and clinical studies of this very promising drug.

    A discussion of another promising drug for reversing the adverse effect of constipation due to opiates.

The many technical tables, charts, and pictures help illustrate the points in the book. For those with chronic pain who use opiates, there is hope for new drugs that will help alleviate the many side effects. Perhaps you can even recommend this book to a physician who may be unaware of these new drugs and their clinical trials.

Handbook of Opioid Bowel Syndrome, edited by Chun-Su Yuan, MD, PhD.
Thank You!

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Tributes

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Given by
Kathryn Johnson, his daughter
Thomas J. Regan

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Julia Smith

**In Memory of Frances Barolsky, beloved mother**
Given by
Fortunee Belilos

**In Memory of Lucas F. Rueter**
Given by
Curtis Gary Carlson

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