



CHRONICLE



Exploring Myths and Truths about Medication

by Penney Cowan, Executive Director, ACPA

In this age of the World Wide Web it seems as if anything we need can be found with a click of a few computer keys. If you have a question, simply log on to the Internet and use one of the many search engines to find an answer. Or perhaps you like the personal touch, and choose to ask a relative or friend.

But is this the best way to find out information that is vital to your health and medical care? There is nothing more precious than our health and it is vital that we have access to information that will help us understand our personal medical needs, particularly when it comes to medication.

So should we believe what we read on the Internet? Or is there a better place to find that information? How do we learn to differentiate between the myths and the truth about medication?

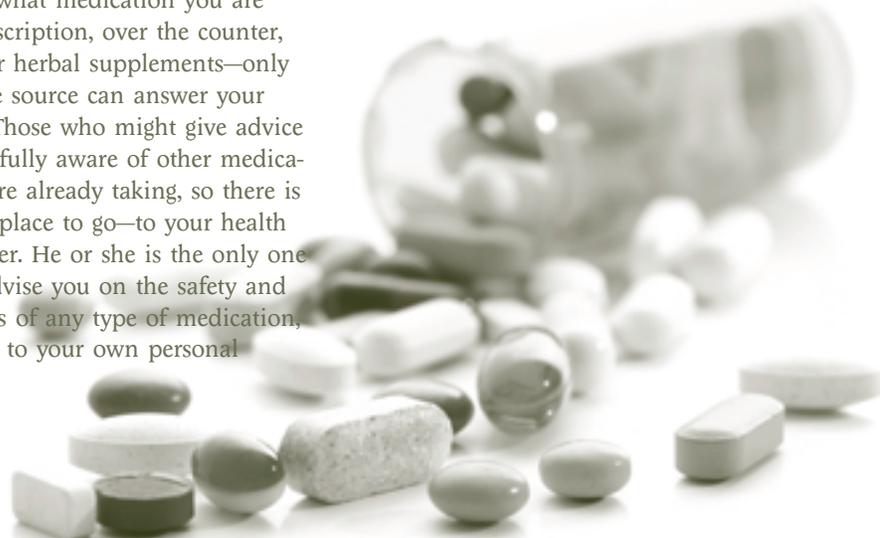
No matter what medication you are taking—prescription, over the counter, vitamins, or herbal supplements—only one reliable source can answer your questions. Those who might give advice need to be fully aware of other medications you are already taking, so there is really only place to go—to your health care provider. He or she is the only one who can advise you on the safety and effectiveness of any type of medication, as it relates to your own personal situation.

Having your prescriptions filled at one pharmacy is also recommended. When you stick to one pharmacy, it is possible that your pharmacist can answer some of your questions, and warn you of any medication interactions.

So, what about all the information you hear from friends and family, and may read on the Internet or in magazines? We think it is important to separate the myths and beliefs from the truth, especially when it comes to how to take medications, where to store them, and if it is safe to share them.

We are exploring some of these questions in this issue of the *Chronicle*. Because this topic is so broad and so important, we will continue to discuss one or more medication myths in each issue in 2009.

CONTINUED ON PAGE 11...



- INSIDE
- 2 [Living with the Challenges of Pain Medications](#)
- 4 [What Do You Believe?](#)
- 5 [Taking Medications Properly](#)
- 6 [Navigating Through the Insurance Maze](#)
- 9 [Help for Managing Your Health Care Plan](#)
- 10 [Board Profile: Chris Pasero](#)
- 11 [Letter to the Editor](#)
- 12 [ACPA Update](#)
- 12 [New Groups & Members](#)
- 13 [Physician Follow-up Tool](#)
- 14 [Tributes](#)

Living with the Challenges of Pain Medications

by Erin Kelly

When Samantha Nagy's doctor recommended she try an opioid drug for her chronic pain, some of her family members were against it. "They were afraid that I would become addicted," she explained. She chalks it up to a lack of understanding about pain, pain medications, and how they work.

For people who use pain medications regularly, educating their family and friends is just one of the tasks they take on when prescription drugs become part of their lives. Other challenges include things like taking pills on schedule, dealing with side effects, maintaining a trusting relationship with doctors, and keeping medication safe.

Why Doesn't That Work For Me?

One lesson that can be difficult to learn is that the same medication doesn't work the same way for everyone. Nagy, an ACPA regional director from Michigan, explained. "One medication might work for you, but there could be a person sitting right next to you who has the same type of pain, but needs a combination of three different medications to feel better." And some people don't find pain medications helpful at all.

Side effects are different too. Lyrica, a drug prescribed for fibromyalgia pain, can cause dizziness—but only in some people. Nagy said she knows some people who have mild or bearable dizziness, but others gave up taking



the medication because of it. Stomach problems and tiredness are common problems for some people who take pain medications. On the other hand, some people are energized by the relief they get. "I've heard it described as refreshing," said Carol Rains, an ACPA facilitator in Washington, "like a cold shower on a hot day."

Did I Take My Pill?

When you take medication every day, it's easy to forget if you've taken the latest dose or not—and with pain relief medications, late doses can lead to more pain. "Some people set alarms to go off when it's pill time," said Nagy.

A low-tech approach is to make a list of all the doses you need to take during the day and check them off as you go. Weekly or monthly pill organizers, which let you load one day's pills into a small compartment, can also be helpful. Rains added that it can be helpful to link medication schedules to your daily routine: "You might take one dose at breakfast, and one in the afternoon when 'Dr. Phil' comes on," she said.

Can I Have A Refill?

While it's always important to have a good relationship with your health care team, the stakes are higher when your doctor prescribes pain medication. Physicians are under more pressure than ever to limit opioid use, and they sometimes put very strict requirements on the people who need those medications.



CONTINUED ON PAGE 3...

| TOP |

Pain medications don't make you euphoric, they make you functional.

CONTINUED FROM PAGE 2...

“A lot of pain specialists set up a contract that you have to comply with in order to be prescribed narcotics,” said Rains. Contracts include mandatory urine tests to check the level of medication in your system and “pill counts” to make sure that no pills go missing. “I completely understand that the doctors have to protect themselves,” Rains said, “but sometimes the terms are unreasonable.”

She tells the story of a contract that required a stay-at-home mom to get to her doctor's office within 30 minutes of a phone call for a random pill count. “This woman had four kids and no car—it was almost impossible for her to meet the requirement,” Rains said, “but there was no flexibility to change it.”

Penalties for not complying with the contract can be harsh. Doctors can stop prescribing for you and they might even share the information with other pain specialists in the area, making it difficult or impossible to find someone willing to treat you. “Sometimes it seems as if people with pain are held to a higher standard than other people,” said Rains.

The solution, she said, is to develop a trusting relationship with your doctor. “You always have to be honest and take medications as prescribed,” Rains said, “so it's very important to find a doctor who is responsive.” Ideally, your doctor should address any medication problems you have before you are tempted to try solving them on your own by changing doses or finding additional medication.

If you are willing to be your own advocate, it is possible to find a doctor you trust and a contract you can live with. “You have to find a doctor you feel comfortable with, and who spends

time with you,” said Nagy. “It's kind of a ‘gut feeling.’” She advises that you read through the contract before you agree to it and ask questions. Find out what happens if you have breakthrough pain, and what to do with leftover pills. (For more on your legal rights and opioid treatment agreements, see page 5 of the [Spring 2007 Chronicle](#).)

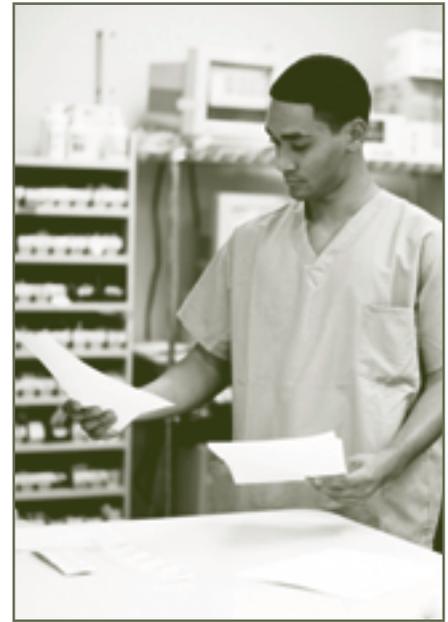
Nagy also recommended using the ACPA's Pharmacist CARE Card to discuss medications with your doctor. “It helps you remember what questions to ask, so you know what to avoid and what the side effects might be.” This form is available online at the [ACPA Website](#).

Are My Pills Safe?

If opioid medications are part of your daily routine, you might worry about theft. Nagy recounted several stories about medications that were stolen to be used illegally or sold on the black market. “Last year there was a series of break-ins near here where the thieves were only looking for prescription medications,” she said. “And this was in a tiny town—it's not just a problem in big cities.”

And stolen medication can cause big problems for the rightful owner. Most physicians will not replace stolen pills or authorize an early refill, so the person who needs the medication has to go without. Also, the owner can be held responsible if the thief is injured or arrested and the medications are traced back to the original owner.

Part of the solution can be to be discreet. “In my group, we don't openly discuss what medications people are taking,” said Rains, who prefers to handle such questions in private conversations. “People don't need to know.”



Nagy agreed. “Keep the honest person honest—don't let everyone know that you're on medication that can be abused. When someone comes to your house, she doesn't need to see the pill bottle.”

Discretion only goes so far, though. Both Rains and Nagy have first-hand knowledge of people whose medications were taken by friends or family members even though the medications were well hidden. “People who are addicted to narcotics will go to any length to get those drugs,” said Nagy. “No hiding place is safe.”

Many people with addiction problems hide it well. In the case that Rains described, the family did not know that their son's friend had an addiction problem until after pills went missing from their house. For ultimate security, consider investing in a lock box or a small safe that can be bolted to the floor in a closet to hold your pain medications. “If you lock your medications in a safe, there should be no question that you're doing all you can do to keep them secure,” said Nagy.

CONTINUED ON PAGE 4...

Challenges of Pain Medications CONTINUED FROM PAGE 3...

What About Addiction?

It is true that most pain medications can be abused. However, most people without pain haven't seen the drugs used correctly. The only thing they know about opiate medications is the trouble they can cause for people who abuse them and become addicted. "The thinking in today's society is that you will get addicted [if you take opiates]," said Nagy—but that's not the case. "It's a lack of knowledge about pain and how the medications work," Nagy said. "If taken right, and managed by a good doctor, there's nothing wrong with it."

Narcotic medications can carry the risk of physical dependency, but, Nagy said, "there is a huge difference between physical dependency and addiction." With dependency, the body becomes accustomed to having the medication and dosages should be changed gradually to avoid withdrawal symptoms. "Your body naturally adjusts to expect anything you use regularly," Nagy said, whether it's blood pressure or cholesterol medication, or even something as harmless as skin lotion or a daily cup of coffee.

Addiction, on the other hand, carries a strong mental and emotional component as well as physical symptoms. "People addicted to medications usually don't need them; they crave the "high" they feel when they take them," Nagy said. "But people who need medications for pain relief do not feel "high" from taking them," she said. Rains agreed. "When you have chronic pain, pain medications don't make you euphoric, they make you functional."

Like other aspects of managing chronic pain, learning how to manage pain medications can be well worth the effort. Using [ACPA tools and resources](#) can help. You can also find other ACPA members who have made similar lifestyle adjustments and have some of the same concerns that you do. Whether you have discovered a new system for organizing pills or have questions about a treatment contract, sharing experiences can help us all cope with medication's challenges a little better.

| TOP |



What Do You Believe?

Are these medication myths or truths? Most of these statements are not true, at least not for everyone, and for any medication. In fact, following this advice may impair the effectiveness of the medications you take, or could be life threatening. Only your doctor or health care provider knows for sure, so be sure to ask when you get a new medication, or visit the office.

Medical experts will discuss these medication myths in the next several issues of the *Chronicle* during 2009. Be sure to watch for these articles and find out if you have believed the truth or the myth.

- * It doesn't matter when you take your drugs.
- * You can drink any liquid to swallow pills.
- * Splitting pills is a good way to save money.
- * Crushing pills and mixing them into food is safe.
- * Storing drugs in the bathroom is fine.
- * You should discontinue a drug if it doesn't help or makes you feel worse.
- * Anyone can take any over-the-counter drug safely.
- * Police may arrest you if you take drugs and drive.
- * Herbal supplements do not interact with prescription drugs.
- * Bigger people need a larger dose to feel relief.
- * Children can take half of an adult dose of most drugs.
- * It's safe to store remaining pills and take them months later.
- * Expiration dates don't mean anything.
- * It's safe to share pills with a spouse when they have pain.
- * Pills that are the same size have the same amount of drugs in them.
- * Generic drugs are always a safe alternative.
- * Buying drugs on the Internet, or from Canada, is a good idea.
- * If your drugs are too expensive, take them less often than prescribed, so you can stretch the cost.
- * Giving over-the-counter drugs to pets is usually OK.

Taking Medications Properly

by Bridget Calhoun, DrPH, PA-C

Taking medications as prescribed is often more difficult than it sounds, particularly when you take several kinds of prescription drugs.

Your healthcare provider always prescribes medications based on your individual needs. These needs reflect your medical history, past surgeries, current health concerns, other medications you take, and the function of your liver and kidneys, which usually process the drugs. This is why sharing with someone else those medications that have been prescribed for you is never a good idea and can be downright dangerous.

When you're given a prescription, you should always make sure you get and understand the name of the drug, the dose, the frequency (how often you should take it), the route by which it is administered, and the duration, or how long you'll need to take it.

Name

Each medication has a minimum of two names. These two names reflect the scientific name, (the name it was given as it was developed) and the name it's called by the pharmaceutical company that makes and sells it. If more than one company makes the drug, it can have more than two names.

You don't need to know both names, but be sure you are able to state at least one name of the drug to any emergency medical personnel or new health care providers you may see. The easiest way to do this is to carry a list of current medications with you at all times. This may be especially helpful in the emergency department, if you are having trouble communicating.

Dose

The dose of the drug is dependent on many things. It usually reflects how much of the drug you need in your

bloodstream to treat your illness or condition. You should never take a higher or lower dose of medication than your healthcare provider initially prescribes. Taking a higher dose does not mean you'll diminish your pain more completely, nor will it heal you faster. Taking more than is necessary can result in an overdose and result in a severe illness. Taking too little of the drug can hinder you from getting its full benefits.

Is it safe to cut a pill in half? Some people save money by asking for a prescription at twice the dosage, and purchasing a one-month supply (with a single month's co-pay). They think that cutting the pills in half will make the supply last for two months. Ask your healthcare provider if this is permitted, or if it changes the delivery of the drug to have the inner chemicals exposed and the pill split.

Frequency

Medications may be given once per day, every other day, once a week, or multiple times per day. This schedule reflects the need to regulate how much of the drug is in the bloodstream at any given time. Don't try to make your pills last longer by taking them less often than prescribed, and don't take them more often if you aren't feeling the effect you expected. Talk to your healthcare provider or pharmacist if you feel your drugs aren't helping you, or if you are getting side effects that make you want to stop. Never change your frequency without medical orders to do so.

Route

The most common route to take medications is by mouth. The stomach and intestines are well suited for absorbing pills, but the absorption can be altered by food or beverages. It is usually not a good idea to swallow pills with warm or hot beverages such as tea or coffee.



Your medications may also come with instructions such as "take on an empty stomach" or "take with food." The presence or absence of food in the stomach can affect how quickly the medication is absorbed, so you should adhere to these instructions.

Some medications should be taken with food because they have the potential to irritate the lining of the stomach and you may feel less nauseated if you take them with food. If your prescription bottle doesn't include these instructions, be sure to ask your pharmacist.

You may have heard that the chemicals in grapefruit juice interfere with the enzymes that break down (metabolize) various drugs in the digestive system—including certain calcium channel blockers and cholesterol-lowering drugs. If you take drugs like Lipitor or Zocor, you may have to wait up to 24 hours after taking the drug before you have grapefruit. If you take the drugs daily, ask your healthcare provider about grapefruit juice or grapefruit.

Some medications require that you do not lie down, but must sit or stand after taking them. Other first-thing-in-the-morning pills insist that you avoid food and drink for 15 to 30 minutes after you swallow the pill. These precautions may increase the efficacy of the drug, or help to minimize the gastric side effects.

[CONTINUED ON PAGE 11...](#)

Navigating Through the Insurance Maze

Insurance Essentials You Need to Know to get the Payments you Deserve

by Linda Winkler Garvin, R.N., M.S.N.

In my work with individuals with chronic pain, one area that is often mentioned is the overwhelming task of navigating through the insurance maze. How do you follow through with new medications and alternative treatments that your health providers recommend if they are denied by the insurance providers?

Anyone who has ever attempted to get approval from a health provider to see a specialist or start on a new treatment, knows how frustrating it can be. How can people with chronic pain obtain coverage for acupuncture, guided imagery or certain types of medications?

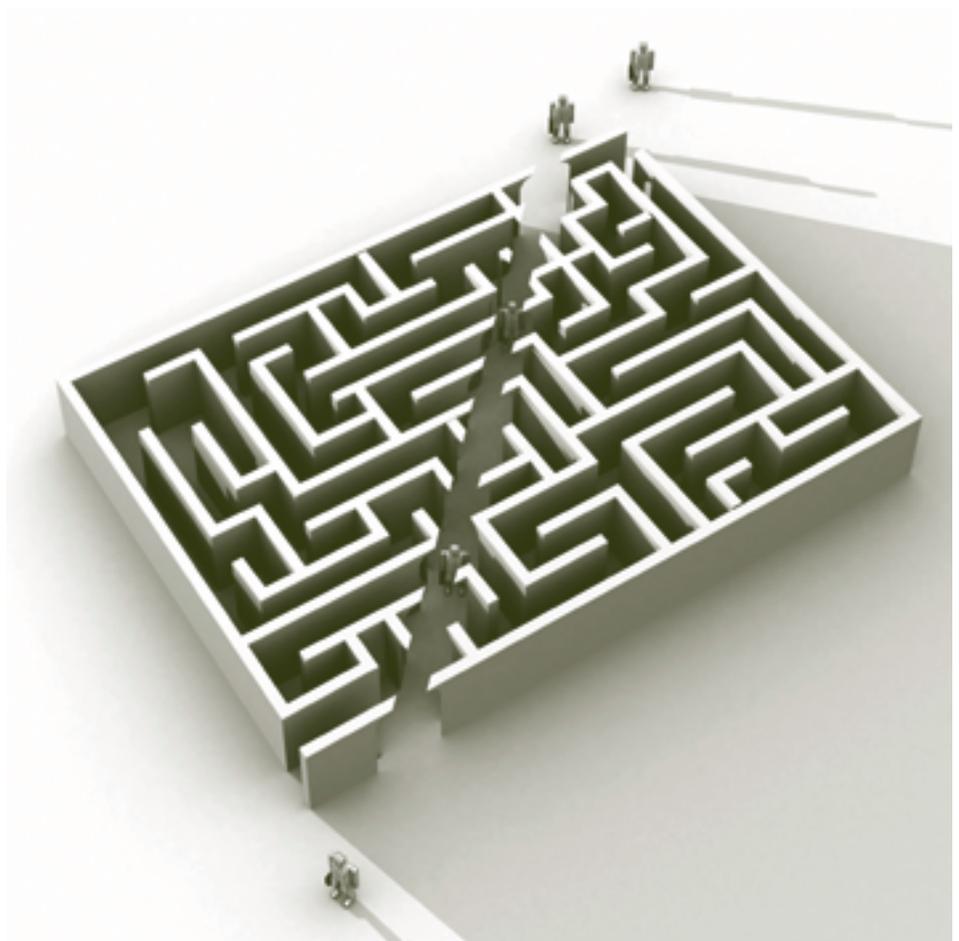
Here is how you can:

- * **Get approval** for recommended medications and treatments
- * **Communicate** with your insurance company
- * **Document** your attempts to facilitate payment of bills, and
- * **Reduce the chances** of your claims being denied.

Policy Changes

Whether you are requesting information about your current insurance plan or are applying or transferring to a new plan, it is essential to understand the benefits and limitations of your insurance policy.

Keep in mind that each year your insurance company can make major policy changes, sometimes at the beginning of the calendar year, but occasionally in the middle of the year. In addition, a specialist previously covered by your health plan could decide, at any time, to discontinue a contract with the insurance carrier. If you are considering going to a new physician, always check—preferably by phone—



if this physician is still in your provider network and if the treatment you are considering is covered.

Your own lifestyle changes can also influence your coverage. If there are any significant changes in your marital status, new dependents, or dependents reaching independent status, you need to contact your insurance company. Ask how you would revise your current health plan to ensure you will have the coverage you need and want. You can always change your selections during open enrollment at your work place, but you don't have to wait for open enrollment if a significant life status change occurs.

The Coverage that You Need

In order to deal with health insurance providers, be sure you know the answers to these questions:

- * Are your current medical providers and your preferred hospital included in your plan's network?
- * Do you need authorization from your primary care provider to see a specialist?
- * If you choose a physician outside the provider's network, will you be covered?
- * Can you change primary care providers?

Claims are most frequently denied because information is inaccurate or missing from the medical forms.

CONTINUED FROM PAGE 6...

If you need to go to the hospital or a clinic for a procedure, be sure that all of the medical providers who work with the facilities—anesthesiologist, radiologist, hospitalist, and specialists—are also in your health plan. The facility or the individual physicians may have their own billing system and may or may not be an in-network provider.

Reduce your Chances of Denial

It is fundamental to thoroughly understand what conditions your health insurance policy covers, what it doesn't cover, and the maximum benefit coverage. This will reduce conflicts and denied claims.

If you cannot find the answer in your policy or if you don't understand the wording, contact the insurance company to clarify any questions.

Be sure to determine if an authorization is required for specialized services or an inpatient hospital stay. Remember too that each written authorization for a specific procedure has a specific beginning and ending date. The authorization will not be valid and payments will not be made if you do not adhere this "window of time" listed in your authorization letter.

Be Prepared with the Six Essentials

Despite the best efforts of most doctors, claims are frequently denied due to information that is inaccurate or missing from the medical forms and bills that they submit to the insurance company. To help avoid unnecessary claim denials, be sure your doctor and hospital has this information listed correctly in your file:

1. Group insurance name and policy number
2. Insurance identification number

3. Date of birth
4. Date health coverage commenced
5. Social security number
6. Name, social security number and date of birth of the person who is the main policy holder

When Claims are Denied

As we said, one of the most common reasons that a health claim is denied is the failure of the doctor's office to bill the claim correctly. If you know your procedure or test is covered, but were denied payment, try these remedies.

1. Clarify with the billing department and/or physician's office that you were billed for the correct diagnosis or procedure code (which is assigned to each diagnosis or test).
2. Did the procedure code listed on the bill match the specific test?
3. The insurance company may inform you that they have sent a letter to your physician's office requesting specific information that was missing from the submitted bill. Ask the insurance company what information was missing and call your physicians office to encourage them to respond promptly. Inform the physician's office that you are anxious for them to get paid and ask if they can send the additional information required by the insurance company as soon as possible.

Challenging a Denial

If your claim forms are correct and your claim is still denied, the insurance provider needs to give you a reason and tell you how to file a grievance or appeal. The information on filing a grievance or appeal is frequently located on the back on your billing information sheet. Contact your insurance company directly by

telephone or through their Web site to request the necessary guidelines to get approval for medically necessary treatment or to appeal an insurance denial.

Many times physicians are reluctant to take the time to do this or do not know how to appeal a denial. They may also charge a fee for filling out additional forms. Whether you or your physician complete the insurance forms challenging a denial, you can assist by including this vital information:

- * State your age, sex, and the health condition that requires you to have this particular medication and/or treatment.
- * State the current treatment plan for your chronic condition or diagnosis. Include all the medications and treatments/procedures (i.e. epidural injections, TENS unit, physical or occupational therapy, trigger point injections) that have been attempted, but have not alleviated your symptoms.
- * Rate the pain on a scale of one to ten, with ten being the worst. Include a detailed description of pain, including specific areas of the body. Briefly describe what your pain is like, where it begins and travels, how long it lasts, and what it feels like (burning, throbbing, numbness, and/or tingling).
- * Describe how the pain interferes with your life and affects your daily activities.

CONTINUED ON PAGE 8...

| TOP |

The Insurance Maze CONTINUED FROM PAGE 7...

- * Tell how your health condition would benefit from utilizing this particular drug or treatment. State the medication, therapy, or procedure you would like to try, with some of the known benefits that have been documented in the literature. Provide any published studies or peer reviewed data that discuss its efficacy.
- * When you speak with a customer service person on the telephone, have available the six essential insurance identifiers (mentioned earlier) and all the necessary information about your medical condition, medications, and treatment.

Document, Document, Document

Document every phone call, e-mail, and fax communication that takes place, along with the date, who you spoke with,

their title, and what information you were given. Remember to save and print all e-mails.

Sometimes you must ask your doctor to establish and document the medical necessity of a particular medication and/or treatment. The more detailed and specific the information you provide to your insurance company, the easier it will be for your carrier to determine your eligibility.

Although navigating through the insurance maze can be a complex ordeal, these practices should save you time and assist you in getting what you need from your health care coverage.

For hints on purchasing health care insurance and some health insurance terminology, visit the [Insurance](#)

[Information Institute at www.iii.org/individuals/health](http://www.iii.org/individuals/health). Learn about the most common health insurance claim denials and order [specific appeal letters](#) at www.healthsymphony.com/bluenote.htm. Also, read more about state agencies that can assist you in managing your health care plans on [page 9](#).

Linda Winkler Garvin, R.N., M.S.N., of Alameda, California, is an adult medical case manager/liaison with an advanced degree in nursing. She teaches relaxation for stress management, health and nutritional classes, and provides a pain management and exercise program for people with chronic pain and chronic diseases. She uses relaxation techniques and imagery to manage pain. Learn more at www.healthmanagerbayarea.com.

| TOP |

A Personal Story

One of the most annoying experiences is when you receive a denial in the mail for services you know are covered in your insurance plan. Two years ago, my insurance company denied payment for my yearly mammogram. I made numerous calls to the insurance billing office to get this matter resolved. I have a fairly good HMO plan, with a PPO for out-of-network services. However, after receiving a bill (for the unpaid portion of the bill) from the facility that provided the mammogram, I quickly understood that the facility had incorrectly billed the test to the PPO portion of my health plan. I notified my insurance company of this error. When the bill still wasn't paid, I contacted the supervisor again who agreed to research the problem. I was eventually informed that the bill hadn't been paid because my husband's name was listed as the patient instead of mine.

This took eight months to resolve. For documentation purposes, I requested that the billing supervisor send me a written note stating the billing department's error, which she e-mailed and I printed. My advice



after this experience would be to contact the billing supervisor if your initial contact with the customer service person is not helpful in getting your unpaid claim resolved. In this case, the billing supervisor contradicted the representative's assertion that it was my job to investigate why the bill was not paid.

Fortunately, I saved my dated notes from my calls with the supervisor, as well as the name of the person I initially spoke with about my billing problem. The supervisor was grateful for these details and found them helpful as she followed through to avoid this happening to others in the future.

— Linda Winkler Garvin

Help for Managing Your Health Care Plan

Making sure that health plans follow the law is one way to help health plan members receive the right care at the right time. Most states have agencies and regulations to ensure that health plans follow the law and serve their clients fairly.

The Help Center at the California Department of Managed Health Care is the California state agency that oversees all California HMOs, and Anthem Blue Cross and Blue Shield PPOs.

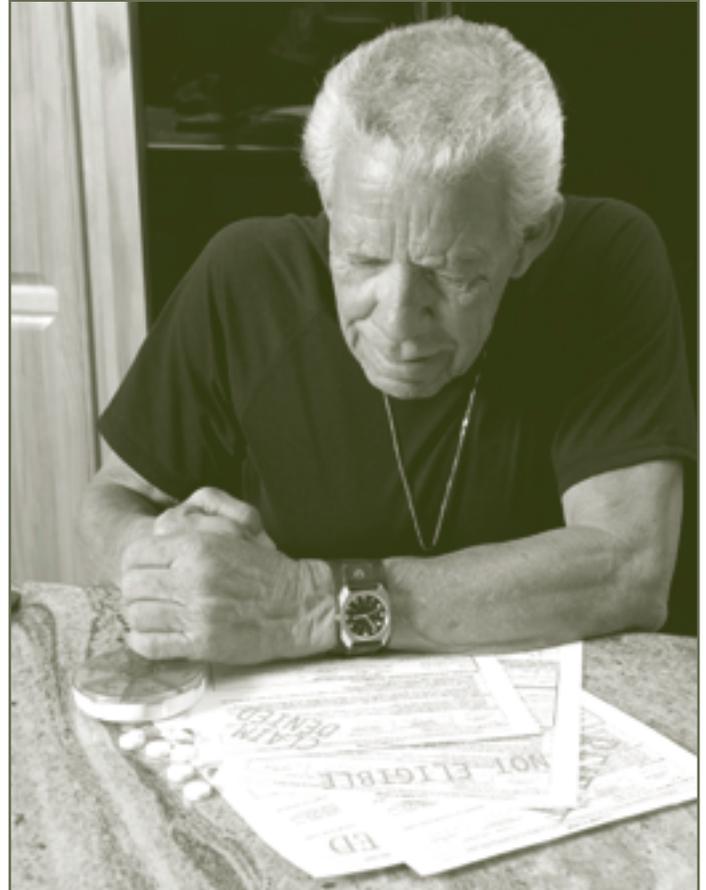
Like other states' agencies, the California Help Center is a free consumer assistance/protection program that helps people resolve problems like:

- * Denials of care and treatment
- * Denials of prescription drugs and therapies
- * Delays in getting referrals, authorizations, and diagnostic tests
- * Coordinating timely medical care
- * Claims, billing, and co-pay issues
- * Keeping existing providers (when network contracts change)
- * Continuing coverage on COBRA and Cal COBRA
- * Cancellation of coverage
- * Access to language translation services

The Help Center also has a program that will allow you to research a database of Independent Medical Review decisions for California since 2001. Independent Medical Review allows a patient to have a medical necessity, experimental/investigational, or emergency payment denial by their health plan reviewed by outside physicians not affiliated with the health plan.

In the database, you can search for a diagnosis or treatment and learn how similar cases were decided. (Personal information is not listed and medical conditions and treatments are listed in general terms.) Remember, however, that cases are reviewed independently and a similar decision cannot always be expected in a different case.

Other states have similar agencies that are, like the Help Center in California, staffed with analytical, clinical, and legal experts who review health plan members' complaints. There are many programs which allow you to appeal a decision to the state-level. They are often administered through the state's insurance commissioner, health department, or department of insurance, which often oversee managed care plans.



These agencies ensure that health plans treat clients fairly.

You can find contact information for and links to your state's insurance commissioner at the National Association of Insurance Commissioners Web site, www.naic.org/state_web_map.htm or at the Business.Gov [insurance resources section](#).

The Help Center in California not only administers the state's Independent Medical Review program, they also review complaints by health plan members and assist members when they are struggling with access to needed care or medications. To reach the Help Center, go to www.healthhelp.ca.gov or call 1-888-466-2219.

| TOP |



Board Member Profile: Chris Pasero

This is part of a series of articles intended to give readers more insight into the interests and contributions of ACPA board members.

Chris Pasero MS, RN-BC, FAAN, is a pain management author, educator, and clinical consultant from El Dorado Hills, California. Her primary audience is nurses and other health care professionals, so she appreciates the chance to interact directly with people with chronic pain through the ACPA.

“The amount professionals learn about pain management has improved over the years. Now we are past the basics. Now we are moving on to the challenges of assessing pain in patients who are difficult to assess,” Pasero said. “Nurses have embraced pain management. They are at the patient’s bedside so it makes sense for them to be the primary provider of pain management.”

Co-founder and past president of the American Society for Pain Management Nursing, Pasero joined the ACPA board in 1996. In 1993, she had relocated to California. A former board member, Colleen Dunwoody, asked if she’d like to get involved with the ACPA, as it was headquartered nearby.

“These were the days when we met in Penney’s garage office and were all pitching in with whatever needed to be done,” Pasero recalled. “We started from scratch. It was very hands-on then.”

Pasero helped with writing and marketing, and was copy editor of *The Chronicle* until 2004. She helped Penney Cowan edit the *ACPA Family Manual*, and also served as chair of the program planning committee.

“The underlying mission of the ACPA hasn’t changed at all. Penney makes sure we stay focused on the person with pain. The reason it is so successful and has helped so many people is because of Penney,” Pasero said.

“Everywhere I go, people say they wouldn’t have made it if not for Penney and the ACPA. They say it is important to have someone who understands what you are going through—and actually answers the phone and talks to you.”

Pasero feels it is important that ACPA continue to help people with chronic pain, by defining pain and defining the experience. “We start with the assumption that they can get through the pain and have a high quality of life. And then we give them the tools to do it.”

Pasero also provides ongoing editorial support to the annual Consumer Guide to Pain Medication & Treatment, also known as the *Medication Supplement*. She is a vital liaison with the nursing profession and like all board members, is an ambassador for the ACPA.

“I mention it at every lecture, and whenever I write about the chronic pain experience,” she said. She said the future of the ACPA should include continued expansion onto the Internet, which will help get our tools into the hands of people who manage chronic pain. She would also like to see scientific researchers study ACPA’s tools and explore how they make a difference.

Pasero is a Fellow in the American Academy of Nursing, board certified in Pain Management Nursing, and the recipient of numerous pain management clinical practice, journalistic, and teaching awards including the

American Pain Society’s Elizabeth Narcessian Award for Outstanding Educational Achievements in the Field of Pain.

She is author of *Pain: Clinical Manual* and the soon to be released *Pain: Assessment and Pharmacologic Management*. She serves on the Editorial Boards for *Nursing Consult*, *Federal Practitioner*, *Pain Management Nursing*, and the *Journal of PeriAnesthesia Nursing* and has published numerous pain management articles, position papers, and guidelines.

| TOP |

The Chronicle is published quarterly by the American Chronic Pain Association.

We welcome essays, poetry, articles, and book reviews written by people with chronic pain or their families.

Please send inquiries to:

The ACPA
P.O. Box 850
Rocklin, CA 95677

EXECUTIVE DIRECTOR:
Penney Cowan

**PRESIDENT,
BOARD OF DIRECTORS:**
Nicole Kelly

MEDICAL EDITOR:
Steven Feinberg, M.D.

COPY EDITOR:
Alison Conte

SPECIAL FEATURES:
Erin Kelly

Letter to the Editor

Dear Penney,

Your talk in Montreal was wonderful! In addition to being highly informative, your sincerity and conviction, as well as the information, provided hope and a glimmer of a better quality of life for many of the people in the audience.

The purpose of these annual public lectures is to reach a wide lay audience, and your reputation brought the large audience, some of whom have been to our Pain Centre at McGill. Your talk hit its mark—to bring hope and to provide valuable strategies and psychological techniques to learn to live with pain and to have a happier, more fruitful life.

Thank you again.

Best wishes,

Ronald Melzack, F.R.S.C., Ph.D.
Pain Measurement Consultant
Author of *McGill Pain Questionnaire*,[®] and *Short-Form McGill Pain Questionnaire*[®]

Editor's Note: See [page 12](#) for more about this lecture by Penney Cowan, Executive Director of the ACPA, at The McGill Alan Edwards Centre for Research on Pain in Montreal.

| TOP |

Taking Medications Properly

CONTINUED FROM PAGE 5...

Duration

Some medications such as antibiotics may only be necessary for a few days or a week at a time. Be sure you understand how long to take a medication. Sometimes the frequency will change over the course of the medication, as is common with Prednisone and other steroids. If your pain decreases or condition improves, don't assume it is OK to discontinue your drugs. The medicine may be needed for several years, or the rest of your life, in order to manage your pain or control your illness.

Always ask your doctor or healthcare provider if you have any uncertainty about a medication's name, route, dosage, duration, or frequency. And always report unexpected or intolerable side effects. Modern medications can do a great deal to help us manage pain and illness, but only if we follow the directions.

Bridget C. Calhoun, DrPH, PA-C, is the department chairperson and assistant professor in the Department of Physician Assistant, Rangos School of Health Sciences at Duquesne University, Pittsburgh.

| TOP |



Exploring Myths and Truths

CONTINUED FROM PAGE 1...

Ask the ACPA

Because knowledge is such an important pain management tool, we are introducing a new segment to our Web pages, the [ACPA Forums](#). These will help you learn about medication, treatments, and other issues involving pain management, so you can know as much as you can about pain.

Each ACPA Forum will deal with a pain-related topic shaped by your questions. Read more about this on [page 12](#).

Though the ACPA strives to be a good resource for health and medical information, we cannot impress upon you enough that there is only one safe place to get answers to your questions about any medication. Only your health care provider knows exactly what your medical history is and what other medications you are already taking.

Pain Coalition Calls for Guidelines

Representatives from the ACPA and other pain organizations met in November 2008 to address the misuse and abuse of pain medications and to strengthen support for recognizing chronic pain as a distinct disease state.

They identified current obstacles including: no standardized guidelines for diagnosis and treatment of pain, a lack of outcomes data and few "best practices" in pain medicine, and a need for better technologies to deter misuse, abuse, and diversion of opioids. Roundtable participants agreed that many of the obstacles could be resolved by making pain medicine a primary medical specialty. They also affirmed that people who are actively involved in their pain management have an improved quality of life despite persistence of a certain level of pain.

See www.theacpa.org/news.asp for more.

| TOP |

Welcome to our new groups and facilitators.

**Cheryl Hamm and
Rose Trosper**
Jonesboro, AR

Kate Lowe
Riverside County, CA

Robyn Greenberg
San Francisco, CA

John Cleaver
Appanoose County, IA

Max Sokolnicki
Chesterfield Township, MI

Tony Sorendo
Auburn, NY

Henry Isley
Bradford, VT

Kaarsten Furman
Vancouver, WA

Kathryn Tate
Wisconsin Rapids, WI

ACPA Update

Ask the ACPA

Knowledge is an important pain management tool. To help you learn as much as you can about pain, the ACPA will soon offer a new segment on our Web site, [ACPA Forums](#).

Each ACPA Forum will deal with a pain-related topic shaped by your questions. Answers will be provided by healthcare professionals-in-training at leading universities—future doctors, physician assistants, nurse practitioners, pharmacists, and others—and be reviewed by their professors before posting.

Do you have a question you would like to see covered in an ACPA Forum? Your question can be about topics such as the role medications play in pain management, how physical therapy and activity help, how to talk to family members about your health, or any other topic that's on your mind.

To post a question write to:
acpaforums@pacbell.net.

Remember to be brief and keep your questions of general interest. We cannot respond to questions about your individual health condition; please talk to your healthcare provider for personal advice.

ACPA Forums are intended to offer general information about topics of interest to people with pain. They should not be interpreted as rendering medical advice or making recommendations. The information should not be used as a substitute for necessary consultations with a qualified healthcare professional to meet your individual needs.

Living Well with Pain

A life-changing presentation about “Living Well with Pain” was presented by Penney Cowan, Executive Director of the American

Chronic Pain Association, on November 4, 2008, at a National Pain Awareness Week public event hosted by The McGill Alan Edwards Centre for Research on Pain in Montreal, Quebec.

Her presentation was filmed by the Quebec Association for Chronic Pain (AQDC – Association québécoise de la douleur chronique) and can be viewed on their Web site through the “Media Room” at www.canadianpaincoalition.ca or through this [video viewer](#).

New Guide for Physician Follow-Up

A new guide on the ACPA Web site helps people with chronic pain fully understand and follow through with their doctor's orders.

You know how important it is that you follow your doctor's recommendations after each appointment, and fully comprehend and remember what was discussed during your visit.

The ACPA Follow-Up tool provides you with a simple guide to ensure that you complete all medical orders, including:

- * Return visits
- * Treatments
- * Laboratory and other medical tests
- * Restrictions to diet, activity, etc.
- * Recommendations for exercise
- * Physical therapy, medication, and other treatments

You can view the guide on page 13 or from the link on the [Web site](#).

Keep in mind that you play a significant role in your health care.

| TOP |

**FOLLOW-UP
FROM YOUR VISIT**



American Chronic Pain Association

It is important that after your appointment with me you follow through with what we discussed during your visit. I have provided you with this simple guide to ensure that you complete all the treatments/advice/recommendations. Keep in mind that you play a significant role in your health care.

Name: _____

Date: _____ **Diagnosis:** _____

Other Treatment: _____

Tests:



X-Ray



Lab Test



EKG



Nerve Conduction Study



Stress Test



MRI

Treatments:



Medications



Diet / Weight Loss



PT / Massage



Acupuncture



Counseling



Nerve Blocks

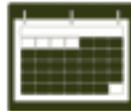
Follow-up:



One Week



Two Weeks



One Month



Two Months



Six Months



Call

Restrictions:



No Smoking



No Lifting



No Workouts



No Sun



Stay off your feet



No Driving

Diet:



No Spicy Food



No Dairy



No Salt



No Caffeine



No Alcohol



No Sweets

Recommendations:



Exercise



Walking



Swimming



Stationary Bike



Bed Rest



Classes &/or ACPA Groups

Tributes

In Honor of

MARIANN FARRELL

FOR ALL THE SUPPORT GIVEN TO PEOPLE IN PAIN.

Given by

Erin Farrell

MARCIA STANTON

OF LONG BEACH, CA

Given by

Pamela Bennett

Thank You!

Since 1980, the American Chronic Pain Association has provided people who must live with daily pain a means to help themselves to a richer, fuller life. We are grateful to have the support of these corporate sponsors for our mission.

AMBASSADOR

King Pharmaceuticals

Pfizer

EDUCATOR

Alpharma Pharmaceuticals

Cephalon

Medtronic, Inc.

Purdue

BUILDER

Abbott

Élan

Endo

Forest Laboratories

Novartis

Thank you to these corporations for grants that enabled ACPA to fund special projects.

Medtronic for the Consumer Guide to Pain Medications and Treatments

Purdue for the Consumer Guide to Pain Medications and Treatments

Medtronic Foundation for the filming of two AgrAbility presentations so the presentation can be distributed to all AgrAbility projects nationwide, as well as individuals and health care providers.

| TOP |

The ACPA is a peer support organization: we help each other learn to live fully in spite of chronic pain. Your membership, donations, and purchase of materials keep the ACPA alive and reaching out to even more people with pain.