

NEWS YOU CAN USE

OCT-NOV 2017

Chronic Exposure to Insufficient Sleep Alters Processes of Pain Habituation and Sensitization

KEY POINTS:

- Chronic pain is connected with lack of sleep, lack of sleep is a predictor of chronic pain symptoms
- Better sleep quality/quantity can lessen chronic pain symptoms
- A study was done that mimicked a normal work week: 5 days sleep deprived then 2 days restorative sleep
- The study looked at ways poor sleep can lead to chronic pain
- They found that pain pathways that were affected by poor sleep did not go back to normal with only 2 days of improved sleep.
- This suggests that we need a longer period of enough sleep to normalize pain processing mechanisms

WHAT THIS MEANS FOR YOU: *Getting enough good sleep is important to help lessen your pain.*

Pain 2017;158:00-00 (epub ahead of print)

Review of the Alternatives to Epidural Blood Patch for the Treatment of Post Dural Puncture Headache in the Parturient

KEY POINTS:

- Post dural puncture headache (PDPH) can happen after a spinal or an epidural if the needle leaves a hole in the area where the spinal fluid is. This may happen in parturients (pregnant women) who get a spinal or epidural for pain relief or cesarean section.
- The standard treatment is a blood patch. Blood is taken from the vein and put into the back in the epidural space to seal the hole
- This article reviews other treatment options for PDPH
- Caffeine can be effective, also acupuncture and occipital blocks (numbing medicine injected in back of the head).
- Sphenopalatine blocks involve putting a cotton tip applicator soaked in numbing medicine into the nose for 10-20min. This works well and is much less invasive than a blood patch.

WHAT THIS MEANS FOR YOU: *There are many alternatives to an epidural blood patch if you get a PDPH following a spinal injection. Some involve medications, others simple procedures that can be performed without needles.*

- Anesth Analg 2017;124(4):1219-1228

R-Duloxetine and N-Methyl Duloxetine as Novel Analgesics Against Experimental Post-Incisional Pain.

KEY POINTS:

- Duloxetine (an S-enantiomer) is a mixed serotonin-norepinephrine reuptake inhibitor
- Duloxetine is an FDA approved analgesic to relieve pain
- It is not clear how duloxetine relieves pain but it may involve the central nervous system
- It may be because duloxetine blocks voltage-gated Na channels
- This study looks at the enantiomer R-duloxetine, and the homolog, N-methyl duloxetine, as novel analgesics when given intravenously (IV) and subcutaneously (just under the skin).
- Subcutaneous injection of R-duloxetine, and N-methyl duloxetine reduced pain sensitivity to light touch (allodynia) and hypersensitivity in rat models when injected near skin incision (cut on skin).

WHAT THIS MEANS FOR YOU: *Novel drugs are being developed to lessen the pain after surgery. They are nonopioid (narcotic) medications that may also help treat chronic pain.*

Anesth Analg 2016;122:719-729

Emory Pain Center

**550 Peachtree Street; 7th floor.
404-686-2410**