

# Abstracts for Poster Presentations, American Pain Society 32nd Annual Meeting, May 8-11, 2013, New Orleans, LA

## A. Diagnosis, Assessment, and Reviews

### A01 Acute Pain Services

#### (100) Coexistence of glossopharyngeal neuralgia with atypical trigeminal neuralgia in a young girl

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Trigeminal neuralgia (TN) and glossopharyngeal neuralgia (GPN) are characterized by sudden, severe, paroxysmal, usually unilateral craniofacial pain. Due to similar clinical presentations the coexistence of GPN may be misdiagnosed. Here, we present a case of a 17 year-old female with refractory TN, who was found to have coexistent GPN by diagnostic blockage of the ninth cranial nerve. This case is extremely rare, as TN and GPN rarely coexist and only a small percentage of TN or GPN cases occur under the age 20. Our patient is a 17 year-old morbidly obese female who had suffered from left sided facial pain for four years. She had been hospitalized numerous times for the facial pain, which she described as sharp and electrical shock-like pain. Her medical management began with carbamazepine and lyrica. Initially, her pain improved and seemed to be well controlled. However, on several occasions she had a relapse of facial pain on the higher dose of medications. Ten months after her initial admission, she suffered her most severe and refractory facial pain. She underwent MRI and MRA of the brain which were negative. Given her atypical symptoms and past history of tonsillectomy, the concurrent glossopharyngeal nerve involvement was suspected. Diagnostic blockage of the ninth cranial nerve was performed and patient reported a 0 out of 10 pain. Her planned surgical operation was revised to decompression of the fifth and ninth cranial nerve. The patient underwent left-sided microscopic decompression of trigeminal and glossopharyngeal nerve under neuromonitoring and neuronavigation. At her eight-week and three-month follow-up, she was completely pain-free. The coexistence of GPN is often misdiagnosed in patients with TN because of their similarities in clinical presentation and overlapping symptoms. Therefore, any patient with refractory or atypical TN, should be evaluated for underlying GPN.

#### (101) Complex Regional Pain Syndrome Type II (CRPS II) with sympathetic ganglion blockade and electrodiagnostic confirmation: a case report

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A 53 y/o Caucasian female who presented in February, 2012 - six months after a total hip arthroplasty with complaints of pain and instability in her left hip. Imaging studies were performed at that time which showed that the femoral component of her hip prosthesis had loosened. Her total hip arthroplasty was revised one month later. Immediately after the revision, she was noted to have left foot drop, allodynia, and hyperalgesia in the dorsum of her left foot. Her physical exam was remarkable for 0/5 in Left ankle dorsiflexion and 0/5 in Left great toe extension. Nerve Conduction Studies showed absent left peroneal nerve CMAPs as well as positive sharp waves and fibrillation potentials in the left tibialis anterior, peroneus longus and the short head of the biceps femoris. The patient underwent a series of four lumbar sympathetic ganglion blocks at the L3 level with moderate pain relief for 2-3 weeks after each block. The patient also was prescribed gabapentin, an ankle-foot orthotic and physical therapy as adjuncts to her ganglion blockade. The patient had significant pain relief following the sympathetic blocks and has not yet regained dorsiflexion in her Left ankle nor extension in her great toe. The patient is currently in physical therapy and wears an AFO at all times. This is a unique case involving a combination of electrodiagnostics and interventional pain modalities to aid in the diagnosis and treatment of CRPS Type II. The electrodiagnostic studies aided in the localization of the peroneal nerve lesion, and the sympathetic ganglion blocks helped to improve the patient's quality of life and also helped to confirm that her pain was sympathetically mediated. Type II CRPS may occur after surgical manipulation and electrodiagnostic studies can be an invaluable tool to localize the lesion, provide diagnostic confirmation, and guide therapeutic modalities.

### A02 Assessment in Nonverbal Populations (Infants, Mentally Impaired, etc.)

#### (102) Inferring pain in non-communicative persons with dementia: considering the role of nurse-related factors in pain assessment decisions

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The identification of pain in non-communicative persons with dementia and the factors that hinder the pain assessment process are significant concerns. Research has explored the patient-related factors that affect pain assessment decisions. However, exploration of nurse-related factors affecting pain assessment decisions needs to be explored in greater detail. Using the Conceptual Model for Pain Assessment for Non-communicative Persons with Dementia as a guide, this integrative review highlights five nurse-related factors that have a direct impact on nurses' pain assessment decisions in non-communicative persons with dementia: demographical characteristics, personal pain beliefs, relationship with the patient, pain history, and pain knowledge. CINAHL, PubMed, Academic Search Complete, PsychINFO, and Cochrane Database of Systematic Reviews were reviewed for relevant articles. A total of 26 articles specifically discussed nurse-related factors that contributed to pain assessment decisions. Classical work by Davitz and Davitz has laid a solid foundation for further exploring the impact of nurse-related factors on pain assessment. More recent works have expanded the work of these authors, both supporting and refuting their findings in this research area. In conclusion, nurse-related factors can negatively impact pain assessment decisions and bias rater judgments, which is particularly alarming for non-communicative persons who rely on the inferences of others to identify pain. In order to eliminate health care disparities in pain assessment and management for these older adults, it is important to further consider and address these contributing nurse-related factors and the factors presented by the rest of the health care team (Snow, O'Malley, Cody, Kunik, Ashton, Beck, Bruera, Novy, The Gerontologist, 2004). This study is supported by Pain and Associated Symptoms: Nurse Research Training [NINR/NIH, T32 NR011147].

### A03 Assessment of Disability

#### (103) The impact of medication side effects on functional outcomes among patients with chronic musculoskeletal pain

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The primary purpose of the present study was to examine the potential impact of medication side effects (MSE) on functional outcomes among patients with chronic pain. In this study, a sample of 103 patients (52 women, 51 men) with chronic musculoskeletal pain being prescribed analgesic medications were asked to report the presence of any side effects (e.g., dizziness, nausea) that may be associated with their medication, and to rate the intensity of each side effect on a visual analog scale (VAS). Patients were also asked to complete self-report measures of pain intensity, negative affect (NA), daily functioning, and ability to work. For purposes of our study, a medication side effect index (MSE-I) was computed by summing, for each patient, the intensity of each side effect being experienced. Results of correlational analyses indicated that higher scores on the MSE-I were associated with lower scores on measures of daily functioning and ability to work (both  $p$ 's < .05). Interestingly, results of a follow-up direct multiple regression analysis revealed that medication side effects (MSE-I) were associated with decreased daily functioning even when controlling for patients' sex, pain severity, and negative affect (NA) ( $p$  < .01). In this regression analysis, pain severity, NA, and medication side effects all emerged as significant unique (i.e., independent) predictors of patients' daily functioning. Taken together, results from our study suggest that patients' pain intensity, NA, and medication side effects might represent additive risk factors for poor functional outcomes among patients with chronic pain. The implications of our findings for the management of patients with chronic pain conditions will be discussed.