

THE

Neurosurgy
G R O U P



Robert E.M. Ho, M.D.
Asad A. Mazhari, M.D.
Martha A. Frankowski, M.D.
Julie B. Hice, D.O.
Anne M. Guyot, M.D.

- Adult Neurosurgery
- Spine and Spine Reconstruction
- Microvascular Neurosurgery
- Neurology
- Pain Management

May 24, 2001

**Ms. Kimberly Topper
Center for Drug Evaluation
And Research (HFD-21)
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857**

RE: Medical Use of Opiate Analgesics in Chronic Non-Malignant Pain

Dear Sirs:

Patients with severe chronic non-malignant pain that is of a permanent nature require adequate treatment to prevent serious problems. These patients will in time have progressive personality changes that result in:

- 1. Degradation of normal personality structure. With chronic pain patients undergo depression, experience a lack of positive outlook, are unable to work, and undergo progressive psychological deterioration.**
- 2. Destruction of normal family structure. Severe chronic pain patients often withdraw from the family structure, develop a psychological profile of depression and/or aggressive tendencies. The long term effect is an alienation of the family and a negative influence on any children.**

Many of the above problems can be avoided with the use of modified release opiate analgesics. The purpose of such medication would be to reduce pain to a tolerable level without having wide fluctuations in drug dosage levels that lead to euphoria and psychological changes leading to drug addiction. The long term opiate analgesics address the problem of pain control without the euphoria and other undesirable effects of the short term agents.

Opiate analgesics have a place in the management of chronic pain patients. They are used in the implantable morphine pumps. What we need is a similar long acting medication on an oral basis. The implantable morphine pumps are quite expensive and require maintenance, programming and even replacement. A simple long acting opiate would simplify pain management as well as reduce costs.

Phone (810) 263-0820
FAX (810) 263-3819

Medical Office Building
44199 Dequindre • Suite 402
Troy, MI 48098

MAILING ADDRESS/MAIN OFFICE:
The Neurosurgery Group
Seville Professional Plaza
15520 19-Mile Road • Suite 450
Clinton Township, MI 48038

30675 Stephenson Highway
Madison Heights, MI 48071



Page Two
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Treatment of chronic pain patients would be simpler if one could obtain the appropriate neuropsychological profile. These studies address the problems and personality disintegration and enable us to determine whether or not the patient takes medication for pain or for other psychological gain. Also, the personality structure can be analyzed and corrective treatment initiated. The corrective treatment would be through appropriate counseling from a psychiatrist or psychologist. However, most medical insurance does not cover the neuropsychological tests to define the problem and may also not cover the treatment necessary to correct this problem.

If the appropriate diagnostic testing were available, along with the appropriate psychological counseling, the inappropriate use of long term opiates can be minimized. This approach, coupled with a structured program of followup and medication control would do much to alleviate the pain and suffering of patients with chronic non-malignant pain.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert E.M. Ho". The signature is written over a horizontal line.

Robert E.M. Ho, M.D.
Clinical Assistant Professor
Department of Neurosurgery
Wayne State University
School of Medicine

REMH:amk

Opiate AK 5/24/01

cc: Robert F. Reder, M.D.
Purdue Pharma L.P.
One Stamford Forum
Stamford, CT 06906-3431