



ARTHRITIS CENTER of connecticut

May 23, 2001

Kimberly Topper
Center for Drug Evaluation and Research (HFD-21)
Food and Drug Administration
5600 Fishers Lane
Rockville, Maryland 20857

Dear Ms. Topper,

I have been a Physician Assistant at The Arthritis Center of Connecticut since 1988. I have specialized in rheumatology, chronic non-malignant pain and osteoporosis. For the last 13-years I have been under the supervision of Dr. Brian Peck who is the director of the rheumatology, osteoporosis and pain division of The Arthritis Center of Connecticut. At this time I believe we are the largest privately held arthritis center in the state of Connecticut. Our focus since 1995 has not only been in rheumatology but most recently in chronic pain. I am a non-certified member of the American Academy of Pain Management and have been board certified as a Physician Assistant since 1980.

Prior to my job at the Arthritis Center I have worked in family practice in pediatrics for six years, emergency medicine for eight years, psychiatric medicine for two years and nursing home geriatric care for a period of six years. Many of these jobs have been overlapping.

In my day to day work I see multiple patients who have arthritic complaints who are in chronic pain. the diagnoses that I see include advanced osteoarthritis of multiple locations, erosive rheumatoid arthritis, reflex sympathetic dystrophy, post herpetic neuralgia, lumbar spondylosis with secondary stenosis, cervical disc disease, cervical herniated disc and fibromyalgia.

I have been asked by the Purdue Pharmeceutical sales rep to write you in response to an upcoming meeting which will convene an advisory counsel in the use of opioids in non-malignant pain.

I have multiple patients who have had dramatic improvement with relief of pain through various opioid analgesics. We have used multiple combinations of medications which are presently on the market. This includes OxyContin which most recently has had a large play in the media in regard to its diversion from appropriate uses and subsequent abuse "on the street."

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DIVISION OF RHEUMATOLOGY, OSTEOPOROSIS, AND PAIN MANAGEMENT

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As is usual with medications of this nature there are a few bad apples that spoil the basket. In my day to day work I find patients have significant improvement in activities of daily living, their sleep habits improved, some of them are able to continue work or return to work as a result of appropriate analgesic medication.

I would of course like to see continuation of these medications provided through physicians and in my case as a physician assistant under the direction of a qualified pain management specialist who is not only certified by the AAPM but also the American College of Rheumatology and is boarded in internal medicine.

Ninety-nine percent of our patients come for their refills on a monthly basis and when we change analgesic medication regimens we have them seen on a Q1-2 week basis to see how they respond to the change. We follow our patients quite closely, we record all of our narcotics on a medication flow sheet and copy the prescriptions for the chart as well as write out the milligrams and the number of pills to be dispensed. This prevents problems of changing medication prescriptions prior to them reaching the pharmacist.

We have occasional patients who abuse these medications and are getting their narcotics from multiple pain practitioners, however this is rare and infrequent. As soon as the discovery is made the patients are discharged immediately from our practice because we cannot tolerate this kind of abuse. Again I want to emphasize that the frequency of this is quite uncommon.

In closing I would like to state for the record my public support for analgesic medications in the opioid category which can treat non-malignant pain. I think it would be a great disservice to the community at large to further restrict these important medications.

Sincerely,



Richard S. Pope, PA-C
Brian Peck, M.D. supervisor
RP/ps 5/24/01 ps

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