

Kimberly Topper
FDA Advisory Board
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8/17/01

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Dear Ms. Topper:

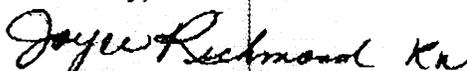
I am very concerned about the possible restriction of opioids to treat chronic, moderate to severe pain in populations other than cancer patients. As a nurse, I can attest to the fact that pain has been grossly under-treated on a routine basis. Only recently, have physicians and nurses begun to try to adequately assess and treat pain—in all disciplines and in all populations. We have seen the positive effects of adequately treating pain—decreased hospital stays, decrease in depression, and a positive impact on quality of life, to name a few. JCAHO and HCFA require that pain be treated appropriately, and hopefully the Patient Bill of Rights will also require adequate pain relief.

Opioids have an important role in meeting the needs of all of our patients, not just cancer patients. The longer acting pain medications, like Oxycontin, have helped considerably to treat chronic pain in the geriatric population without the "roller coaster" ride of immediate release drugs. These residents can focus on ADL's instead of "when can I get my next pain pill?" So many of this population cannot take NSAIDS, because of the stomach upsets and more serious side effects, propoxyphene is not recommended in the elderly because of adverse effects of the metabolite. Vicodin contains acetaminophen, so has limitations, Percocet and Percodan contain acetaminophen or aspirin so have limitations. Acetaminophen in itself is highly toxic to the liver in high doses.

As you can see we have a real dilemma. On one hand, we are mandated to adequately assess and treat pain, as well as an ethical obligation to keep our patients as free of pain as possible, and on the other hand we are now faced with the possibility of taking away opioid medications that can relieve pain safely.

Please address the real problem—the abusers who obtain the opioid medications illegally, and the few physicians who prescribe and profit from these drugs illegally. The laws are already in place to address these issues.

Sincerely,


Joyce Richmond, RN