



DUKE UNIVERSITY MEDICAL CENTER

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Department of Psychiatry & Behavioral Sciences
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Kimberly Topper
Food and Drug Administration, CDER
Advisors and Consultants Staff, HFD-21
5600 Fishers Lane
Rockville, Maryland 20857

July 18, 2001

re: docket number 01N-0256

Dear Ms. Topper,

I am writing regarding the upcoming meeting of the Anesthetic and Life Support Drugs Advisory Committee that will be addressing the class of long-acting opiate analgesic drugs (Sept. 12-14.)

I have worked in pain practice and research for over 20 years. My clinical practice and research has centered on patients having persistent pain. As a health professional (behavioral scientist) who specializes in non-pharmacological approaches to pain management (e.g. biofeedback, relaxation training, training in activity pacing techniques), I am very concerned about the possibility that changes might be made in the availability of long-acting opiate analgesic medications to persons having persistent pain. In my opinion, these medications are a crucial component of multidisciplinary pain management. Without the pain relief afforded by these medications many patients would have difficulty benefiting fully from the non-pharmacological interventions that we teach them.

I urge your committee to carefully consider the needs of patients having persistent pain when making changes in the availability of long-acting opiate analgesic medications.

Thank you for the opportunity to provide input to the committee.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Francis J. Keefe'.

Francis J. Keefe, Ph.D.
Professor of Medical Psychology
Department of Psychiatry and Behavioral Sciences