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Neuropathy Hope

Hope through caring, support, research, education, and empowerment A newsletter for members of Western Neuropathy Association (WNA)

NEW EMPHASIS ON FUNDING RESEARCH

An exciting development erupted out of the WNA Board of Directors meeting last night (February 12). The Board members, inspired by our Mission Statement, voted to support research at a greater level than originally budgeted for the year. We know our members are anxious to see research that has the potential to produce effective treatments and ultimately a cure for neuropathy – we are pleased to take this bigger step in supporting research on behalf of our members.

We are currently connected with probably the most promising research for treatment for pain and neuropathy making the organization the most logical benefactor for our increased investment in research. EicOsis, LLC, is developing a firstin-class therapy of a once daily, oral treatment for neuropathic and inflammatory pain in humans and companion animals. From their website they state, "Pain is an enormous emotional ... burden. Current therapies have dose limiting side effects in addition to being ineffective in more than three or four patients. EicOsis discovered a novel enzyme target to alleviate pain without the dose limiting or narcotic side effects that exist in current treatments." Let's support them with funds to show our commitment to them for what they are doing for neuropathy sufferers.

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THE OPIOID CRISIS By Sonya Wells, Pharm.D., MPH

Experts say the United States is in the throes of an opioid epidemic, as more than two million of Americans have become dependent on or abused prescription pain pills and street drugs.

Opioids are drugs formulated to replicate the pain reducing properties of opium. They include both legal painkillers like morphine, oxycodone, or hydrocodone prescribed by doctors for acute or chronic pain, as well as illegal drugs like heroin or illicitly made fentanyl. The word "opioid" is derived from the word "opium."

During 2015, there were 52,404 overdose deaths in the United States (1), including 33,091 (63.1%) (2) that involved an opioid. That's an average of 91 opioid overdose deaths each day. (3) The number of opioid prescriptions dispensed by doctors steadily increased from 112 million prescriptions in 1992 to a peak of 282 million in 2012, according to the market research firm IMS Health. The number of prescriptions dispensed has since declined, falling to 236 million in 2016. (4)

Common Opioids

Opioids bind to receptors in the brain and spinal cord, disrupting pain signals. They also activate the reward areas of the brain by releasing the hormone dopamine, creating a feeling of euphoria or a "high."

Opioids such as morphine and codeine are naturally derived from opium poppy plants more commonly grown in Asia, Central America, and South America. (5)

Heroin is an illegal drug synthesized from morphine.

Hydrocodone and oxycodone are semi-synthetic opioids, manufactured in labs with natural and synthetic ingredients. Between 2006 and 2014, the most widely prescribed opioid was hydrocodone (Vicodin). (7) In 2014, 7.8 billion hydrocodone pills were distributed nationwide. The second most prevalent opioid was oxycodone (Percocet). In 2014, 4.9 billion oxycodone tablets were distributed in the United States. (7)

The International Narcotics Control Board reported that in 2015, Americans represented about 99.7% of the world's hydrocodone consumption.

Fentanyl is a fully synthetic opioid, originally developed as a powerful anesthetic for surgery. (6) It is also administered to alleviate severe pain associated with terminal illnesses like cancer. The drug is up to 100 times more powerful than morphine. (6) Just a small dose can be deadly. Illicitly produced fentanyl has been a driving factor in the number of overdose deaths in recent years.

Methadone is another fully synthetic opioid. It is commonly dispensed to recovering heroin addicts to relieve the symptoms of withdrawal.

Addiction

Opioid use disorder is the clinical term for opioid addiction or abuse. (8)

Roster of Our WNA Information and Support Groups

2018 WNA Board of Directors

Bev Anderson President

Karen C. Polastri, IOM Vice President

Darrell O'Sullivan Secretary/Treasurer

Anne Bentz Director

Pam Hart Director

Brad Livingood

Sonya Wells, PharmD, MPH Director

Emeritus Council

Michael Green Emeritus

Johnathan Istilart Emeritus

Sandra Vinson Emeritus

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Please contact your group leader or check your local paper to find out about the topic/speaker for the upcoming meeting.

Bev Anderson Editor

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CALIFORNIA

Antioch-Brentwood 3rd Wednesday, 2 PM (odd numbered months) Antioch-Kaiser, Deer Valley Rooms 1 & 2 Marty Price (925) 626-7988

Auburn

1st Monday, 11 AM Woodside Village MH Park 12155 Luther Road Sharlene McCord (530) 878-8392 Nov. Speaker: Bev Anderson, WNA President

Berkeley-Oakland 3rd Wed., 3-4 PM North Berkeley Senior Center

1901 Hearst Ave. Kathleen Nagel (510) 653-8625

Carmichael - Atria

Atria - Carmichael Oaks 8350 Fair Oaks Boulevard For information, call: Ryan Harris 916-342-8440

Castro Valley 2nd Wednesday, 1:30 PM First Presbyterian Church 2490 Grove Way (next to Trader Joe) Joy Rotz (510) 842-8440

Concord

3rd Thursday, 1:30 PM First Christian Church 3039 Willow Pass Road Wayne Korsinen (925)685-0953

Costa Mesa 3rd Wednesday, 10:00 AM Call Martha Woodside

949-573-0056 for the location

Davis

2nd Tuesday, 3:30-5:00 PM Davis Senior Center, 646 A Street Mary Sprifke (530) 756-5102

Elk Grove

2nd Tuesday, 1 PM Elk Grove Senior Center 8830 Sharkey Avenue Roger White (916) 686-4719

Folsom

1st Thursday, 12:30 PM (odd numbered months) Burger Rehabilitation 1301 E. Bidwell St., Folsom Bev Anderson (877) 622-6298 http://folsom.neuropathysupportgroup.org

Fresno

3rd Tuesday, 11:00 AM Denny's Restaurant 1110 East Shaw Bonnie Zimmerman (559) 313-6140

Grass Valley

2nd Monday, 1:30 PM GV United Methodist Church 236 S. Church Street Bev Anderson 877-622-6298

Livermore

4th Tuesday, 10 AM Heritage Estates, 900 E. Stanley Blvd. Lee Parlett (925) 292-9280

Merced

2nd Thursday, 1 PM Central Presbyterian Church 1920 Canal Street (The Hoffmeiser Center across the street from the church) Larry Frice (209) 358-2045

<u>Modesto</u>

3rd Monday, 10:30 AM Trinity United Presbyterian Church 1600 Carver Rd., Rm. 503 Ray (209) 634-4373

Monterey

3rd Wed., 10:30 AM (odd numbered months) First Presbyterian Church 501 El Dorado Street Dr. William Donovan (831) 625-3407

Napa

1st Thursday, 2 PM Napa Senior Center, 1500 Jefferson St. Ron Patrick (707) 257-2343 bonjournapa@hotmail.com

Placerville 2nd Wednesda

^{2nd} Wednesday, 1 PM El Dorado Senior Center 937 Spring Street John McCoy (530) 642-8511

Redwood City

4th Tuesday, 1 PM Sequoia Hospital Health and Wellness Center 749 Brewster Avenue Danielle LaFlash (415) 297-1815

Roseville

2nd Wednesday, 1PM (odd numbered months) Sierra Point Sr. Res., 5161 Foothills Blvd. Stan Pashote (916) 409-5747

<u>Sacramento</u>

3rd Tuesday, 1:30 PM Northminster Presby. Church 3235 Pope Street Charles Moore (916) 485-7723 http://sacramento.neuropathysupportgroup.org/

San Jose

3rd Saturday, 10:30 AM O'Conner Hospital, 2105 Forest Avenue SJ DePaul Conf. Rm. Danielle LaFlash (415) 297-1815

For information on groups in the following areas or any other place you are interested in finding out about a support group, call Bev Anderson at (877) 622-6298. She is actively trying to open new groups and re-open closed groups. Check with her about a group in your area especially if you would volunteer to be the leader.

California: Alturas, Bakersfield, Clearlake, Crescent City, Eureka, Fort Bragg, Garberville, Jackson, Lakeport, Lincoln, Lodi, Madera, Mt. Shasta, Oxnard, Quincy, Redding, Salinas, San Francisco, Santa Maria, Sonoma, Sonora, Stockton, Susanville, Truckee, Tulare-Visalia, Turlock, West Sacramento, Weed, Ukiah, Woodland, Yreka, Yuba City-Marysville. Nevada: Reno-Sparks. Oregon: Brookings, Medford, Portland, Salem.

San Rafael

3rd Wednesday, 1 PM Lutheran Church of the Resurrection 1100 Las Galinas Avenue Scott Stokes (415) 246-9156

Santa Barbara

4th Saturday, 10AM (odd numbered months) St. Raphael Catholic Church 5444 Hollister Ave., Conference Room Shirley Hopper (805) 689-5939

Santa Cruz

3rd Wednesday, 1PM (odd numbered months) Trinity Presbyterian Church 420 Melrose Avenue Mary Ann Leer (831) 477-1239

Santa Rosa

1st Wednesday, 10:30 AM Santa Rosa Senior Center 704 Bennett Valley Road Judy Leandro (707) 480-3740

Thousand Oaks - Westlake Village

2nd Monday, 2:30 – 4 PM United Methodist Church of Westlake Village 1049 S. Westlake Blvd. Angie Becerra (805) 390-2999

Walnut Creek

4th Friday, 10 AM Rossmoor, Hillside Clubhouse Vista Room Karen Hewitt (925) 932-2248

<u>NEVADA</u>

Las Vegas 3rd Thursday, 1 PM Mountain View Presbyterian Church 8601 Del Webb Blvd. Barbara Montgomery (818) 400 0296

OREGON

Grants Pass 3rd Wednesday, 2:00 PM Club Northwest 2160 N.W. Vine St. Carol Smith (541) 955-4995 http://grantspass.neuropathysupportgroup.org



President's Message By Bev Anderson

Now is the time to register for our 2018 Annual Conference "New Help for Neuropathy Patients."

It could be the most exciting yet. Dr. Fredric Gorin welcomed us last year (he also spoke several years ago in Woodland) and several asked when they could hear him again. He has been the go-to doctor for neuropathy at U.C. Davis for the years he has been there and still sees a few neuropathy patients.



He is an excellent diagnostician. In one instance I know of, a patient had some

symptoms that were unique and other medical professionals had not figured out what kind of neuropathy it was. Dr. Gorin told her she had a neuropathy similar to that of a group of people in a part of Russia but wasn't seen much out of that area so it wasn't likely the origin. The patient said, "That is where my mother was from."

Dr. Gorin may have some big news for us that we will want to know about no matter what medical group we are covered under. UC Davis is a public teaching hospital so they are involved with other medical groups and their diagnoses and available resources. Doctors of other groups are involved in the teaching component as well. For example, I had scalp surgery for what is now being called a wart but then it was deemed "a horn" growing about where a real horn might emerge. The surgeon was from Kaiser-Permanente-Vacaville. The two medical students assisting received an instructional narrative as he went along that was helpful to them and fascinating for me. They busily took photos with their cell phones to take back to class.

We will get to learn about the new SUDOSCAN machine that U.C.Davis has available for neuropathy diagnosis. Here is a statement I found on the SUDOSCAN website that gives an idea of what it does: "For us to improve nerve function and quality of life of the individual, we had go to extensive measures: skin biopsy to look at nerve regeneration, nerve conduction studies to show enhancements of nerve conduction and quantitative sensory tests which have a wide variance. These tests are time consuming, laborious and full of error. Now, we have SUDOSCAN that can measure electrical conductance along with sweat gland function in only 2 minutes with instant results that are 75% sensitive, 98% specific and with less than 5% error." Aaron I. Vinik, M.D., Ph.D., FCP, MACP, FACE SUDOSCAN helps to diagnose Autonomic Neuropathy and Small Fiber Neuropathy especially. These are neuropathies which were minimally explored in previous testing.

We will hear from Karen Wagner, Ph.D., a member of the research team that developed the new pain medication that the team with Bruce Hammock, Ph.D., at the University of California at Davis campus is taking to human trials under the auspices of the National Institutes of Health. We hope the trials will be under way by then. I'm not sure how long Phase 1 lasts before Phase 2 begins. Final fundraising may hold it up if enough is not raised. I asked her to include the animal videos that we have enjoyed the last two years so anyone who has not seen them yet will know what we have been talking about and enjoy them, too.

Thanks to all of you who have paid your dues and made contributions already this year. It is so encouraging to your leadership and helps so much in being able to achieve our goals.

I hope you appreciate the article on the opiate crisis written by Sonya Wells of our WNA Board of Directors who is a pharmacist.



Due to the good work of Pam Hart of our WNA Board, we received this award. "Congratulations Western Neuropathy Association on achieving the 2017 Gold Seal of Transparency on GuideStar! You are now in the top 0.5% of all nonprofit organizations on GuideStar." GuideStar is the reference funders and others check to assess the quality of nonprofit organizations.

Keep hoping for rain,

Ser

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If the number is not in your area, call the one listed and ask for the right number.

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The Affordable Health Care Act For current information go to www.HealthCare.gov

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HICAP Health Insurance

Counseling for seniors and people with disabilities. www.cahealthadvocates.org /HICAP/ Call (800) 434-0222 to ask a question or to make an appointment.

Health Rights Hotline

Serving Placer, El Dorado, Yolo, & Sacramento Counties, regardless where you receive your health coverage. Tollfree (888) 354-4474 or TDD (916) 551-2180. In Sacramento, (916) 551-2100. www.hrh.org.

... HMO Help Center

Assistance 24 hours a day, seven days a week. (888) HMO-2219 or (877) 688-9891 TDD

DRA's Health Access Project Free publications about the health care, insurance rights and concerns of people with disabilities and serious health conditions. For more information, go to http://dralegal.org/ and click on "Projects".

DISCOUNTS FOR WNA MEMBERS

The following companies or individuals have agreed to give WNA a discount to WNA members. Give them a call or visit. If you choose to purchase the service or wares of any on this list, pull out your WNA Membership Card and claim the discount.

Anodyne Therapy

Infrared Light Therapy equipment - \$50 off Model Freedom 300 (single leg at a time) and \$50 discount on Model 120 that does both legs at the same time. Contact: 800-521-6664 or www.anodynetherapy.com

HealthLight Infrared Light Therapy equipment - 10% off Single Boot System and Dual boot system. Contact: 888-395-3040 or www.healthlight.us

<u>Auburn</u>

The Footpath 825 Lincoln Way (530) 885-2091 www.footpathshoes.com WNA Discount: 10% off the regular price shoes.

Elk Grove

Shoes That Fit 8649 Elk Grove Blvd. (916) 686-1050 WNA Discount: 20% off

the regular price shoes.

Fortuna Strehl's Family Shoes & Repair

Corner of 12th & Main 1155 Main Street (707) 725-2610 Marilyn Strehl, C.PED is a Certified Pedorthic WNA Discount: 10% off the regular price shoes.

West Sacramento Beverly's Never Just Haircuts and Lilly's Nails 2007 W. Capitol Ave Hair – (916) 372-5606 Nails – (916) 346-8342 WNA discount: 10% off the regular price.

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STEM CELL THERAPY FOR CONCUSSIONS: IS IT FOR REAL?

'We haven't even begun to study this.'

By John Gever, Managing Editor, MedPage Today February 02, 2018

Earlier this week, MedPage Today received an email from someone representing plastic surgeon Joel Singer, MD, of Park Avenue Stem Cell in New York City. According to the email, Singer is "treating unnamed NFL players for brain injuries that came as a result of repeated concussions." The email went on to suggest that Singer uses autologous fat-derived mesenchymal stem cells for these procedures. Singer's website also invites athletes to "learn about the benefits of Stem Cell Therapy for the treatment of Concussions and other medical conditions."

This being an application of stem cell therapy we had not heard of before, we asked Michael De Georgia, MD, a neurologist and critical care specialist at University Hospitals Cleveland Medical Center, for his views on such treatments for brain injuries. In this video, he explains that stem cell treatments have shown promise in early studies for certain conditions, but there is currently no evidence that stem cell infusions have any benefit in the context of concussion.

Following is a transcript of De Georgia's remarks:

Well, there's obviously a lot of optimism about stem cells in the treatment of brain injury, including ischemic stroke and traumatic brain injury, mainly because of its pluripotential nature. There have been hundreds of preclinical animal studies showing in general the beneficial effects of stem cells, including the reduction of infarct volume.

But the translation of those preclinical studies to a reliable and consistent therapy that improves the outcomes has been more challenging. There have been a handful of randomized trials, none of which have really panned out, even for ischemic stroke. There has been a little more research done in ischemic heart disease. There have been dozens of randomized trials, some of which have shown a benefit in terms of heart function. But even in those two conditions of ischemic heart disease and ischemic stroke, there have not been any large, randomized, double-blind controlled trials that have shown that consistent benefit. For concussions, there have been especially no clinical trials for this. While there is reason to believe that stem cell therapy may be beneficial, I think it's way too early to jump to the conclusion that it is beneficial for patients.

Most of the research [on therapies in general] has focused on traumatic brain injury, again, in terms of animal models and clinical trials. There is a whole range of studies, mainly clinical studies, looking at how to diagnose concussions and how to translate some of what we know about traumatic brain injury, more serious traumatic brain injury, into more minor brain injuries like concussions. But to date, there is not a foolproof, simple treatment for concussion, other than rest, which is what we advise our patients.

As a physician scientist, we're always open to new ideas and to looking at different ways of using innovative therapies. Having said that, we need to be very cautious about claims and promises to patients who may be under the assumption or the belief that this therapy has been showed to be effective, and it hasn't. So as long as studies are being done in a carefully controlled way, under an institutional review board (IRB), ethically approved way, then I think this type of stem cell research is fine and appropriate. What we need to be careful about is the application of these nonproven therapies to patients under the guise of a proven therapy, which it is not yet.

I think that we're all open to new ideas and innovative therapies, but we're not quite there yet in terms of the science to advocate stem cell therapy really for anything yet. We're probably closest for ischemic heart disease. For ischemic stroke, we're not quite there yet. For traumatic brain injury, we're not there yet. For concussions, all bets are off. We haven't even begun to study this, really. (Used by permission of MedPress Today.)

WALKJOY



Rachel Talbott bought Walk Joy, the aid to walking mentioned in NEUROPATHY HOPE (October 2017). She is finding it helpful.



She is happy to talk to anyone considering this walking aid to help them understand the pros and cons and how it works for her. 209-245-4864.

The Opioid Crisis - Continued from page 1

People who become dependent on opioids may experience withdrawal symptoms when they stop taking the pills. Dependence is often coupled with tolerance, (8) meaning that opioid users need to take increasingly larger doses of the medication for the same effect.

About 11.5 million Americans age 12 and older misused prescription pain medicine in 2016,according to the Substance Abuse and Mental Health Services Administration. (9) About 948,000 or 0.3% of the US population age 12 and up used heroin in 2016.

People who become dependent on pain pills may switch to heroin (10) because it is less expensive than prescription drugs. The National Institute on Drug Abuse estimates that half of young people who inject heroin turned to the street drug after abusing prescription painkillers, also that three in four new heroin users start out using prescription drugs. (11)

The number of overdose deaths related to heroin increased 533% between 2002 and 2016, from an estimated 2,089 in 2002 to 13,219 in 2016. (12)

A drug called naloxone, available as an injection or a nasal spray, is used as a treatment for overdoses.(13) It blocks or reverses the effects of opioids and is often carried by first responders.

Regulation and Funding

In 2013, the cost of medical care and substance abuse treatment for opioid addiction and overdose was an estimated \$78.5 billion, (14) according to a report in the journal Medical Care. Forty-nine states have prescription drug monitoring programs, databases which enable health care providers to curb "doctor shopping" by patients who obtain opioid prescriptions from multiple physicians. Missouri's program is not yet statewide but has enacted legislation to authorize it. (15)

The 21st Century Cures Act, passed in 2016, allocated \$1 billion over two years in opioid crisis grants to states, providing funding for expanded treatment and prevention programs. (16)In April 2017, Health and Human Services Secretary Tom Price announced the distribution of the first round of \$485 million in grants to all 50 states and US territories. (17)

In August 2017, Attorney General Jeff Sessions announced the launch of an Opioid Fraud and Abuse Detection Unit within the Department of Justice. (18) The unit's mission is to prosecute individuals who commit opioid-related health care fraud. The DOJ is also appointing US attorneys who will specialize in opioid health care fraud cases as part of a three-year pilot program in 12 jurisdictions nationwide.

State legislatures are also taking action, introducing measures to regulate pain clinics and limit the quantity of opioids that doctors can dispense. (19)

Emergence of a Crisis

1861-1865 - During the Civil War, medics use morphine as a battlefield anesthetic. Many soldiers become dependent on morphine after the war.

1898 - Heroin is first produced commercially by the Bayer Company. (20) At the time, heroin is believed to be less habit-forming than morphine, so it is dispensed to individuals who are addicted to morphine.

1914 - Congress passes the Harrison Narcotics Act, which requires that doctors write prescriptions for narcotic drugs like opioids and cocaine. (21) Importers, manufacturers and distributors of narcotics must register with the Treasury Department and pay taxes on product.

1924 - The Anti-Heroin Act bans the production and sale of heroin in the United States.

1970 - The Controlled Substances Act becomes law. It creates groupings (or schedules) of drugs based on the potential for abuse. Heroin is a Schedule I drug while morphine, fentanyl, oxycodone (Percocet, OxyContin) and methadone are Schedule II. Vicodin - a hydrocodone-acetaminophen combination was originally a Schedule III medication but wasn't recategorized as a Schedule II drug until October 2014. (23)

January 10, 1980 - A letter titled "Addiction Rare in Patients Treated with Narcotics" is published in the New England Journal of Medicine. (24) It was not a study and looked at incidences of addiction in a very specific population of hospitalized patients who were closely monitored. However, it would become widely cited as proof that narcotics were a safe treatment for chronic pain.

1995 - OxyContin, a long acting version of oxycodone, which slowly releases the drug over 12 hours, is introduced and aggressively marketed as a safer pain pill by manufacturer, Purdue Pharma.

May 10, 2007 - The federal government brings criminal charges against Purdue Pharma for misleadingly advertising OxyContin as safer and less addictive than other opioids. The company and three executives are charged with "misleading and defrauding physicians and consumers. Purdue Pharma and the executives plead guilty, agreeing to pay a \$634.5 million in criminal and civil fines. The three executives plead guilty on criminal misdemeanor charges and are later sentenced to probation. (25)

2010 - FDA approves an "abuse-deterrent" formulation of OxyContin, to help curb abuse. However, people still find ways to abuse it.

May 20, 2015 - The DEA announces that it has arrested 280 people, including 22 doctors and pharmacists, after a 15-month sting operation centered on health care providers who dispense large amounts of opioids.

March 18, 2016 - The CDC publishes guidelines for prescribing opioids for patients with chronic pain. Recommendations include prescribing over-the-counter pain relievers like acetaminophen and

DISCOUNTS FOR WNA MEMBERS

Continued from page 4

Neuropathy Support Formula

(1-888-840-7142) is a supplement that a sizable number of people are taking and reporting it has helped them. The company gives members of WNA a discount and free shipping. The 30day supply is \$40 (normally \$49.97). It can be autoshipped monthly for the same. A 3-month supply via auto-ship is \$95.00. They also have a Nerve Repair Optimizer that is available for \$20 with free shipping. Marsha, the manager, said that if anyone wants more information about the product, they can call and ask for her. If she is not readily available, leave your number and she will call you back.

Additional Discounts

Do you know a business that might offer our members a discount? Tell them that they will be listed each month in our newsletter and on our website so our members will know of their generosity and patronize their business. Call (877) 622-6298 or e-mail info@pnhelp.org.

We'll mail an agreement form to the business, and once we have it, we'll add them to this list.

PERIPHERAL NEUROPATHY LITERATURE REVIEW By William B. Donovan, M.D.

We can access the National Library of Medicine (**NLM**) to obtain information on peripheral neuropathy (**PN**). There are over 100 medical articles a month written on PN.

I review these references and select articles that would appear to be most interesting to us neuropathy sufferers. This is the link to **PubMed** that will connect to the

NLM: www.ncbi.nlm.nih.gov/sites/entrez

If you are reading this article on the computer, just click on the above link to go there. If you are reading the print edition of the newsletter, type this link into the address bar of the browser on a computer. If you don't know how, get a librarian or friend to help you.

After you get to **PubMed**, you will see a line that says "**Search** *PubMed*" followed by "**for**" and a space. Every article in the **NLM** is given a **PMID**, an eight digit identification number. I will give you **PMID** numbers of the selected articles. Type the **PMID** into the space after the "**for**" and click on "**Go**" at the end of the space, or press the ENTER key on your keyboard. You will then see a one paragraph abstract of the article appear, as well as links to related articles.

The reader can also go to the WNA website www.pnhelp.org,

The Opioid Crisis - Continued from page 5

ibuprofen in lieu of opioids. Doctors are encouraged to promote exercise and behavioral treatments to help patients cope with pain.

March 29, 2017 - President Donald Trump signs an executive order calling for the establishment of the President's Commission on Combating Drug Addiction and the Opioid Crisis. New Jersey Governor Chris Christie is selected as the chairman of the group, with Trump's son-in-law, Jared Kushner, as an adviser. (27)

July 31, 2017 - After a delay, the White House panel examining the nation's opioid epidemic releases its interim report, asking President Trump to

August 8, 2017 - Trump holds a press briefing on opioids at his New Jersey golf club and says that a stronger law enforcement response is needed to combat the crisis. He stops short of declaring a national public health emergency.

September 22, 2017 – October 26, 2017 - President Trump declares a national public health emergency to combat the opioid crisis, telling an audience in the East Room of the White House that "we can be the generation that ends the opioid epidemic." (30)

This is just the beginning of the information I discovered as I started researching my new speech topic "The Opioid Crisis and Its Connection with the Future of Chronic Pain Management." This is just a drop in the bucket of intriguing subject material that truly affects patients with neuropathy regarding future pain therapy. Feel free to ask WNA President Bev Anderson for my contact information if you would like me to speak at your support group on this topic. I can also send out copies of the speech script once it is completed via email upon request.

References:

- 1. https://www.cdc.gov/nchs/products/databriefs/db273.html
- 2. https://www.cdc.gov/drugoverdose/data/statedeaths.html

click on the RESOURCES tab and select MEDICAL LITERATURE REVIEW from the menu to review the archive of summaries that have appeared in this column over recent years.

This month's PMIDs:

- 9153445 In an NIH randomized placebo controlled double blind crossover study of 13 patients with painful diabetic neuropathy, a decrease of 24% was obtained with a mean daily dose381 mg dextromethorphan (DM commonly found in cough medicine).
- 10741812 This is an uncontrolled open label study of 22 patients with neuropathic pain who decreased their pain scores from 6.7 to 5.3 after 8 weeks on bupropion SR (Wellbutrin SR®) 150mg twice a day.
- 11706096 This is a double blind, randomized, placebo controlled, crossover study of 41 patients with neuropathic pain. They received bupropion SR (Wellbutrin SR) 150mg daily for a week, followed by twice a day for another 5 weeks during which their pain score decreased from 5.7 to 4.0 (p<0.001).
- 20447305 This Israeli study assessed the effectiveness of agmatine sulfate (decarboxylated arginine) with lumbar disc related sciatic pain. Compared to baseline agmatine improved pain from 26.7% to 70.8%, whereas the placebo group improved from 6% to 20%.
- 3. https://www.drugabuse.gov/publications/research-reports/misuse-pdf
- 4. https://www.cdc.gov/drugoverdose/data/analysis.html
- 5. https://www.dea.gov/resource-center/2016%20NDTA%20Summary
- 6. http://www.cnn.com/2016/05/10/health/fentanyl-opioid-explainer/ind
- 7. http://www.cnn.com/2017/02/08/health/opioids-overdose-deaths-ep
- 8. https://www.samhsa.gov/disorders/substance-use
- 9. https://www.drugabuse.gov/publications/teaching-packets/neurobio
- 10. https://www.drugabuse.gov/publications/research-reports/heroin/ho
- 11. http://www.cnn.com/2014/08/29/health/gupta-unintended-conseque
- 12. http://www.cnn.com/2017/09/08/health/heroin-deaths-samhsa-repo
- 13. https://www.drugabuse.gov/related-topics/opioid-overdose-reversa
- 14. https://www.ncbi.nlm.nih.gov/pubmed/27623005
- 15. https://ojp.gov/about/pdfs/BJA_Prescription%20Drug%20Monitoring
- 16. https://www.congress.gov/bill/114th-congress/house-bill/34/text
- 17. https://www.hhs.gov/about/news/2017/04/19/trump-administrationawards-grants-states-combat-opioid-crisis.html
- 18. https://www.hhs.gov/about/news/2017/04/19/trump-administrationawards-grants-states-combat-opioid-crisis.html
- 19. http://www.ncsl.org/blog/2017/01/31/preventing-opioid-misuse-legis
- 20. http://www.cnn.com/2016/05/12/health/opioid-addiction-history/inde
- 21. https://www.fda.gov/aboutfda/whatwedo/history/milestones/ucm12
- 22. https://www.dea.gov/druginfo/csa.shtml
- 23. https://www.deadiversion.usdoj.gov/fed_regs/rules/2014/fr0822.htm
- 24. http://www.cnn.com/2017/06/01/health/opioid-epidemic-1980-letter-
- 25. http://money.cnn.com/2007/05/10/news/companies/oxycontin/inde
- 26. https://www.dea.gov/divisions/no/2015/no052015.shtm
- 27. https://www.whitehouse.gov/ondcp/presidents-commission
- http://www.cnn.com/2017/07/31/health/opioid-commissionemergency-declaration/index.html
- 29. http://www.cnn.com/2017/09/22/health/cvs-prescription-restrictionsopioids-bn/index.htm
- 30. http://www.cnn.com/2017/10/26/politics/donald-trump-opioidepidemic/index.html



WESTERN NEUROPATHY ASSOCIATION Hope through caring, support, research, education, and empowerment

Date: Tuesday, April 17, 2018

Time: 9:30 AM to 3:30 PM

Pre-register By: Tuesday, April 3, 2018 Seating is limited. Must register in advance.

Registration Fee: \$25.00

Location: UC Davis Mind Institute UC Davis Medical Center 2825 50th Street, Sacramento, CA

> Questions? Toll–free: (888) 556-3356 E-mail: lindsayc@pnhelp.org



Name Address City / State / Zip E-mail Support Group If you need a special diet, please indicate: If you need a special diet, please indicate: Vegetarian Gluten Free Other If Other, please explain:

I am enclosing my check for the \$25 registration fee (includes lunch and morning snacks).
Check Number::

Western Neuropathy Association 2018 Annual Conference

New Help for Neuropathy Patients

- 9:30am **Registration check-in** (must register in advance; limited seating) Morning snacks and coffee included
- 10:00am Announcements and Introductions
- 10:30am **Fredric Gorin, M.D., Ph.D.** Professor and Chair, UC Davis Department of Neurology He will describe the new opportunities for neuropathy patients at UC Davis. He will introduce neurologists who will speak about their background and their views on treating neuropathy. There will be time for Q & A.
- Noon **Catered Lunch** (included with registration)
- 1:00pm **Ricardo Maselli, M.D.** He will present the SUDOSCAN machine that is available at U.C. Davis Medical Center used by physicians and neurologists in the area to diagnose autonomic and small fiber neuropathy. This will give all an opportunity to learn about this new innovative technology.
- 2:00pm Karen Wagner, Ph.D. Postdoctoral Reasearcher, Hammock Laboratory/UC Davis She will provide a report from Bruce Hammock, Ph.D., on the latest information on his research project on neuropathic pain and describe her role in the project. (Dr. Hammock will be traveling in relation to what we hope will be Phase I Human Trials for neuropathy medication.) Dr. Wagner earned her Ph.D. in pharmacology and toxicology from UC Davis.

3:00pm Closing Activities

Evaluations • Door Prizes and Silent Auction • Closing Announcements

Mail registration fee and form to:

WNA PO Box 276567 Sacramento, CA 95827



WESTERN NEUROPATHY ASSOCIATION

A California public benefit, nonprofit, tax exempt corporation

P.O. Box 276567, Sacramento, CA 95827-6567

Call WNA using our toll free phone numbers: (877) 622-6298 Email: info@WNAinfo.org PN Information/Advice Support Group Inquiries (888) 556-3356 · Email: admin@WNAinfo.org Membership Information/Inquiries Sponsorships

General Organizational Inquiries www.WNAinfo.org

WNA ANNUAL CONFERENCE April 17, 2018 • 9:30 AM – 3:30 PM THE MIND INSTITUTE UC DAVIS MEDICAL CENTER in SACRAMENTO

\$25 per person. Registration form on page 7 of this newsletter or register online at www.WNAinfo.org – Registration includes morning snacks, lunch, and all-day beverages.

The full program will be in the next newsletter. It will be chiefly neurologists so get any questions you have ready. We hope to also have an up to date report from Bruce Hammock, PhD, on the medication for neuropathic pain that is to go into human trials very soon.

New Emphasis On Funding Research - Continued from page 1

The Board has launched the campaign with a contribution of \$2,500. We are encouraging members, friends, groups, and everyone we can reach to contribute so that we can reach our goal of \$10,000. Any amount is welcome.

Send your contribution by April 10 to WNA, P.O. Box 276567, Sacramento, CA 95827-6567 or go on line to www.wnainfo.org. We want to present the total check to the project representatives at the 2018 Annual Conference, April 17, 2018. Karen Wagner, one of the project researchers, will also be present to share the latest on the project.

We invite you to register as well for the Annual Conference to be there to witness our presentation to the project. The registration fee is only \$25 and includes a light continental breakfast and lunch. If you are on Facebook or any other social media, be sure to include this funding project and Annual Conference whether you are able to contribute or not. See you at the Annual Conference!

If you or someone you know has \$10,000 or more to invest and would like to explore helping to fund this project as an investment, EicOsis is a unique investment opportunity in the biotechnology arena because the technology was advanced with non-dilutive government sponsored grants. This leveraging of research support offers investors a much faster return on investment than typical start-up biotech companies. Contact: Bruce D. Hammock, PhD, CEO, EicOsis, LLC, Davis, CA – (530)752-7519 office, (530) 752-8465 (message) (530) 752-1537 bdhammock@ eicosis.com.



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A California public benefit, nonprofit, tax-exempt corporation. Bev Anderson, Editor

P.O. Box 276567 Sacramento, CA 95827-6567 (877) 622-6298 (888) 556-3356 info@WNAinfo.org www.WNAinfo.org WNA Headquarters: admin@WNAinfo.org

Our mission is to provide support, information and referral to people with neuropathy and to those who care about them, to inform and connect with the health care community, and to support research.

Dues - \$30 a year <u>All contributions and dues are tax-deductible.</u>

We are supported by dues-paying members, contributions by members and friends, and occasionally, small grants and fundraisers.

This newsletter is designed for educational and informational purposes only. The information contained herein is not intended to substitute for informed medical advice. You should not use this information to diagnose or treat a health problem or disease without consulting a qualified health care provider. Western Neuropathy Association (WNA) does not endorse any treatments, medications, articles, abstracts or products discussed herein. You are strongly encouraged to consult a neurologist with any questions or comments you may have regarding your condition. The best care can only be given by a qualified provider who knows you personally.