



VA Research Currents

New field advisory group to meet in July

VA's newly formed Field Research Advisory Committee (FRAC) will hold its first meeting July 9 in Washington. The group will provide the Office of Research and Development with input and feedback from investigators and research administrators at VA sites nationwide.

The nine-member group includes five associate chiefs of staff (ACOS) for research, two center directors, a cooperative study chairman, and a non-clinician PhD scientist (*see list following article*). The ACOSs were elected by other ACOSs in their region. The other representatives were elected by VA peers nationwide in similar positions. Also participating in the FRAC will be the chief research and development officer (CRADO), deputy CRADO, and directors of the four research services.

"I view the FRAC as a positive step toward rebuilding the VA research program," said Dr. Jonathan Perlin,

VA's acting under secretary for health, in a May 27 memo. "The group will not only participate in the ongoing management of the program, but also in determining its direction for the future."

Several FRAC members said they see the group as an important measure in restoring the confidence and commitment of VA researchers nationwide after a year of controversial leadership.

"Last year was a difficult year for everyone in the field," said Michael Davey, MD, PhD. "The FRAC is an important step in the healing process. By providing input regarding current operations and participating in strategic planning, the FRAC should be able to bring some stability to VA research that protects it from the such major philosophical swings as triggered in the past by 'top down' directives.

"Change is good and necessary,"

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Fihn of Puget Sound named acting CRADO

Stephan D. Fihn, MD, MPH, a leading VA health-services researcher, has been named the agency's acting chief research and development officer, effective July 5.

Fihn directs VA's Northwest Center for Outcomes Research in Older Adults, based at the Puget Sound VA Health Care System. Investigators there study ways to improve the diagnosis and management of chronic diseases such as heart disease, diabetes and depression.

The recipient of the 2002 Under Secretary's Award for Outstanding Achievement in Health Services Research, Fihn has played a major role in training nearly 150 physicians and scientists to conduct health-services research, and in the past has provided critical guidance to VA decision-makers on issues of health-care delivery.

Update from the Office of Research and Development

VA seeking to expand research on deployment health

By Mindy Aisen, MD, deputy chief research and development officer

Military personnel face many challenges in the course of being deployed to service in foreign lands. With the increasing number of personnel being deployed, VA must be proactive in understanding the consequences of combat and non-combat related deployments on the health of veterans. There are many unanswered scientific questions to be explored regarding all aspects of deployment health. ORD has formulated plans to expand our knowledge base in this topic.

An initial call for research applications related to Gulf War I was recently issued, and a very strong response was received. The most meritorious applications with relevance to this particular deployment will be funded late in fiscal year 2004. Scientists working on problems relevant to other deployments also have opportunities to apply for funding. The Deployment Health Initiative, published on

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added Davey. “However, it must be arrived at by a fair and open process where all stakeholders have a voice.”

Fred Wright, MD, said he sees the FRAC as a two-way forum that will enhance communication and understanding between Central Office and research staff in the field.

“I think the FRAC can be a forum for a really fruitful exchange of information,” he said. “Investigators can learn about some of the constraints that leaders in Central Office have to deal with, and the Central Office leaders can get ideas and feedback from investigators about what is working and what isn’t.”

Wright and the other FRAC representatives will seek input from their constituents—through e-mail groups and other means—regarding key issues the constituents want the advisory committee to address.

“I’m quite sure the FRAC won’t be able to fix everything on July 9,” said Wright, “but I think it will be worthwhile to begin a dialogue about, for example, the need to improve research facilities, the growing burden of regulatory oversight and the adequate funding of the overhead costs crucial to support research.”

John Crabbe, PhD, said he sees the FRAC as a means to tap into the “wisdom and experience” of the field, and help reverse what historically has been a “very hierarchical” decision-making process.

“Major upheavals affecting research, as well as initiatives of a positive sort, have nearly always been initiated top-down with essentially no input from the investigators in the field,” said Crabbe. The only non-clinician FRAC representative, he added, “I hope it will transmit some notions about the realities involved in being a research scientist for a living, so that coordination of research can facilitate and not obstruct the process.”

Who’s on the FRAC?

ACOS/R&D:

- Northeastern Region (VISNs 1, 2, 3): **Fred Wright, MD**, West Haven.
- Mid-Atlantic Region (VISNs 4, 5, 6, 9, 10): **Donald H. Rubin, MD**, Nashville.
- Southern Region (VISNs 7, 8, 16, 17): **Robert Pollet, MD, PhD**, Atlanta.
- Midwestern Region (VISNs 11, 12, 15, 19, 23): **Theodore Goodfriend, MD**, Madison.
- Western Region (VISNs 18, 20, 21, and 22): **Michael Davey, MD, PhD**, Portland.

Center Directors:

- Rehabilitation R&D: **Stephen A. Fausti, PhD**, Portland.
- Health Services R&D: **Stephan D. Fihn**, MD, MPH, Seattle. (Fihn was elected before being named acting CRADO.)

Cooperative Study Chairman:

- **Steven Goldman, MD**, Tucson.

Non-Clinician PhD Scientist:

- **John C. Crabbe, PhD**, Portland.

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our website, is ongoing. All research services are accepting applications for review. (See <http://www.va.gov/resdev/fr/ProgramAnnouncementDeploymentHealthIssues.pdf>)

In addition, Health Services Research and Development will support proposals focused on measuring effectiveness within five major categories related to deployment health: delivery-system organization and processes; population and family characteristics; utilization of a continuum of health services; health and satisfaction outcomes; and health-policy implications. An important goal of this solicitation is to prepare VHA organizations for change and transform VISNs into learning organizations that can efficiently implement evidence-based practices relating to deployment health.

The Rehabilitation Research and Development Service also plans to call for deployment-related research proposals in the near future.

Career milestones

Dr. Andrew V. Schally, senior medical investigator at the New Orleans VAMC, received the French Legion of Honor medal, one of France’s highest honors, at a June 4 meeting of the French Academy of Sciences and the French Academy of Medicine in Paris. In 1977, Schally received the Nobel Prize for Physiology and Medicine for his pioneering research on peptide hormones.

Dr. Peter L. Strick, a neurobiologist at the Pittsburgh VAMC, was elected to membership in the American Academy of Arts and Sciences. Among his lab’s most important discoveries are the six “premotor” areas in the frontal lobe through which the brain projects to the spinal cord to generate movement.

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How America copes with pain...

Study finds troubling rise in use of opiates for chronic pain

Doctors over the past 20 years have quadrupled their prescribing of morphine and other strong opiates for patients with chronic pain—even though no evidence shows these drugs are safe and effective long-term. The finding is from a study by a team at the White River Junction (Vt.) VA Medical Center and Dartmouth Medical School.

The study, appearing in the June issue of *Pain*, compared 89,000 visits to private-practice physicians in 1980 and 1981 with 48,000 visits in 1999 and 2000. The percentage of patients with musculoskeletal pain as their main complaint was about the same in 1980 and 2000—just under 10 percent—but prescriptions for non-steroidal anti-inflammatory drugs (NSAIDs) and opiates increased significantly. Most troubling, said lead author Margaret A. Caudill-Slosberg, MD, PhD, was the jump in the use of strong opiates for chronic pain. Hydrocodone, oxycodone or morphine was prescribed in 9 percent of chronic-pain visits in 2000, versus 2 percent in 1980.

“People say there are benefits [to these strong opiates], and no increased risk of abuse,” said Caudill-Slosberg. “It’s fascinating to see how many times this statement has been perpetuated with no evidence. There are no trials of long-term opiate use in chronic pain.” Caudill-Slosberg, who was a pain specialist outside VA for 20 years, is now a Quality Scholar in the Health Improvement program at White River Junction.

She said opiates may be indicated for chronic pain in some cases—probably those involving chronic inflammatory processes—but guidelines from the American Pain Society and other groups call for the drugs to be used only after a thorough evaluation and after other treatments have failed.

Distinction between acute, chronic pain overlooked

The study, based on data from the National Ambulatory Medical Care Survey, also found a hike in the rate of NSAID use, particularly Cox-II inhibitors. This latest class of NSAIDs, marketed heavily by pharmaceutical firms, is said to be safer than older pain-relievers, such as ibuprofen. But clinical trials have not borne this out. And the new medications cost about eight times as much.

“Their use is not without potential problems over the long term,” said Caudill-Slosberg. “They’re not the ‘golden

child’ people thought they were going to be. They may be safer for the gastrointestinal tract, but there seem to be kidney, liver and cardiac problems.”

The researcher said the nationwide campaign promoting awareness among providers of pain as the “fifth vital sign” and urging patients in pain to seek treatment has not adequately differentiated between acute and chronic pain.

“Both the pain community, which puts out the message, and the pharmaceutical companies, which pay to put out the message, have failed to make the distinction between

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How is pain managed in VA?

Caudill-Slosberg’s study did not look at prescribing habits in VA. On the one hand, the lack of insurance barriers in VA may encourage a multidisciplinary approach. Special clinics such as the Chronic Pain Rehabilitation Program in Tampa and the Chronic Pain Management Program in Long Beach do use exercise, relaxation techniques, psychotherapy and electrical stimulation, along with medications such as aspirin, anti-depressants (which also help pain) and other analgesics. Opiates are avoided when possible, and surgery is seen as a last resort. Pain-clinic teams also address issues such as depression, anxiety, sleep difficulties, sexual problems and disability, which are common in chronic-pain sufferers.

On the other hand, Caudill-Slosberg cited a 2002 study by David J. Clark, MD, PhD, of the VA Palo Alto Health Care System, which found that among 300 veterans with chronic pain, 44 percent were prescribed opiates—often without adequate exams, documentation and follow-up. She noted that VA patients are more likely to have co-morbid conditions that make opiate use more problematic: depression, anxiety, post-traumatic stress disorder.

“The pain experience is made more complicated because suffering is translated into pain for so many people,” said Caudill-Slosberg. “And we can’t always distinguish the source of pain medically, so it’s a very difficult challenge.”

Amputation research focus of QUERI meeting

In May, VA held a “Traumatic Amputation QUERI (Quality Enhancement Research Initiative) Workshop” in Washington, DC, to teach VA rehabilitation researchers the QUERI process—a systematic approach in VA toward identifying evidence-based best practices and integrating them into care—and encourage existing QUERI investigators to pursue studies on amputation and prosthetics.

The meeting addressed the influx of traumatic-injury amputees to Walter Reed Army Medical Center (WRAMC) and the anticipated influx of these amputees into the VA healthcare system. Lt. Col. Paul Pasquina, MD, chief of physical medicine and rehabilitation at WRAMC, said his team’s mission is to “provide the highest quality of care to the soldiers who are willing to put their life in harms way.” As of the meeting, 120 troops had returned from Iraq as major-limb amputees, with one in five having lost more than one limb. A key goal, said Pasquina, is to educate patients and their families about the veteran’s new life as an amputee. He said when family members are inclined to “do everything” for the amputee, this can limit progress and counter the gains achieved in rehabilitation.

The two-day meeting featured remarks from Mindy Aisen, MD, deputy chief research and development officer; Robert Ruff, MD, acting director of Rehabilitation Research and Development; and John Demakis, MD, director of Health Services Research and Development, who retires this month. Key themes expressed by the speakers included the importance of setting policy and protocols based only on concrete scientific data, and the need to ensure a smooth continuum of care between Department of Defense and VA medical facilities.

The event was capped by presentations from clinical working groups charged with developing recommendations on how to apply the QUERI process to amputation care. The groups focused on access to VA care; comorbidities, complications and psychosocial issues; prosthetic prescription, fitting and adjustment; and amputee rehabilitation. View the complete presentations at www.vard.org/meet/queri/jump.htm. ■

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the mechanisms that cause acute and cancer pain and those that cause chronic pain,” said Caudill-Slosberg. “The mechanisms are different and the response [to medication] is different. You can’t expect opiates to help everything.”

Why the increase in opiate use? Caudill-Slosberg said there is not much that doctors can offer in the way of effective substitutes. A multidisciplinary approach that uses exercise, cognitive behavioral therapy and other modalities has shown benefit in studies, but physicians may see this route as too time-consuming. Plus, these treatments are often not covered by insurance.

“It’s a big frustration for physicians,” said Caudill-Slosberg. “The fifth-vital-sign campaign makes them feel they’ve got to do something, and they don’t know what else to do.”

Caudill-Slosberg’s co-authors were Lisa M. Schwartz, MD, and Steven Woloshin, MD. ■

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