Pain catastrophizing and pain-related fear are associated with increased disability and worsened physical functioning among overweight people with knee osteoarthritis, he said. An intervention aimed at improving pain-related fear could improve physical functioning as well. "Cop- ing skills training or cognitive-behavioral therapy could improve these cognitions, but they are challenging to do."

Pain catastrophizing was among the greatest we've seen. We've also studied this in oncology. "Pain cognition, even after controlling for demographics and medical severity, does contribute significantly to pain," Dr. Keefe said. An intervention aimed at improving pain-related fear could improve physical functioning as well. "Coping skills training or cognitive-behavioral therapy could improve these cognitions, but they are challenging to do."

"Pain catastrophizing tends to increase the pain experience and disability. The reason people think it is this is they tend to pull other people into their situation," said Dr. Keefe, who is with the medical psychology division, psychiatry and behavioral sciences department, Duke University, Durham, N.C.

Pain-related fear includes excessive fear of experiencing pain during movement, or kinesiophobia. This phenomenon "is especially important in the obese with os- teoarthritis, and two-thirds of those who smoked, compared with one-third of those who did not smoke, Dr. Todd G. Call reported at the annual meeting of the American Academy of Pain Medicine.

Dr. McNulty said. "We are using it for our hospice patients as a second-line drug." It acts on mu, kappa, and delta opioid receptors and is not act like other pure agonist opioids. It has been proposed that levorphanol acts on both opioid receptors and N-methyl-D-aspartate (NMDA) receptors, which might account for this effect. The drug has a number of advantages. It acts on mu, kappa, and delta opioid receptors and is an NMDA receptor antagonist. The drug relieves neuropathic pain, has a long half-life, and can be administered every 6-8 hours.

Levorphanol’s disadvantages include the lack of a parenteral formulation. It is not ac- tively marketed, so many physicians are not aware that it is available. I would suggest, based on this, that if methadone works then levorphanol might be an option," Dr. McNulty said. "We are using it for our hospice patients as a second-line drug."

Dr. McNulty disclosed that he had no financial conflicts of interest.

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