

The Mayday Fund
2007 Annual Report
January 21, 2008

Letter from The Trustees

2007 marked an exciting year for The Mayday Fund. The Fund's dedication, to alleviate the suffering caused by human physical pain, once again attracted inspired proposals that span the entire human life cycle. Our grantees search for ways to understand and relieve pain in children, pain in adults, and chronic pain across the ages.

A number of our grants constructed networks that involved multiple sites and professional groups. In the spring, we contributed to a consensus meeting where pediatricians from across the US met to explore best treatments for children with Complex Regional Pain Syndrome, one of the mystery chronic pain conditions resistant to treatment. Mayday also supported an Illinois sickle cell hospital network, which brings together teams at three emergency departments to develop treatment protocols and an alert system to address the, often too long, waits that patients experience during a break-through pain episode. In Iowa, the Fund assisted a network of rural emergency departments to advance timely and effective care of children statewide. And, complementary to the increasing recognition of palliative care as a critical and important component in the toolbox of medicine, we contributed to a demonstration project to collect evidence of palliative care's impact and effect.

In the arena of pediatric pain, creativity is emerging as one of the key components in designing better patient care. For example, Mayday continues its support of the study at the Children's Hospital of Boston on 'Headache and Sleep Disruption,' where an actigraph, or watch-like activity monitor, is used to measure sleep behaviors. One of our newest projects will study the effectiveness of 'Buzzy – the Boo Boo Bee,' a distraction device to be used during immunization and venupuncture. In these studies, we hope to explore the role that new technologies might play in both diagnosis and care delivery.

Within the pain field, questions that surround the use of opioids have riveted public attention on the abuse of both drugs and prescribing powers. Counterarguments focus on the relief that opioids provide and the quality of life they make possible. Similarly, breaking news about dangerous side effects and medical liability suits have become factors to be weighed in developing care plans, especially for the chronic pain conditions that seem to defy diagnosis and treatment. Cultural attitudes that counsel stoicism or the need to 'brave it out' factor here, as does a lingering resistance to seeing chronic pain as a public health challenge.

To begin to address these challenges the Fund made a grant to the 'Pharmacy Pain Consensus Project,' under which a forum was created. The intent is to provide an environment where the issues may be more responsibly addressed and where practice guidelines for pharmacists will be developed. On the specific issue of the quality of evidence supporting opioid use, Mayday is funding a study to test the 'Incidence and Risk Factors for Loss of Opioid Effectiveness with Chronic Use' that draws on a population-wide United Kingdom medical record database. To help physicians better understand the complexity of the issues involved with opioid prescribing, the Fund contributed to the publication of the book, *Responsible Opioid Prescribing: A Physician's Guide*. And, to help the broader public better understand the balance that may be struck between pain relief and concerns about abuse, the Fund made a contribution to the Center for Bio-Ethics 'Balance Initiative.'

One of our goals has been to improve the care of pain at the bedside. The Nursing Home is one place where the dilemma of prescribing and administering pain medications is quite obvious. Studies indicate that up to 80% of nursing home residents suffer from unrecognized or undertreated pain. When the Center

for Medicare Studies polled its state organizations to choose three areas to focus on as they build programs to insure quality of care, 49 of the 50 states choose pain management as a target. To respond to the educational needs of nurses, we asked if the Fund might join The Atlantic Philanthropies and The John A. Hartford Foundation in their National Nursing Home Collaborative Project. Mayday was responsible for adding a Task Force to the planning stage of this nationwide initiative to develop a reservoir of tools and strategies to improve pain treatment. Our hope is that, by inserting provisions for better pain care at the beginning of the project, we will construct a resource that may be adopted by any long-term care institution.

Another aspect of care at the bedside is the increasing role technology plays in understanding how pain registers in the brain. At the end of 2007, the Fund supported a project at Massachusetts General Hospital to study the use of Infrared Spectroscopy in the Operating Room and explore an objective reading of pain while a person is under anesthesia.

Our multiyear grants from last year continue to probe the complexity of treating pain. The projects tackle issues like cognitive impairment and the challenge it poses to conventional methods of assessing pain, pediatric burn pain, and the difficult question of whether chronic pain is a possible side effect of aggressive cancer treatment. We look forward to seeing these projects spawn new areas of research and create more effective ways to treat pain. Furthermore, we see the potential of seed monies from Mayday to produce larger grants from government agencies as well as our fellow foundations.

As we begin 2008, we look forward to reviewing the proposals we receive. We anticipate supporting projects that are innovative and with the potential for a high yield in improved pain care. We remain deeply appreciative of the work that our grantees do and continue to encourage them to advocate for those they treat.

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