control dyspnea and anxiety to avoid end-of-life suffering.

## Effective Treatment of Post-Herpetic Neuropathy With Scrambler Therapy, Patient-Specific Neurocutaneous Electrical Stimulation (311-C)

Thomas Smith, MD, Johns Hopkins Health System, Baltimore, MD. Giuseppe Marineo University of Rome Tor Vergata, Rome Italy. Patrick Coyne, MSN APRN FAAN, Virginia Commonwealth University, Richmond, VA. Patricia Dodson, MA BSN RN CCRC, Virginia Commonwealth University, Richmond, VA.

(All authors listed above for this session have disclosed no relevant financial relationships with the following exception: Marineo received a royalty from CTTC for his role in intellectual property (patent).)

## **Objectives**

- 1. Recognize the incidence and severity of postherpetic neuralgia.
- 2. Recognize the effectiveness of patient-specific neurocutaneous electrical stimulation with Scrambler Therapy.

Background. Post-herpetic neuropathy (PHN) or post-shingles pain affects at least 7%-19% of shingles patients with increasing frequency by age. To date, no therapy has been uniformly effective in either preventing or treating PHN. Therapies such as gabapentin, tricyclic antidepressants, or pregabalin plus transcutaneous electrical nerve stimulation (TENS) reduce pain in about one-third of patients but have side effects and require ongoing treatment. Scrambler therapy has been effective for refractory chemotherapy induced peripheral neuropathy and refractory neuropathic pain.

**Research objectives.** To determine the effectiveness of Scrambler Therapy on PHN.

**Method.** Each person was treated for 30-45 minutes as an outpatient for 10 working days. The patients in Italy were treated with Scrambler Therapy on the randomized trial, and patients in Virginia were treated on an open access trial, MCC 13098. All patients gave informed written consent and all studies were approved by the relevant ethics board.

**Result.** We treated 10 patients with long standing established PHN and observed a dramatic reduction in pain. The patient mean age was

 $54 \pm SD$  13 years, 6 men and 4 women, with a mean duration of PHN for 15.6 months (range, 2.5-48 months) without satisfactory relief despite conventional drugs.

Conclusion. Average pain score rapidly diminished from 7.64 ± 1.46 at baseline to 0.42 ± 0.89 at one month, a 95% reduction, with continued relief at 2 and 3 months. Patients achieved maximum pain relief with less than 5 treatments. Most patients were able to stop or reduce their pain medicines completely. Five of 10 patients had complete disappearance of pain which has continued. As in other trials of Scrambler Therapy, no side effects were observed.

Implications for research, policy, or practice. Scrambler therapy appears to be quickly and dramatically effective for refractory PHN.

## Palliative Care in Nursing Home Settings: An Educational Intervention For Nurse Practitioners (312-A)

MariJo Letizia, PhD, Loyola University Chicago, Maywood, IL.

(Letizia has disclosed no relevant financial relationships.)

## **Objectives**

- 1. Describe the planning and implementation of an innovative online palliative care educational program involving an academic/industry partnership.
- Identify results of the educational program, including improvement in knowledge and reported confidence in delivering palliative care.
- Discuss lessons learned, including online technological and operational challenges and successes.

Background. The nursing home is a major setting for death and dying in the U.S., yet palliative care approaches are underused in these facilities. Nurse Practitioners working in nursing homes are well-suited to provide this care but most have not been formally educated about this specialty practice. This session describes the development, implementation, and evaluation of an online Palliative Care course to better prepare NPs across the country to direct and deliver high-quality palliative care to patients and families in nursing home settings.