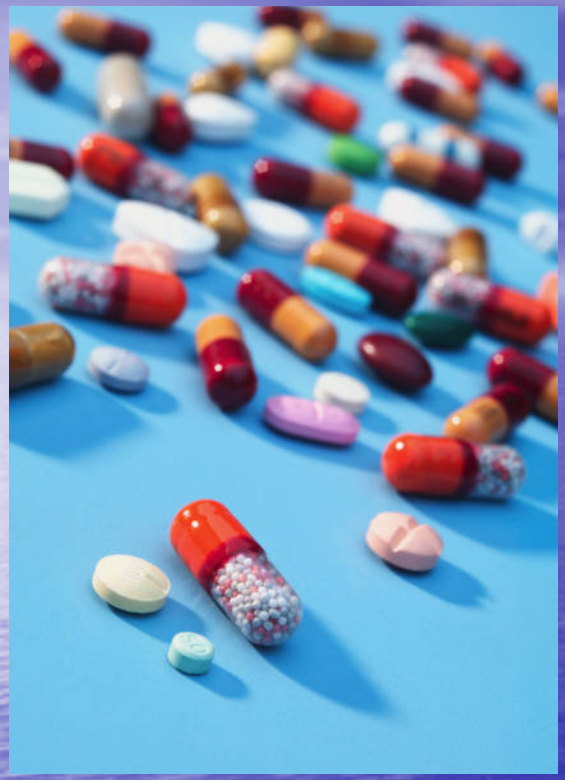

Opioid Pain Management

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INTRODUCTION

- Increased awareness to public and physicians concerning pain management
- Many advancements in past 2 decades.
- Increased headlines concerning opioid abuse and addiction
- Successful cases brought against physicians for over prescribing AND under prescribing necessary uploads.

Undertreatment vs. Rx Abuse

Undertreated Pain

- 19% of Americans have chronic pain, 34% with recurrent pain
  - 63% sought help for pain, only 31% report "a great deal" or better pain relief.

    - Telephone survey by ABC News, USA today, Stanford Univ. Medical Center

Prescription Misuse and Abuse

- Hydrocodone most commonly abuse, 2nd is Oxycodone
- Prescription drug abuse among teens increased 542% between 1992 and 2002
  - 124% in adults.
    - National Center on Abuse

Abuse Potential

- More preferred drugs of abuse:
  - High peaking, rapid-onset formulations
  - Duration of the high
  - Pill form “convenence”
  - Availability

Source of Diverted Drugs

- NSDUH study (2007):
  - 56.5% "from a friend" for free
  - 8.9% bought from friend or relative
  - 18% from one doctor
  - 4.1% from a drug dealer
  - 0.5% from the internet

  - Others: robbery, employee theft, courier theft

Physician Risk for Rx's

- 2003 DEA review of 56 reviewed registrations:
  - Loss of licence
  - Fraud
  - Prescriber abuse
  - Sex in exchange for rx's
  - Rx without seeing patient

  - **In majority of cases, doctor-patient relationship did not exist.**

Physician Risk for rx's

- **Risk of action against a physician for prescribing opioid for chronic pain is small when adequate documentation exists is medical record.**

- **Fear of DEA intervention may contribute to undertreatment.**

Physician Risk for rx's

- Law enforcement will only prosecute for intentional criminal activity outside legitimate professional practice.

- Between 7/99-6/02, total of 10 physicians had disciplinary action taken against them, but all cases had multiple other violations.


arshmallow
luff

Chronic Opioid Analgesic Therapy

Inclusion and Exclusion Criteria

- Inclusion:
  - Severe pain requiring rapid relief
  - Chronic pain unresponsive to other analgesics options and adjuvants
  - Suicidal risk secondary to pain

Inclusion and Exclusion Criteria

- Exclusion:
  - Allergic sensitivity (absolute)
  - Addiction risk factors and previous failure to opiate therapy and relative contraindications.

Inclusion and Exclusion Criteria

- Red flags:
  - Pain intensity 10/10
  - Emotional distress
  - Poor coping skills
  - Poor employment skills
  - Long term reliance on health care professionals
  - Poor perceived social support

Opiate Therapy Benefits

- Improved quality of life
- Great pain relief for all types of pain
- Higher treatment satisfaction

Opiate Therapy Risks

- Toxicity
- Addiction
- Hyperalgesia
- Withdrawal problems
- Most Common: Constipation, nausea, and somnolence
- Immune and endocrine effects???

Addiction

- Risk factors:
  - Genetic- biological parent abuses drugs
  - Environmental- dysfx family system, contact with high risk people
  - Drug induced
  - Cross-addiction
    - Smokers (2007 NSDUH study showed 20.1 vs. 4.1 past month cigg smokers used illicit drugs.)
    - EtOH

Addiction

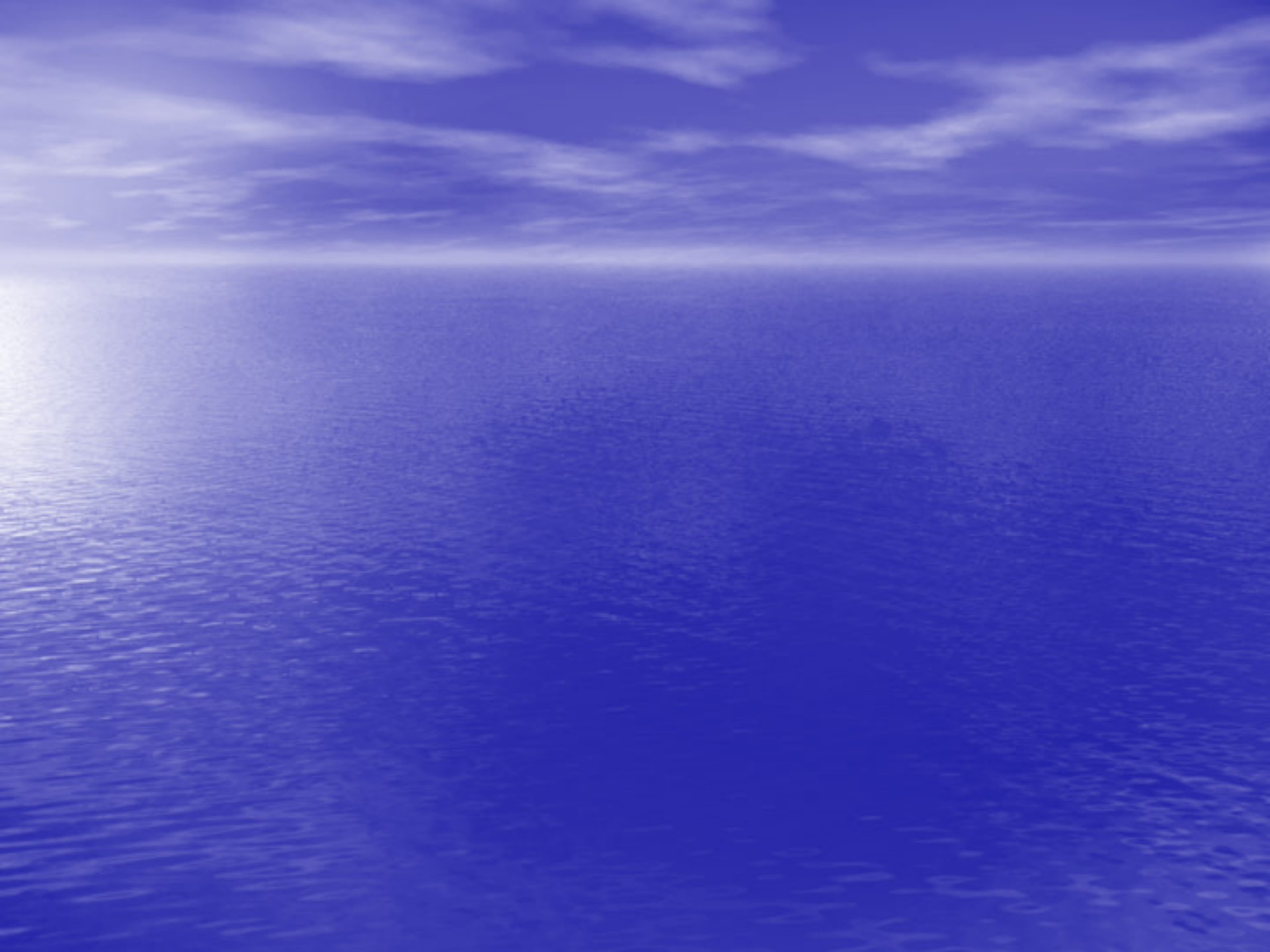
- Prevalence of Addiction
  - Estimated at 3% (note 16% for alcoholism and 5-6% for other substances)

Tolerance

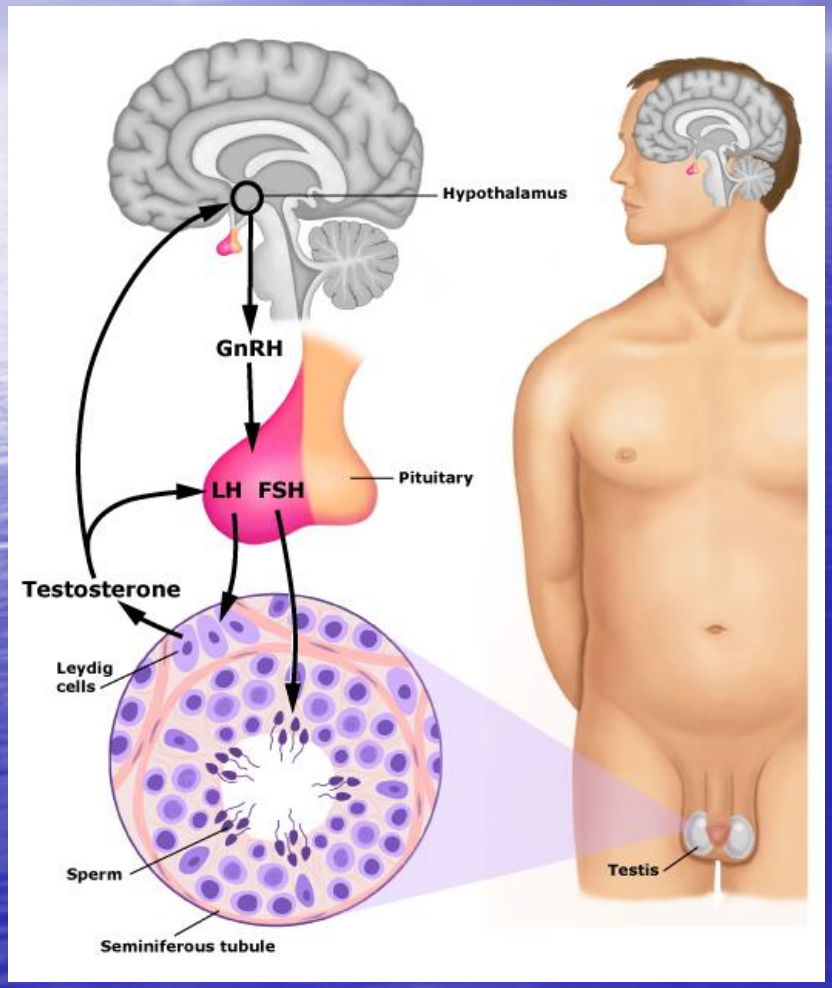
- "states of adaption in which exposure to a drug induces changes that result in a diminution of one or more of the drug's effects over time"
- Can be beneficial or problematic.
- May also indicate: increased functional activity, emotional distress, drug interactions, progression or new disease state

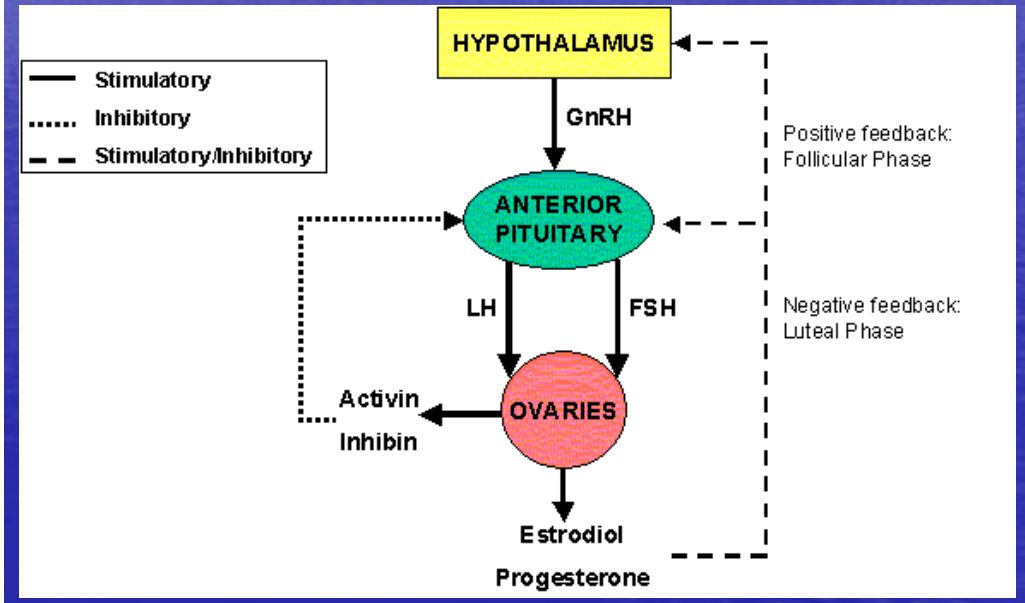
Opioid Induced Endocrinopathy

- Sex Hormone deficiency:
  - Anemia
  - Decreased libido
  - Decreased muscle masss
  - Depression
  - Erectile dsfunctin
  - Fatigue
  - Menstrual irregularies
  - Osteoporosis
  - Vasosmotor instabiity
  - Weight gain
- Cortisol Deficicenty- decreased response to stress



Opioid Induced Endocrinopathy





Prescribing Guidelines

- Screening
- Initiation of Therapy
- Opioid Rotation
- New Opiate Products
- Monitoring and Periodic Review
- Options for discontinuation of therapy

Screening

- Screener and Opioid Assessment for Patients with Pain-revised (SOAPP-R)
- Opioid Risk Tool (ORT)

- Medical records should be transparent to review and show that physician was aware of risk involved and had a plan for risk management which was communicated with patients.

Screening-SOAPP-R

- SOAPP®-R is a quick and easy-to-use questionnaire designed to help providers evaluate the patients' relative risk for developing problems when placed on long-term opioid therapy.

Screening-SOAPP-R

- Simple pencil and paper questionaire
- 24 items, easy to score
- Quick (<10 minutes)
- A score of 18 or higher is cutoff to determine amount of concern likely required during course of treatment.

Screening-ORT

- Questionnaire to assess abuse risk:
  - Asks about history of personal and family substance abuse, age, sexual abuse, and psychiatric disorders

Behavior Patterns sugg. of abuse

- Cigararette smoking
- Absenteeism from school or work
- Frequent job changes
- Family problems
- Mental health problems
- Suicide attempt history
- Hx child abuse
- Frequent trauma
- Blackouts/memory loss

Initiating Opioid therapy

- Short-acting opioids
  - Good for initial dose-finding during intial treatment
  - Need for repeated dosing
  - Providing PRN dosing may reinforce compulsive use
  - No specific advantage of one over other
  - May sometimes see withdrawal symtoms regulary when used alone

Initiating therapy-short acting

- Start low, go slow!!!
- Titrate to increasing dosage by 30-50% every 3 to 4 days, based on therapeutic response and side effects
- Limitation should be noted to non-opioid components (acet, Ibu)
- When >4 doses required, consider long acting.

Short acting opioid analgesics

- Codeine (Tyle #3, 4, Tylox)
- Propoxyphene (Darvon)
- Hydrocodone (Vicodin, Norco, Lorcet)
- Hydromorphone (Dilaudid)
- Morphine (MSIR)
- Oxycodone (OxyIR, Percocet)
- Tramadol (Ultram)
- Oxymorphone (Opana)
- Fenanyl (Actiq)- cancer pain only!!!

Long Acting Opioids

- Pharmaceutically vs. Pharmacologically long acting
- Allow for more stable blood levels
- Less intense side effects
- Less frequency
- Often improve sleep
- Usually administered along with short acting

Long Acting Opioids

- Disadvantages:
  - Delayed onset of action
  - Risk for "dumping" if broken, chewed or crushed, or taken with EtOH

Long Acting Opioids

- Fentanyl (Duragesic patch)
- Methadone*** BE CAREFUL!!!
- Morphine (Avinza, Kadian, MS Contin)
- Oxycodone (OxyContin)
- Oxymorphone (Opana ER)
- Tramadol (Ultram ER)

Other stuff

- Topical gel (morphine, hydromorphone)

Opioid Rotation

- Substitution of one opioid for another to achieve better balance between analgesia and side effects
  - Poorly controlled pain
  - Unmanageable side effects
  - Opioid hyperalgesia
  - Different people genetically may respond differently to various opioids

The 4 A's

- Every f/u, all much be addressed
  - Analgesia
  - Adverse effects
  - ADL's
  - Aberrant behavior

Adherence Monitoring

- Pain scale (1-10)
  - Even 20% improvement is significant
  - Better to ask, “with new treatment, what are doing now that you couldn’t before”, rather than, “how are you feeling” (Frank ex)

Monitoring

- Pill counts
- Urine screens
- Prescription monitoring programs

Aberrant Behavior

- Red flags:
  - Selling drugs
  - Forgery of rx
  - Multiple "lost" or "stolen" rx's
  - Concurrent EtOH abuse
  - Repeated resistance to change in meds
- Seeking rx from other physicians
- Non-adherence to mediation regimen
- Returning for early refills of meds
- "borrowing" meds from a friend

Opioid Treatment Agreements

- Common but controversial
- Protection for physician
- Specifies rules for patient to obey to continued treatment

Urine Samples

- Immunoassay
  - Quick
  - Non-specific
- Gas Chromatography/mass spectrometry confirmatory testing
  - Sent to lab
  - Can distinguish with best accuracy.

Opioid Discontinuation (for aberrant behavior)

- Buprenorphrine (Suboxone)
- Methadone maintenance program

Final thoughts…

- Consider patient selection and risk stratification
- Make every effort to obtain old medical records
- Inofrmed consent and signed opioid therpay agreement
- Individualized dosing and titration
- Use non-opioid adjuvents

Final thoughts…

- Use long acting WITH short acting
- Use the 4 A’s
- Get initial and random drug screens
- Exit strategy
- DOCUMENT!!!!