Effective Management of Chronic Pain

D. Janene Holladay, M.D.

Board Certifications:

American Board of Anesthesiology

American Board of Pain Medicine

American Board of Addiction Medicine

Financial Disclosure

- I have no relevant financial relationships to report

Complexities of Treating Chronic Pain

History

- Depression and/or anxiety
- Drug abuse or dependence
- Physical and/or sexual abuse
- Non-compliance previous treatment

Challenges

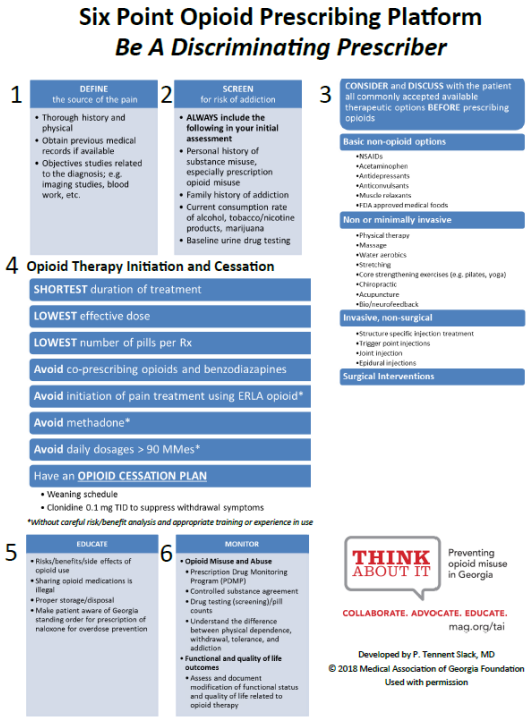
- Unexpected response to treatment
- Avoidance of family, work, or social responsibilities
- Deciphering real vs. perceived issues
- Progression of pain/condition

Goals of Treatment

- Reduce Pain
- Define “success”
- Focus on function
- Quality of life
- Reduce medication
- Right combination/multi-modal
- Prevent future symptoms

Effective Management
Six Point Opioid Prescribing

- Define & Assess
- Screen
- Treatment options
- Initiation & cessation
- Educate
- Monitor



DEFINE
the source of the pain

- Thorough history and physical
- Obtain previous medical records if available
- Objective studies related to the diagnosis; e.g. imaging studies, blood work, etc.

SCREEN
for risk of addiction

- **ALWAYS include the following in your initial assessment**
  - Personal history of substance misuse, especially prescription opioid misuse
  - Family history of addiction
  - Current consumption rate of alcohol, tobacco/nicotine products, marijuana
  - Baseline urine drug testing

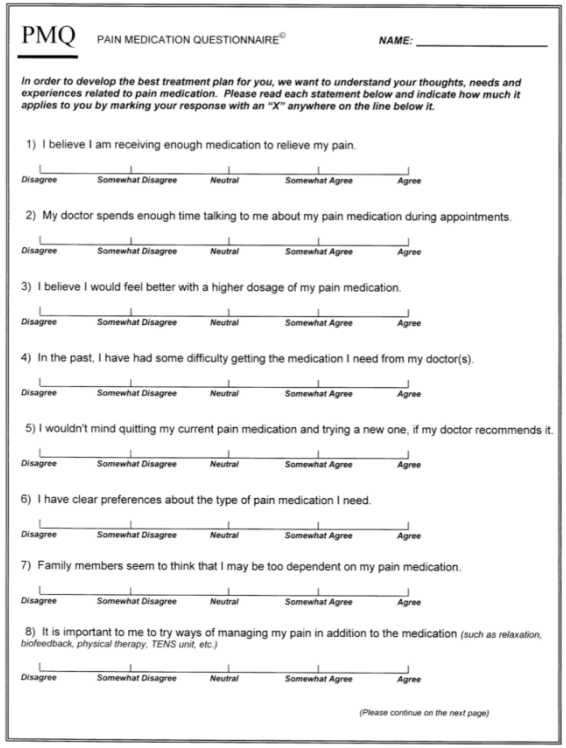
Opioid Risk Tool (ORT)

Opioid Risk Tool

This tool should be administered to patients upon an initial visit prior to beginning opioid therapy for pain management. A score of 3 or lower indicates low risk for future opioid abuse, a score of 4 to 7 indicates moderate risk for opioid abuse, and a score of 8 or higher indicates a high risk for opioid abuse.

Mark each box that applies	Female	Male
Family history of substance abuse		
Alcohol	1	3
Illegal drugs	2	3
Rx drugs	4	4
Personal history of substance abuse		
Alcohol	3	3
Illegal drugs	4	4
Rx drugs	5	5
Age between 16—45 years	1	1
History of preadolescent sexual abuse	3	0
Psychological disease		
ADD, OCD, bipolar, schizophrenia	2	2
Depression	1	1
Scoring totals		

Pain Management Questionnaire (PMQ)



PMQ PAIN MEDICATION QUESTIONNAIRE© NAME: _____

In order to develop the best treatment plan for you, we want to understand your thoughts, needs and experiences related to pain medication. Please read each statement below and indicate how much it applies to you by marking your response with an "X" anywhere on the line below it.

1) I believe I am receiving enough medication to relieve my pain.

Disagree — Somewhat Disagree — Neutral — Somewhat Agree — Agree

2) My doctor spends enough time talking to me about my pain medication during appointments.

Disagree — Somewhat Disagree — Neutral — Somewhat Agree — Agree

3) I believe I would feel better with a higher dosage of my pain medication.

Disagree — Somewhat Disagree — Neutral — Somewhat Agree — Agree

4) In the past, I have had some difficulty getting the medication I need from my doctor(s).

Disagree — Somewhat Disagree — Neutral — Somewhat Agree — Agree

5) I wouldn't mind quitting my current pain medication and trying a new one, if my doctor recommends it.

Disagree — Somewhat Disagree — Neutral — Somewhat Agree — Agree

6) I have clear preferences about the type of pain medication I need.

Disagree — Somewhat Disagree — Neutral — Somewhat Agree — Agree

7) Family members seem to think that I may be too dependent on my pain medication.

Disagree — Somewhat Disagree — Neutral — Somewhat Agree — Agree

8) It is important to me to try ways of managing my pain in addition to the medication *(such as relaxation, biofeedback, physical therapy, TENS unit, etc.)*

Disagree — Somewhat Disagree — Neutral — Somewhat Agree — Agree

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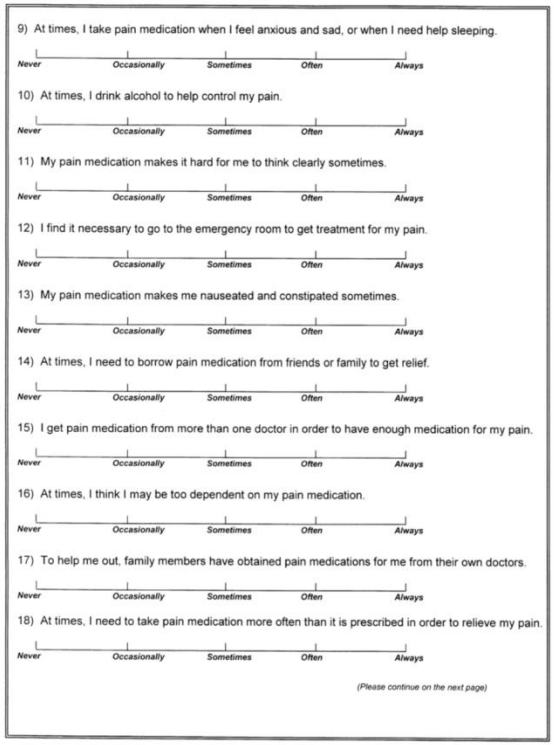

9) At times, I take pain medication when I feel anxious and sad, or when I need help sleeping.

Never — Occasionally — Sometimes — Often — Always

10) At times, I drink alcohol to help control my pain.

Never — Occasionally — Sometimes — Often — Always

11) My pain medication makes it hard for me to think clearly sometimes.

Never — Occasionally — Sometimes — Often — Always

12) I find it necessary to go to the emergency room to get treatment for my pain.

Never — Occasionally — Sometimes — Often — Always

13) My pain medication makes me nauseated and constipated sometimes.

Never — Occasionally — Sometimes — Often — Always

14) At times, I need to borrow pain medication from friends or family to get relief.

Never — Occasionally — Sometimes — Often — Always

15) I get pain medication from more than one doctor in order to have enough medication for my pain.

Never — Occasionally — Sometimes — Often — Always

16) At times, I think I may be too dependent on my pain medication.

Never — Occasionally — Sometimes — Often — Always

17) To help me out, family members have obtained pain medications for me from their own doctors.

Never — Occasionally — Sometimes — Often — Always

18) At times, I need to take pain medication more often than it is prescribed in order to relieve my pain.

Never — Occasionally — Sometimes — Often — Always

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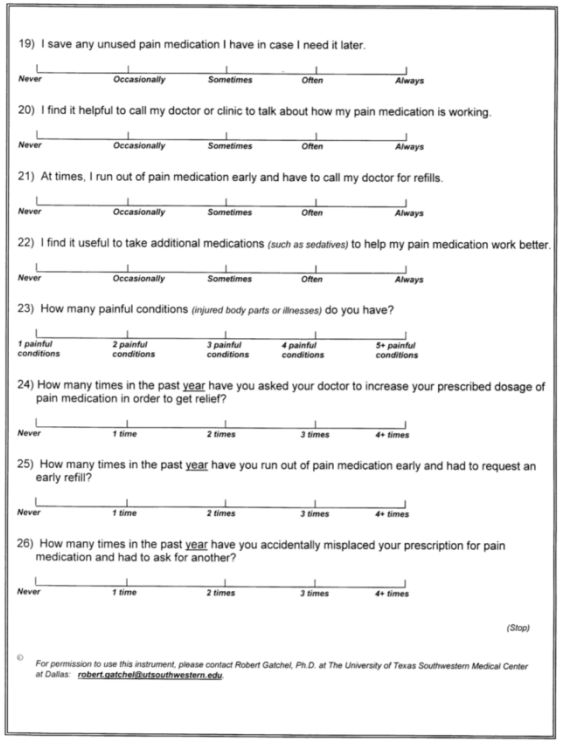

19) I save any unused pain medication I have in case I need it later.

Never — Occasionally — Sometimes — Often — Always

20) I find it helpful to call my doctor or clinic to talk about how my pain medication is working.

Never — Occasionally — Sometimes — Often — Always

21) At times, I run out of pain medication early and have to call my doctor for refills.

Never — Occasionally — Sometimes — Often — Always

22) I find it useful to take additional medications *(such as sedatives)* to help my pain medication work better.

Never — Occasionally — Sometimes — Often — Always

23) How many painful conditions *(injured body parts or illnesses)* do you have?

1 painful conditions — 2 painful conditions — 3 painful conditions — 4 painful conditions — 5+ painful conditions

24) How many times in the past year have you asked your doctor to increase your prescribed dosage of pain medication in order to get relief?

Never — 1 time — 2 times — 3 times — 4+ times

25) How many times in the past year have you run out of pain medication early and had to request an early refill?

Never — 1 time — 2 times — 3 times — 4+ times

26) How many times in the past year have you accidentally misplaced your prescription for pain medication and had to ask for another?

Never — 1 time — 2 times — 3 times — 4+ times

(Stop)

CONSIDER and **DISCUSS** with the patient all commonly accepted available therapeutic options **BEFORE** prescribing opioids

- Basic non-opioid options
- Non or minimally invasive alternatives
- Invasive, non-surgical
- Surgical interventions

Opioid Therapy Initiation and Cessation

SHORTEST duration of treatment

LOWEST effective dose

LOWEST number of pills per Rx

Avoid co-prescribing opioids and benzodiazepines

Avoid initiation of pain treatment using ERLA opioid*

Avoid methadone*

Avoid daily dosages > 90 MMes*

- Naloxone should be considered at doses great than or equal to 50 MMes/day

Have an **OPIOID CESSATION PLAN**

- Weaning schedule
- Clonidine 0.1 mg TID to suppress withdrawal symptoms

EDUCATE

- Risks/benefits/side effects of opioid use
- Sharing opioid medications is illegal
- Proper storage/disposal
- Make patient aware of Georgia standing order for prescription of **naloxone** for overdose prevention

MONITOR

- **Opioid Misuse and Abuse**
  - Prescription Drug Monitoring Program (PDMP)
  - Controlled substance agreement
  - Drug testing (screening)/pill counts
  - Understand the difference between physical dependence, withdrawal, tolerance, and addiction
- **Functional and quality of life outcomes**
  - Assess and document modification of functional status and quality of life related to opioid therapy

Medication Compliance Agreements

- Outlines safe opioid practices
- Sets expectations
- Informs patient when/how to contact practitioner in case of unexpected medication change
- Improve medication adherence

The Patient Agrees to …

Comply	Understand	Do	Don't

• Psychological evaluation & treatments PRN
• Primary Care Provider to treat other co-morbidities
• Screening
  • Pill counts
  • Urine drug screens
	• Prescriptions are not mailed
	• Narcotics will not be called in
	• No replacement prescriptions
		• Consider non-narcotic treatment
		• Maintain prescribed dosing schedule
		• Have a working telephone
		• Return unused medications
		• Use only one pharmacy
			• Use illegal drugs
			• Drive while on narcotics, sedatives, or alcohol
			• Share medications
			• Take medications not prescribed
			• Get narcotics from other providers

Important

You do NOT have to prove diversion and/or addiction to stop opioid therapy.
Stop opioid therapy if:

- No benefit is apparent
- Cannot keep medications safe
- Unwilling or unable to comply
- Addiction
- Illegal activity
- Abusive or violent behavior

Referrals to Pain Management

Indications for Referrals to Pain Management

- Any patient on **narcotics** for more than **6 weeks**
  - Especially post-op patients who continue to ask for opioids
- Any patient on more than **20 to 30 MED**

• ***Early referrals are key*** •

Signs of Misuse & Abuse

Characteristics	"Requests"	Prior Treatments	Complaints	Other Signs
• Out of state • Tests positive for illegal drugs • Drug screen reveals no prescribed medications • Non-compliant with treatment plan • No insurance • Pays in cash	• Specific drug • Alternative drugs "don't work" • Allergic to everything except narcotics • Early refills • Routinely lost or stolen prescriptions	• Records are not available • Previous physician "closed practice" • Can't afford a MRI or other diagnostic tests	• Condition that is hard to recognize • Textbook symptoms • Unchanged pain levels • Young with "lifelong" chronic pain	• Accompanied by overbearing companion who wants to talk for the patient • Carpools with other patients

What Physicians Can Do to Avoid Diversion

Patient Strategies	Provider Strategies	Other Strategies

• Utilize urine drug screens
• Screen for depression and abuse
• Establish realistic expectations
• Require return of unused medications
• Pill counts
• Universal monitoring
	• Communication with other providers
	• Documentation
	  • Non-compliance
	  • Medication issues
	  • Missed Appointments
	• Safeguard Rx pad
		• Medication compliance agreements
		• Check PDMP

Keep in mind that a patient that is suspected of abuse or addiction does not necessarily need to be discharged from care.

Medication Compliance Agreements

Purpose	Elements	Do	Don't	No

• Safe opioid practices
• Sets expectations
• Improves medication adherence
• Informs patients when/how to contact provider in case of unexpected medication changes
	• Psychological evaluation and treatment PRN
	• Primary care provider
	• Screening
	  • Urine screens
	  • Pill counts
		• Consider non-narcotic alternatives
		• Maintain prescribed dosing schedule
		• Have a working phone number
		• Return unused medications
		• Use only one pharmacy
			• Obtain narcotics, benzodiazepines, or soma from any other clinic or provider without prior notification
			• Use illegal drugs
			• Drive while on narcotics, sedatives or alcohol
			• Share medications with others
			• Take medications not prescribed for them
				• Mailed Rxs
				• Narcotics called in
				• Replacement prescriptions

Points to Remember

Take Home Messages

- Opioids are NOT the first line treatment option for chronic pain
- Don't mix narcotics and benzodiazepines
- Be a discriminating prescriber
- Early referral to Pain Management Specialist as indicated
- Know the signs of misuse and abuse
- Use a medication compliance agreement
- Take appropriate actions to avoid diversion