Managing Pain and the Opioid Epidemic

REBECCA COGWELL ANDERSON, PH.D.
PROFESSOR, DIRECTOR INTEGRATED MENTAL HEALTH IN PAIN MANAGEMENT

Managing Expectations in a changing Prescribing Environment: Part 1

- Understanding how we got to this dilemma and CDC guidelines
- Understanding Opioid Induced Hyperalgesia
- Making the case to the patient
  - Expectations and options
- Opiates and Alcohol and Other Drug (AODA) treatments
- Behavioral and integrated approaches to pain management.

Opioid Safety and Effectiveness

THE WALL STREET JOURNAL.
WSJ.com

U.S. NEWS | Updated December 17, 2012, 11:36 a.m. ET

A Pain-Drug Champion Has Second Thoughts

By THOMAS CATAN and EVAN PEREZ

More than 16,000 people die from opioid overdoses every year. Now, Dr. Russell Portenoy, who campaigned for wider prescription of pain medications like Vicodin, Oxycontin and Percocet, is having second thoughts. WSJ's Thomas Catan reports. Photo: Bryan Thomas.

It has been his life's work. Now, Russell Portenoy appears to be having second thoughts.

Wall Street Journal, December 2012

- "Dr. Portenoy and other pain doctors who promoted the drugs (opioids) say they erred by overstating the drugs' benefits and glossing over risks."
- "Clearly, if I had an inkling of what I know now then, I wouldn't have spoken in the way that I spoke. It was clearly the wrong thing to do." – Dr. Portenoy
- "Data about the effectiveness of opioids does not exist." – Dr. Portenoy

Post-op Opioid Requirements

- Prescription Opioid Analgesics Commonly Unused After Surgery. A Systematic Review. Bicket, MC, et al. JAMA Surgery, 2017
  - Review of 6 studies with a total of 810 patients undergoing ortho, trauma, OB and general surgery procedures
  - 67-92% of patients reported unused opioids
  - Of all opioid tablets, 42-71% went unused
  - Ortho specific: 25% of patients had >/= 200 OME leftover 1 month post-op; 20% stopped taking opioids by POD 2
  - 71-83% reported not taking or finishing opioid prescription because of adequate pain control
  - >90% of patient did not dispose of medications in FDA recommended manner

2016 CDC Guideline for Prescribing Opioids for Chronic Pain

1. Non-pharmacologic therapy and non opioid pharmacologic therapy are preferred
2. Before starting opioid therapy for chronic pain, goals for pain and function should be established
3. Risks and benefits of opioid therapy should be discussed prior to initiation
4. When opioids are needed, immediate-release opioids should be used

Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: http://dx.doi.org/10.15585/mmwr.rr6501e1

2016 CDC Guideline for Prescribing Opioids for Chronic Pain

5. Lowest-effective dose should be prescribed
6. No greater than the quantity needed should be prescribed for acute pain
7. 3 or less days should be sufficient for acute pain
8. Benefits and harms should be evaluated within 1-4 weeks of starting opioid therapy
9. PDMP data should be reviewed prior to prescribing opioids

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2016 CDC Guideline for Prescribing Opioids for Chronic Pain

10. When prescribing for chronic pain, clinicians should use urine drug testing prior to starting opioid therapy and at least annually
11. Avoid concurrent opioid and benzodiazepine prescribing
12. Clinicians should offer or arrange evidenced-based treatment for patients with opioid use disorder

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Opioid Safety

Common side effects of opioid medications

- Tolerance
- Physical dependence
- Respiratory depression
- Opioid induced hyperalgesia
- Depression
- Sleep disturbances
- Constipation, nausea, vomiting
- Itching
- Sweating
- Confusion and cognitive slowing
- Dizziness and increased risk of falls
- Increased risk of Coronary Heart Disease and Cardiovascular Disease death
- Increased risk of osteoporosis and fracture
- Decreased levels of testosterone
- Weight gain and worsening diabetes
- Immune suppression

Opioid-Induced Hyperalgesia (OIH)

- Opioid-Induced Hyperalgesia. Opioid therapy can cause this condition, which results in heightened sensitivity to pain. OIH occurs when an increased use of opioids (such as morphine, oxycodone and hydrocodone) results in a reduced tolerance for pain and an increased sensitivity to discomfort. Chronic pain sufferers may not understand that this is happening and may seek to increase their dosage.

Provider Skills

- Rapport
- Listening
- Serving as an educator
- Providing re-assurance
- Explaining the plan and helping the patient feel less vulnerable

Talking to the Patient about Opioid-Induced Hyperalgesia and/or a Taper

- Confusion
  - "Why is this an issue NOW?"
  - "I have been safely taking for years!"
- Questions
  - "What are you going to do for me now?"
- Anger
- Tears
- Fears

Setting Expectations

- Reasonable expectations
  - We are talking about pain management likely not pain elimination
- The time element (might be worse before it is better)
- Setting the expectation of a new and different way to manage the pain which could include multiple options
  - Other medications
  - Procedures
  - Integrative approaches
  - Devices
  - Self-care by patient
- Selling the ideal of a sense of internal control on the part of the patient

Some patients may have an addiction to manage

- Alcohol and Other Drug (AODA) treatment approaches
  - In patient Detox
  - Intensive Outpatient program (IOP) or partial hospitalization
  - After care
  - Individual therapy with AODA counselor
  - AA, NA, SMART Recovery and other support strategies

Case

- 26 yr. old female with fibromyalgia and Ehlers-Danlos syndrome (EDS).
- She had been on long term opiate (multiple opiates tried) use with increasing demands to increase the dose.
- Social issues: Patient very demanding and rude to providers, family enabled patient to calm her mood. Patient time consuming to provider/s.
- Didn't tolerate taper well out patient and was sent to In patient detox. Took everything she had on hand before going in for scheduled admission.
- Fought the detox but after 6-7 days was discharged on no opiates or benzos and withdrawal SX well managed.
- Within 2 weeks at follow-up admitted that pain was no worse at all than when on high does opiates AND she had more energy and could think more clearly.

Integrative Approaches to Pain Management: Part 2

- Cognitive Behavioral Therapy
- Guided Imagery, Hypnosis and Mindfulness
- Lifestyle enhancement and balance
- Biofeedback and Use of Apps
- Nutrition and diet
- Exercise and movement
- Stress management
- Sleep enhancement
- Acupuncture, massage and chiropractic

Cognitive Behavior Therapy (CBT)

- CBT
- A form of therapy that uses the link between thoughts and behaviors to change feelings, practices and/or behaviors.
- One of the most useful non-procedure approaches to aiding management of chronic pain.

Cognitive Behavioral Therapy (CBT)

- Encourages a problem solving attitude.
- Discourages learned helplessness and fosters internal control. (Self efficacy)
- Involves homework: diaries, tracking activities, exercises and trials of new activities and beliefs.
- Fosters building life skills for countering pain, depression, anxiety and stress.
- Puts the patient back in control; may use workbooks and worksheets.

Variations of CBT

- Mindfulness/meditation
  - Mindfulness Based Stress Reduction (MBSR) extensively researched program brings meditation and yoga together so that the benefits of both can be experienced simultaneously .
  - Mindfulness-Based Cognitive Therapy (MBCT) is a form of MBSR that includes information about depression as well as cognitive therapy-based exercises linking thinking and its resulting impact on feeling.
- Acceptance and Commitment Therapy (ACT)
  - Core messages: accept what is out of your personal control, and commit to action that improves and enriches your life.
- Dialectic Behavior Therapy (DBT)
  - Using both acceptance and change strategies, DBT asks patient and therapist to find a balance between accepting reality as it is, and maintaining a strong commitment to positive change.

Variations of CBT

- Behavioral Activation (BA)
  - A behavioral treatment that primarily focuses on changing behaviors to address problems people may be experiencing.
  - Value for pain patients relates to increasing activity and movement and treating depressive symptoms.
- Motivational Interviewing (MI)
  - Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.

Biofeedback and use of Apps

- Biofeedback
  - Galvanic Skin Response (GSR)
  - Thermal Biofeedback
  - EMG Biofeedback
  - Heart Rate Variability (HRV) Biofeedback
- Apps
  - Relaxation and imagery
  - Exercise, yoga, movement
  - Mindfulness and meditation
  - Apps to be used with biofeedback programs

Biofeedback

- Equipment is reasonably priced and home units are available
- Biofeedback focuses on reduction of sympathetic nervous system arousal
- Very little downside and essentially no negative side effects
- A level of commitment is required from the patient
  - Patients who demonstrate commitment often gain a sense of control

MCW Clinic Biofeedback Experience

- Using HRV biofeedback approach with chronic pain patients
- After just 3 biofeedback sessions patients consistently reported reduction in both pain and distress from the beginning to the end of the session
- After completing 3 biofeedback sessions there was a significant reduction in pain catastrophizing as measure by the Pain Catastrophizing Scale

Lifestyle

- Breath work:
  - The 4-7-8 breath: breathe in for count of 4, hold for count of 7, and out for count of 8
- Sleep hygiene:
  - Improving sleep is a powerful way to manage pain and the fatigue associated with poor sleep
- Diet and weight control:
  - Lack of activity and medication side effects are often associated with weight gain in pain patients
  - A healthy diet increases energy and reduces weight gain
- Exercise and movement:
  - So important yet such a challenge
- Smoking cessation:
  - Benefits of smoking cessation extremely impressive in multiple areas
- Stress management:
  - Reducing stress when possible and managing the stress that can't be changed
- Self care:
  - Encouraging self care gives patient a sense of control and self worth
- Pacing:
  - Learning to avoid overdoing it while at the same time being engaged

Guided Imagery, Hypnosis and Mindfulness

- Generally pleasant and entertaining.
- Easy to participate in for most patients.
- Guided Imagery and Hypnosis
  - Involves guiding patient through use of their imagination to relax and reduce pain.
- Mindfulness and meditation
  - Involves learning to calm the mind without judgment.
  - Literature is impressive regarding pain.

Sample Integrated Approach for a Chronic Pain Patient

- Provider to offer other medication options: SNRI's, TCA's, neuromodulators, etc.
- Provider to offer therapies: PT, OT, Hydrotherapy, etc.
- Provider to offer procedures; if appropriate
  - Trigger point injections
  - ESI
  - RFA
  - Device placement
- Lifestyle change: smoking cessation, nutrition consult, pacing of activities, movement activities such as exercise, yoga, Tai Chi, etc.
- Mental Health to offer options such as: CBT, Stress Management, Educational, support or therapy groups, Biofeedback, motivational approaches, mindfulness, imagery, pacing, etc.

Summary and Recommendations

- Patients are often scared and feel desperate and desperate people say and do desperate things.
- Providers approach is invaluable.
- Expectations should be clear and reasonable and may need to be repeated or provided in written form.
- The patient needs a plan or fear is increased which escalates the problem.
- An integrated approach with patient buy in and active participation can result in not only improved pain control but enhanced quality of life for the patient.

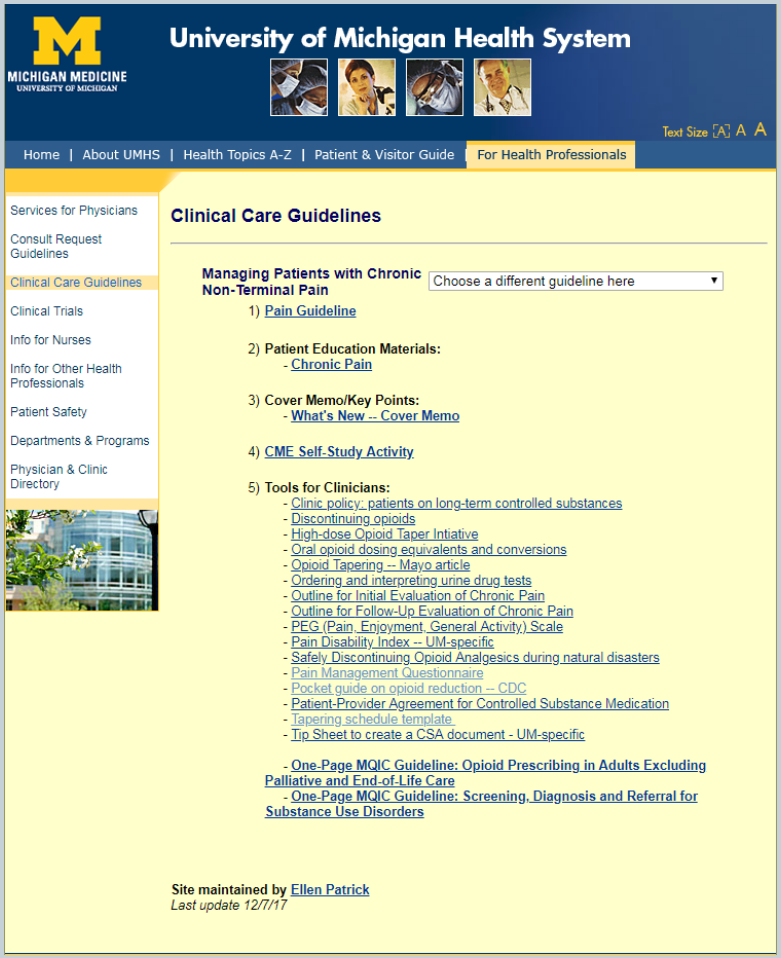
Helpful Resources

HTTP://WWW.RETRAINPAIN.ORG

PATIENT AND PROVIDER EDUCATION REGARDING MANAGEMENT OF PAIN

Helpful resources: Michigan Open

Helpful Resources: University of MI



- Opioid Tapering Schedules
- OME conversion
- Interpreting UDS

http://www.med.umich.edu/1info/FHP/practiceguides/pain.html

Helpful Resources: Improving Opioid Care

- www.improvingopioidcare.org
- Great website with many different handouts and resources
- Under "Helpful Resources" and then "Resources for Clinics"
  - Tips for difficult conversations, including video vignettes
  - "5 Negotiation Strategies for Compassion-Based Interactions"
  - "Opioid Patient Discussion Guidelines": language suggestions and scripts.
- MED Calculator
- Tapering flow chart
- Handout on medical risks of long-term opioid use for patients

Thank you

- Questions??

References

- 1. Bottemiller, Shelby. 2012. *Opioid-Induced Hyperalgesia: An Emerging Treatment Challenge*. U.S. Pharmacist. 37(5).
- 2. Haas, L.J., Leiser, J.., Magill, M., and Sanyer, O. 2005. *Management of the Difficult Patient*. American Family Physician. 15; 72 (10).
- 3. Ehde, D., Dillworth, T., And Turner, J. 2014. *Cognitive Behavioral Therapy for Individuals with Chronic Pain*. American Psychologist. 69 (2).