Guess Who's Coming to Clinic?

James Toombs, MD

December 11, 2013

Using Opioids in Primary Care

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I have no relevant financial relationships to disclose.

The Pain Patient

"They bug the hell out of you and then you hate them."

Anonymous Addiction Specialist

The Pain Patient

- Frequent clinic complaint
- 15-30% of Americans experience chronic daily
- Range of conditions
  - Aching hip joint
  - Disabling back pain
  - Fibromyalgia

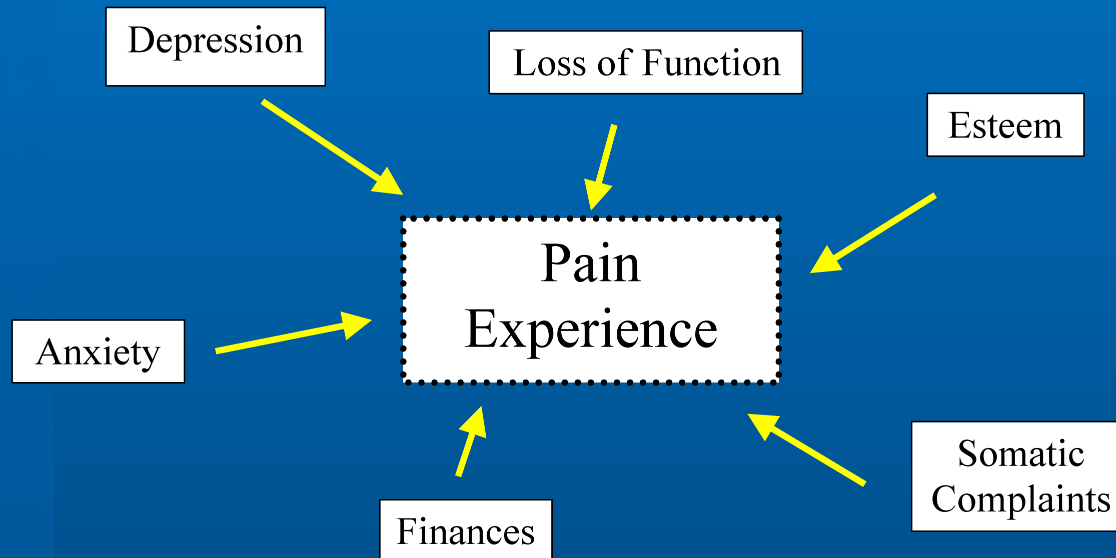
The Pain Patient

- Common source of patient frustration
  - What’s wrong?
  - Can’t you fix me?
  - I can’t work any more.
  - I hurt all the time. . .everywhere. . .

The Pain Patient

- Common source of physician frustration
  - Competing diagnoses
    - Physical
    - Psychiatric
    - Social
  - Controlled substances
    - License risk
    - Misuse/Abuse/Addiction/Diversion

Key Ingredients



Pain Therapy

- Address each ingredient with appropriate therapies

Opioids

"Among the remedies which it has pleased almighty God to give to man to relieve his sufferings, none is so universal or efficacious as opium."

Thomas Sydenham, 1679

Pain Therapy Oscars

- Opioids
  - – Nomination for supporting role

Morphine

When To Use Opioids?

Never

Always

When To Use Opioids?

Never ⟷ Always

When To Use Opioids?

When To Use Opioids?

Never Always

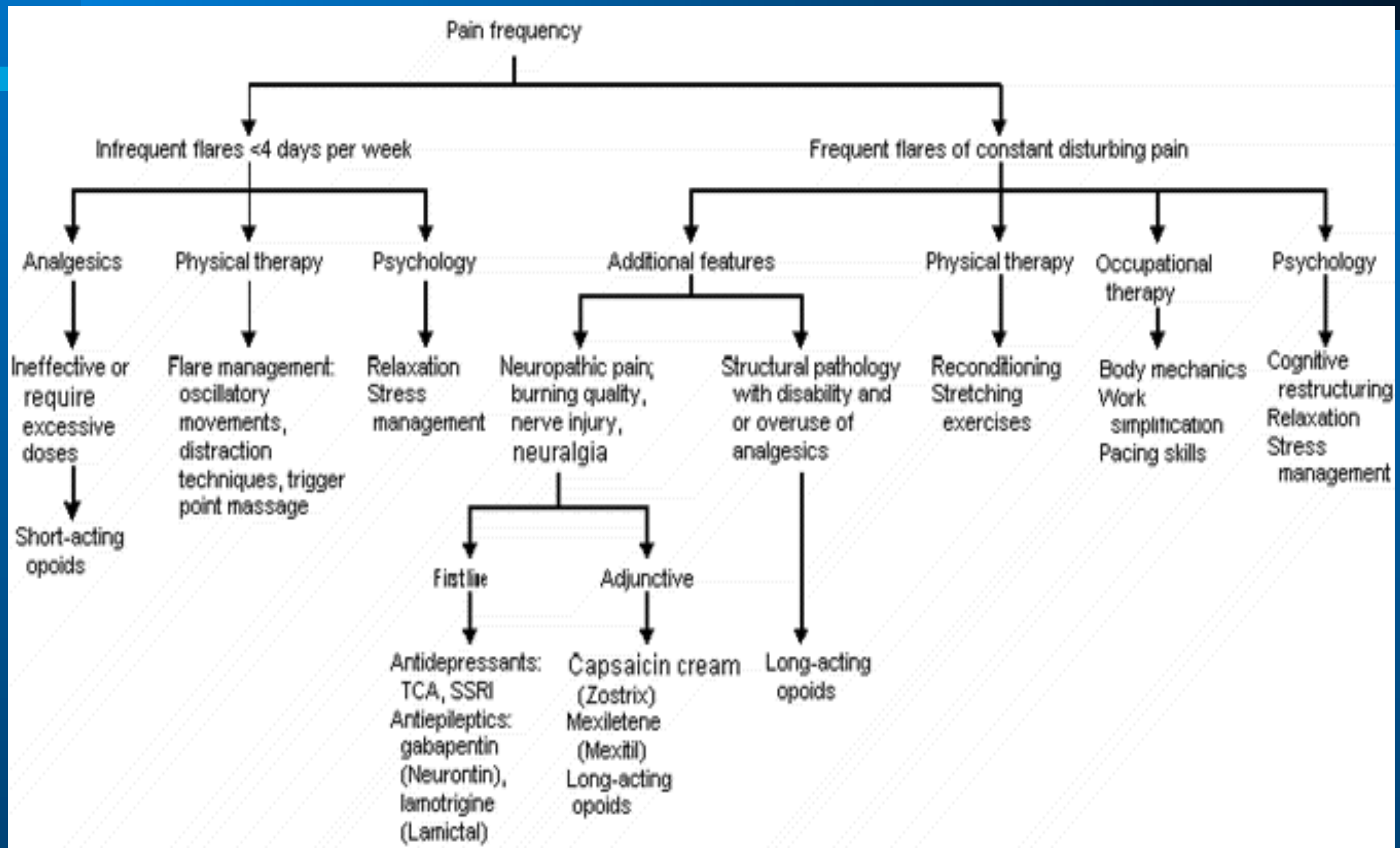
You are Here

Considering Opioids

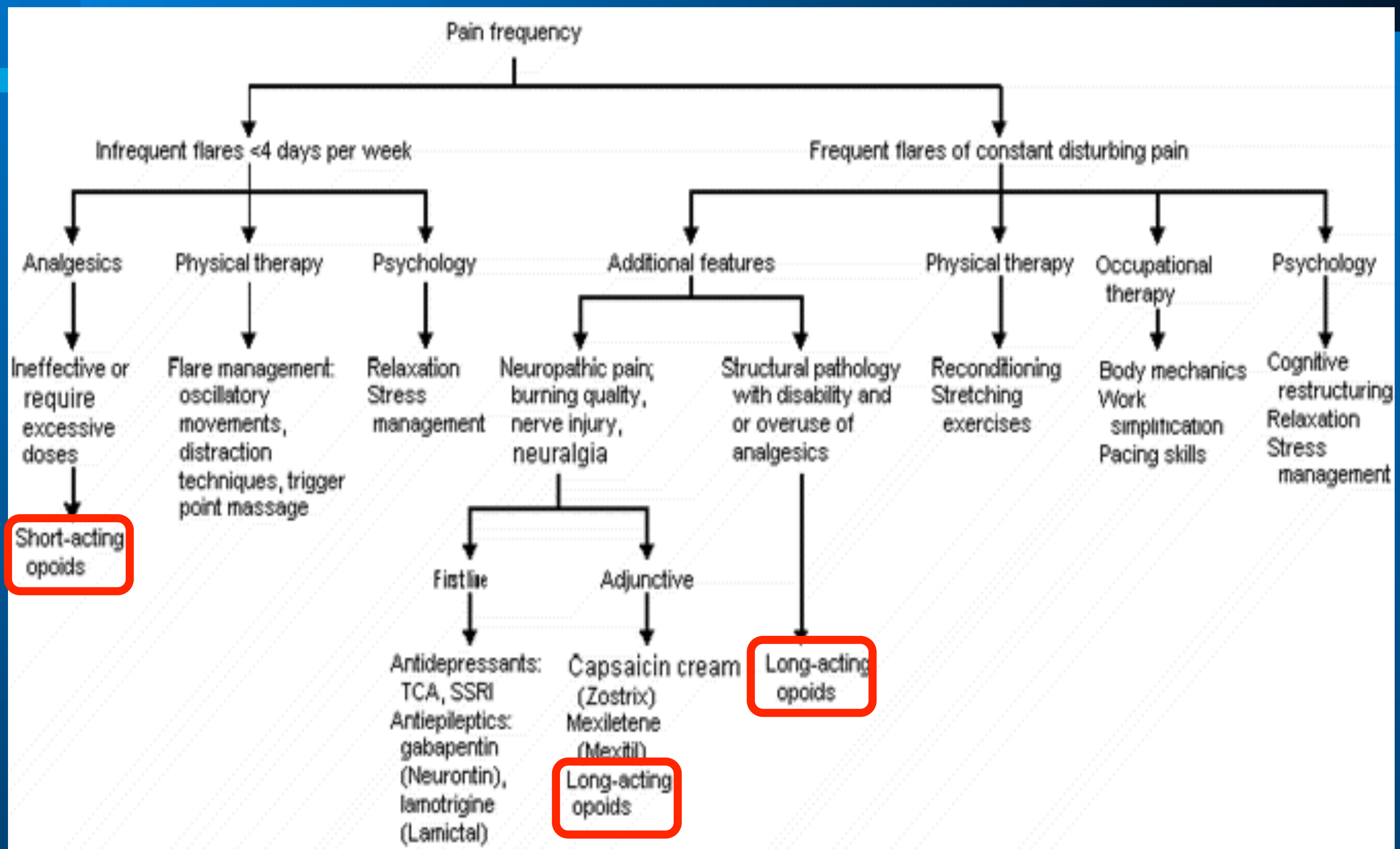
"Every effort should be made to optimize non-opioid pharmacological and other locally available treatment options including behavioral modification programs before contemplating opioid prescription."

Gourlay 1999

Management of Non-Malignant Chronic Pain



Management of Non-Malignant Chronic Pain



Adjunctive/Alternative Therapies

- Acetaminophen
- NSAIDS & Cox-2 Inhibitors
- Anti-depressants
- Anti-convulsants
- Topicals
- PT/OT/TENS
- Interventions

Opioid Blessings

- Few drug-drug interactions
- Rare allergy
  - Almost all “allergic reactions” are predictable side effects
- No upper limit (pure opioids)
- Rapid titration
- Safe (Well…relatively)

Necessary Uses

- Coumadin therapy
- Chronic hepatitis
- History of GI bleed
- Renal failure
- Coagulopathy

NSAIDS and Acetaminophen have absolute or relative contraindications

Opioid Options

- Short acting
  - Flares (<4 per week)
- Long acting
  - Constant or frequent flares (>4 per week)

“Breakthrough” Opioids

- Most pain physicians do not recommend them
- May induce tolerance
- Sustain reward behaviors
- Create expectation that more medication is always the solution

Pain Management Strategies

- Follow the law
- Be proactive
- Use the Opioid Trial

Legal Risks

- Sanctions are rare even for “excessive prescribing”
- How we get in trouble prescribing opioids:
  - 43% prescribed for themselves or non-patients
  - 42% inadequate records
  - 19% no indication for opioids (HTN?)
  - 8% sexual activity with patients

Missouri Law

- Intractable Pain Treatment Act
  - The cause of the pain cannot be removed or otherwise treated
  - In the generally accepted course of medical practice no relief or cure of the cause of the pain is possible
  - No cure has been found after reasonable efforts

Missouri Law

- Allows use of controlled substances for a person diagnosed with intractable pain
- Acceptable doses with an appropriate indication
- Does not allow use if physician knows or should know the controlled substance is being misused

Missouri Law

- Evaluation of patient
- Treatment plan and objectives
- Informed consent (and agreement)
- Periodic review
- Consultation if appropriate
- Medical records
- Compliance with law

Federation of State Medical Boards Guidelines

Treatment Plan

- How do we know the plan is working?
- Pain reduction, mood/sleep improvement
- Goals
  - Return to work
  - Do laundry
- Written in the chart

Treatment Plan Elements

- Physical Modalities
- Behavioral Health
- Diet/Exercise/Smoking
- Non-opioid Medications
- Opioid Medications

Behavioral Health Interventions

- Pacing
- Mindfulness Meditation
- Emotional Identification/Management
- Cognitive Reframing
- Acceptance

Proactive Pain Management

- Review old records
- Set objective goals
- Treatment (opioid) agreement
- Regular visits
- Random/regular drug screening

New Patient

I'm just here for refills of my percocet (and Xanax)!

- Pay Now
- Pay Later
- 1 Hour Visit

New Patient

I'm just here for refills of my percocet (and Xanax)!

- Current Provider
- Current pharmacy
- Previous Providers
- ROI faxed to providers and pharmacy
- UDS
- Treatment Agreement
- No script until all records are reviewed

Old Records

- Confirm current therapies
- Verify present opioid use
- Identify failed therapies
- Validate medication reactions
- Expose undisclosed misuse, abuse or addiction

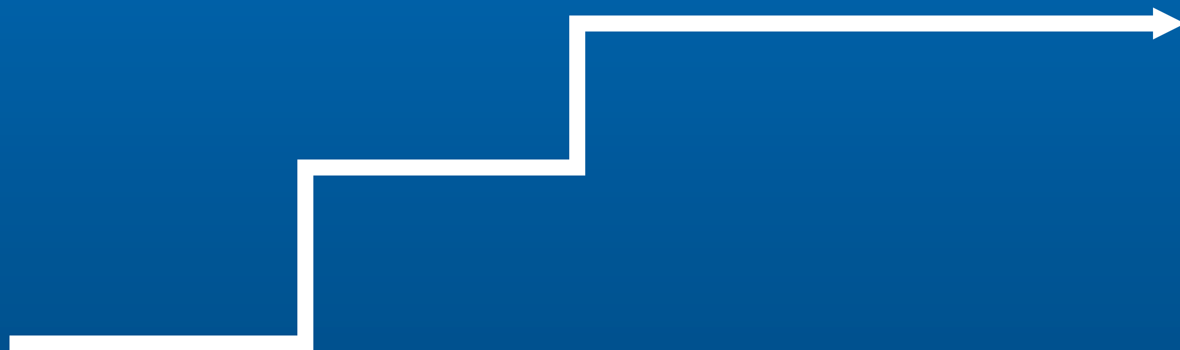
Opioid "Trial"

- The process of testing
- Provisional basis

Opioid Trial

- Start at naïve or equianalgesic dose
- Titrate to effect
  - 2-3 dose increases (25-50%)
- Partial response at low doses
- 15-30% pain relief long-term
  - 2 or 3 points at most

Titration



Titration

Successful Trial

- Sustained analgesia
- Stable doses
- Tolerable side effects
- Functional gains
- No aberrant drug related behavior
- Maybe 5-20% successful

Poor Response

- Not enough
  - Conversion/Titration
- Not effective for particular type of pain
  - Opioids for neuropathic pain
- Not etiology
  - Are we treating pain? Anxiety? Addiction?

Unsuccessful Trial

- Titrate off opioids
- Maximize non-opioid therapies
- Re-examine and revisit diagnosis

Signs of Abuse

"It is not opium that makes me work, but its absence. And in order for me to feel its absence, it must from time to time be present."

A. Artaud

Signs of Abuse

- Unauthorized dose escalation occurring more than once in a 3 month period
- Frequent telephone calls to the clinic numbering more than two calls per month
- Receiving opioids from any other physician or from any emergency room visit
- Losing or reporting prescriptions as “stolen”
- More than three visits to the clinic without an appointment during a one year period

Summary

- Rarely first choice
- Only one tool in a big tool box
- Safe and effective when used appropriately
- Situations where they are the best choice

Questions?