PAIN MANAGEMENT IN THE TIME OF OPIOIDS

James Anderson, PA-C, MPAS, DFAAPA

Evergreen Treatment Services, Seattle WA

Commissioner, Washington State Medical Commission

DUNDER
MIFFLIN, INC
PAPER COMPANY

CURRENT OPIOID EPIDEMIC

PRESCRIBING GUIDELINES

TREATING PAIN IN PATIENTS WITH OUD

CHALLENGES FOR PATIENTS WITH "INTRACTABLE PAIN"

CURRENT OPIOID EPIDEMIC

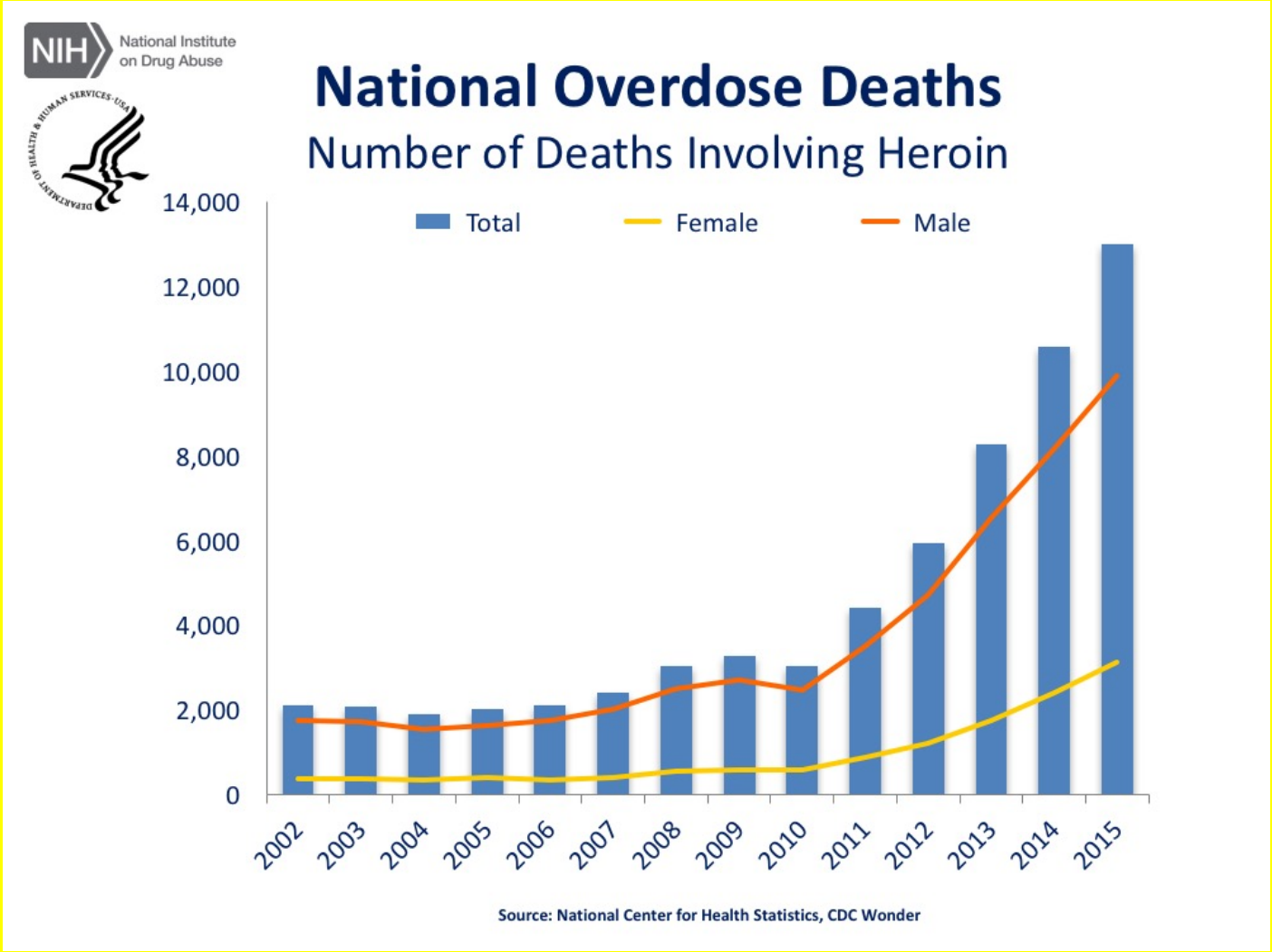
- What is it? https://www.cdc.gov/drugoverdose/data/index.html
- Who is being hurt?
- How did we get here?
- How do we get out of here?

CURRENT OPIOID EPIDEMIC: WHAT IS IT?

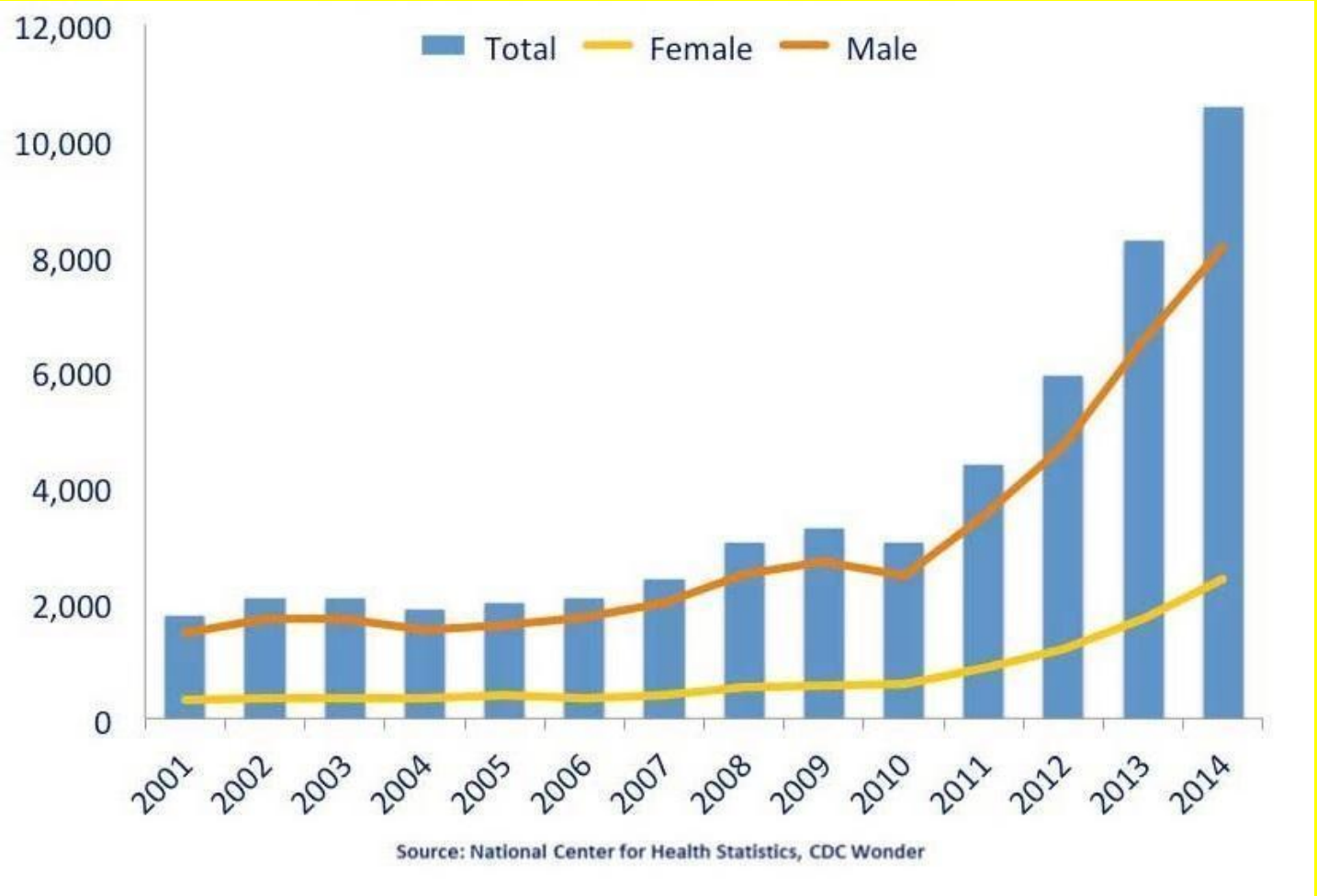
- Opioids—prescription and illicit—are the main driver of drug overdose deaths. Opioids were involved in 42,249 deaths in 2016, and opioid overdose deaths were five times higher in 2016 than 1999.

- In 2016, the five states with the highest rates of death due to drug overdose were West Virginia (52.0 per 100,000), Ohio (39.1 per 100,000), New Hampshire (39.0 per 100,000), Pennsylvania (37.9 per 100,000) and (Kentucky (33.5 per 100,000).

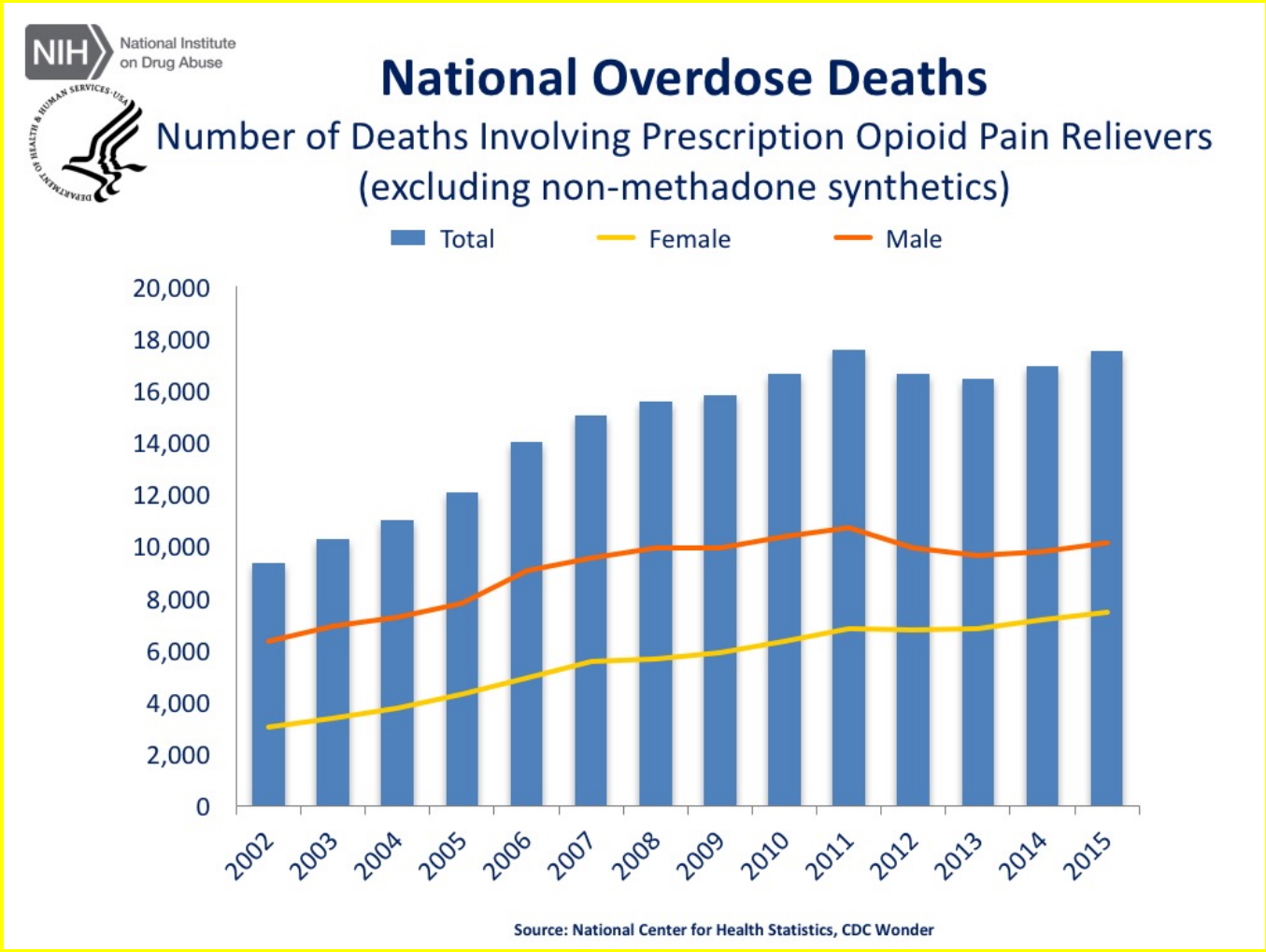
CURRENT OPIOID EPIDEMIC: WHO IS BEING HARMED?



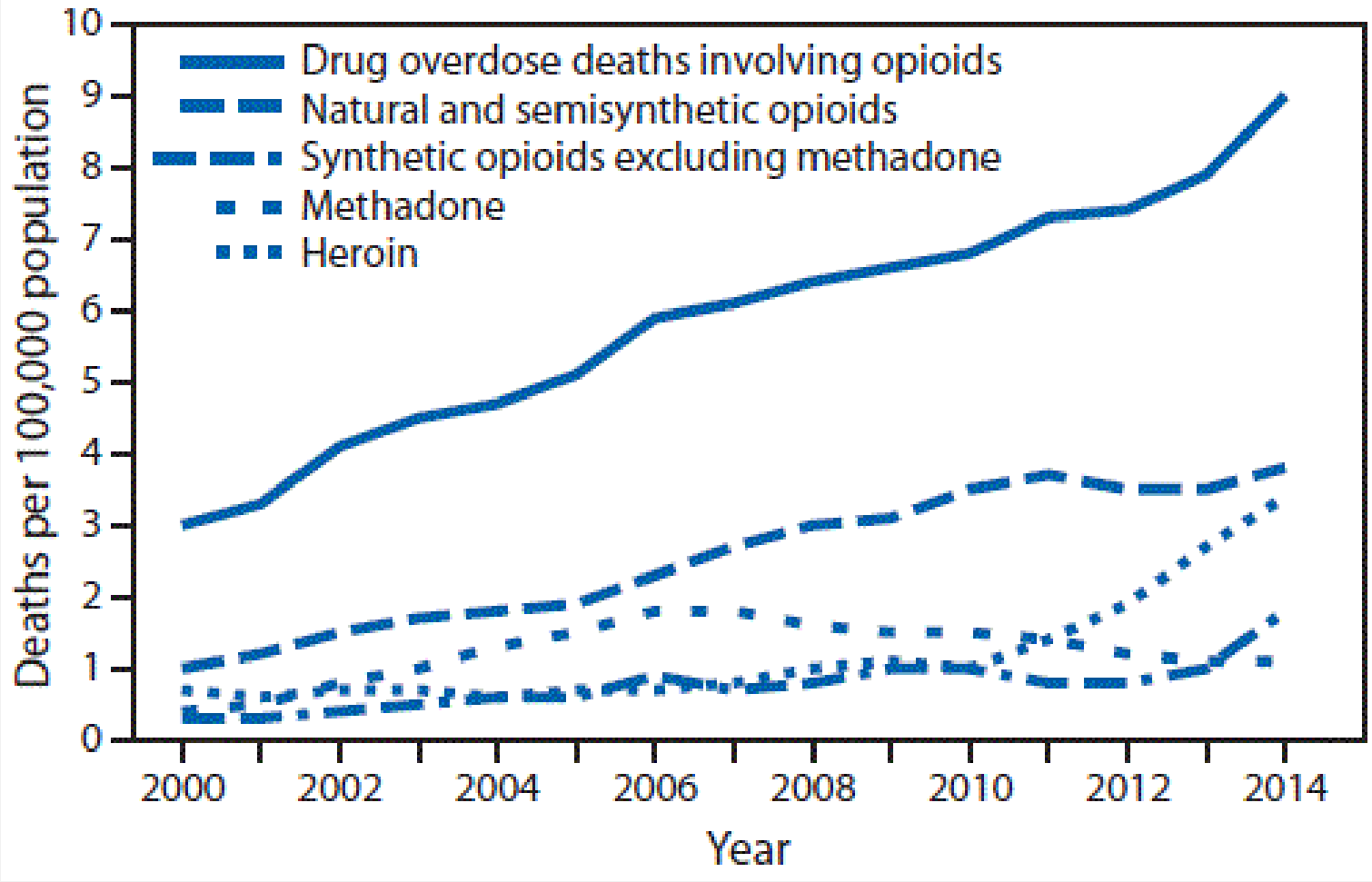
CURRENT OPIOID EPIDEMIC: WHO IS BEING HARMED?



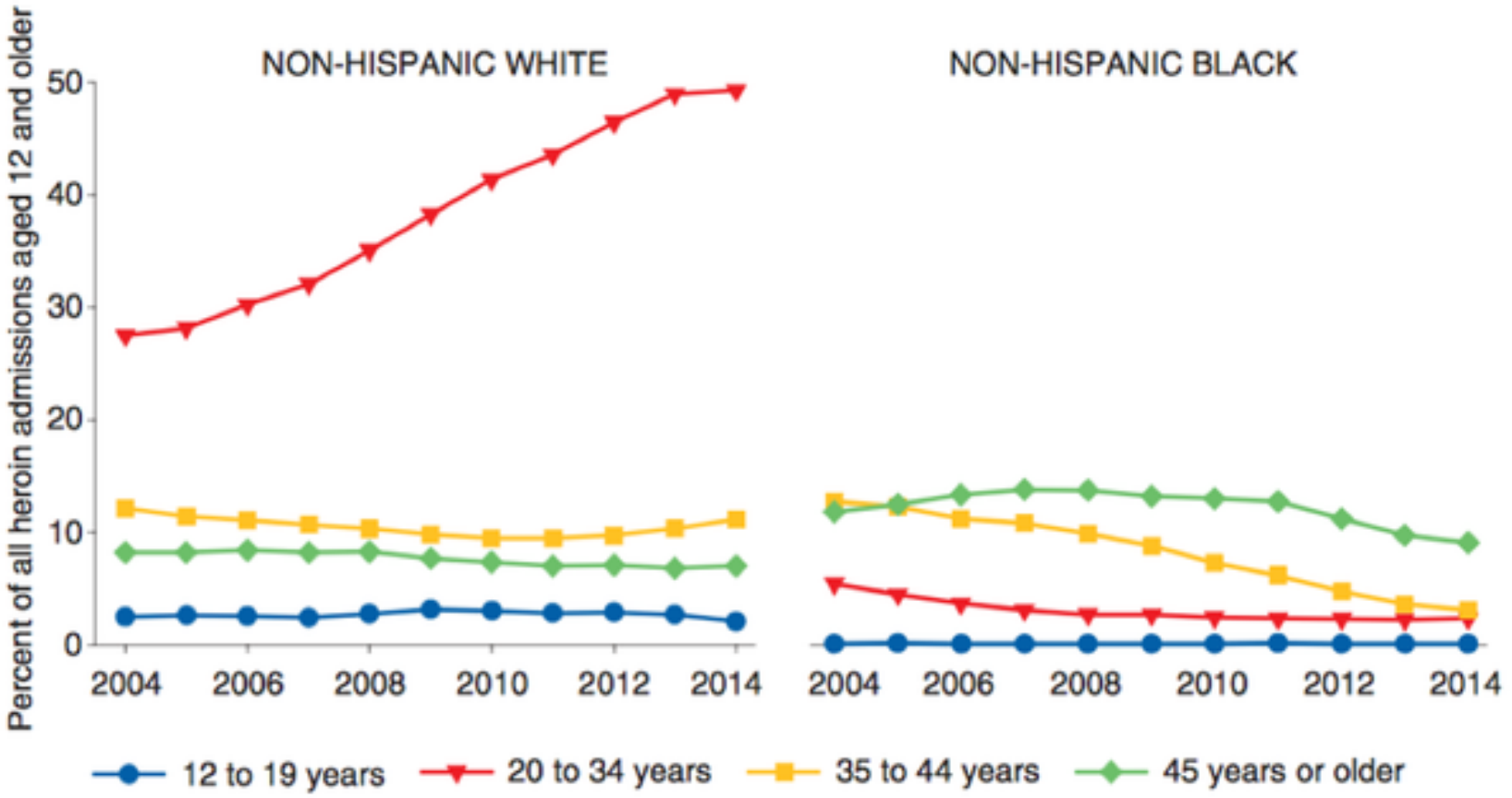
CURRENT OPIOID EPIDEMIC: WHO IS BEING HARMED?



CURRENT OPIOID EPIDEMIC: WHO IS BEING HARMED?



CURRENT OPIOID EPIDEMIC: WHO IS BEING HARMED?



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 02.01.16.

CURRENT OPIOID EPIDEMIC: HOW DID WE GET HERE?

- Depends on who you ask:.
- Irresponsible Prescribers?
- Irresponsible Patients?
- Big Pharma?
- Structural and Social Determinants?
- Racism, both in cause and response?
- Lack of Mental Health Care, other Health Disparities?

CURRENT OPIOID EPIDEMIC: HOW DO WE GET OUT OF HERE?

- Depends on who you ask.
- Tightened Prescribing?
- Prescriber Education?
- Patient Education?
- Treatment-on Demand?
- Make Pharma Pay for It? (REMS)
- Decrease Inequality in Medicine, Health, Social Structures?

63513
COL. L. A. WATRES ARMORY.
SCRANTON. PA. S-3

PRESCRIBING GUIDELINES

- Tightening of the screws
- State, federal, and institutional
- Pill counts? Number of days?
- Evidence?

PRESCRIBING GUIDELINES: SHALL WE TIGHTEN A FEW SCREWS

- Risk of panic-driven decision-making
- Evidence does increasingly note the proven risk of specific doses and durations
- Many providers leaving the prescribing arena our of fear
- Risk: providers willing to stay in arena being overwhelmed
- Do they work? Depends on who you ask. https://www.washingtonpost.com/amphtml/news/post-nation/wp/2018/04/10/study-despite-decline-in-prescriptions-opioid-deaths-skyrocketing-due-to-heroin-and-synthetic-drugs/

PRESCRIBING GUIDELINES: STATE, FEDERAL, AND REGIONAL

When is a guideline not a guideline? "Just a Suggestion!" Today, "Come With Us!" tomorrow

- CDC
  https://www.cdc.gov/drugoverdose/pdf/Guidelines_Factsheet-a.pdf
- Federation of State Medical Boards
  https://www.fsmb.org/globalassets/advocacy/policies/opioid_guidelines_as_adopted_april-2017_final.pdf
- State of Washington AMDG
  http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf
- 2017 Canadian Guidelines
  http://nationalpaincentre.mcmaster.ca/guidelines.html

PRESCRIBING GUIDELINES: PILL COUNTS?

- Examples: Certain procedures with limited time-frame
- Fact: Pain response to same procedures varies widely between patients

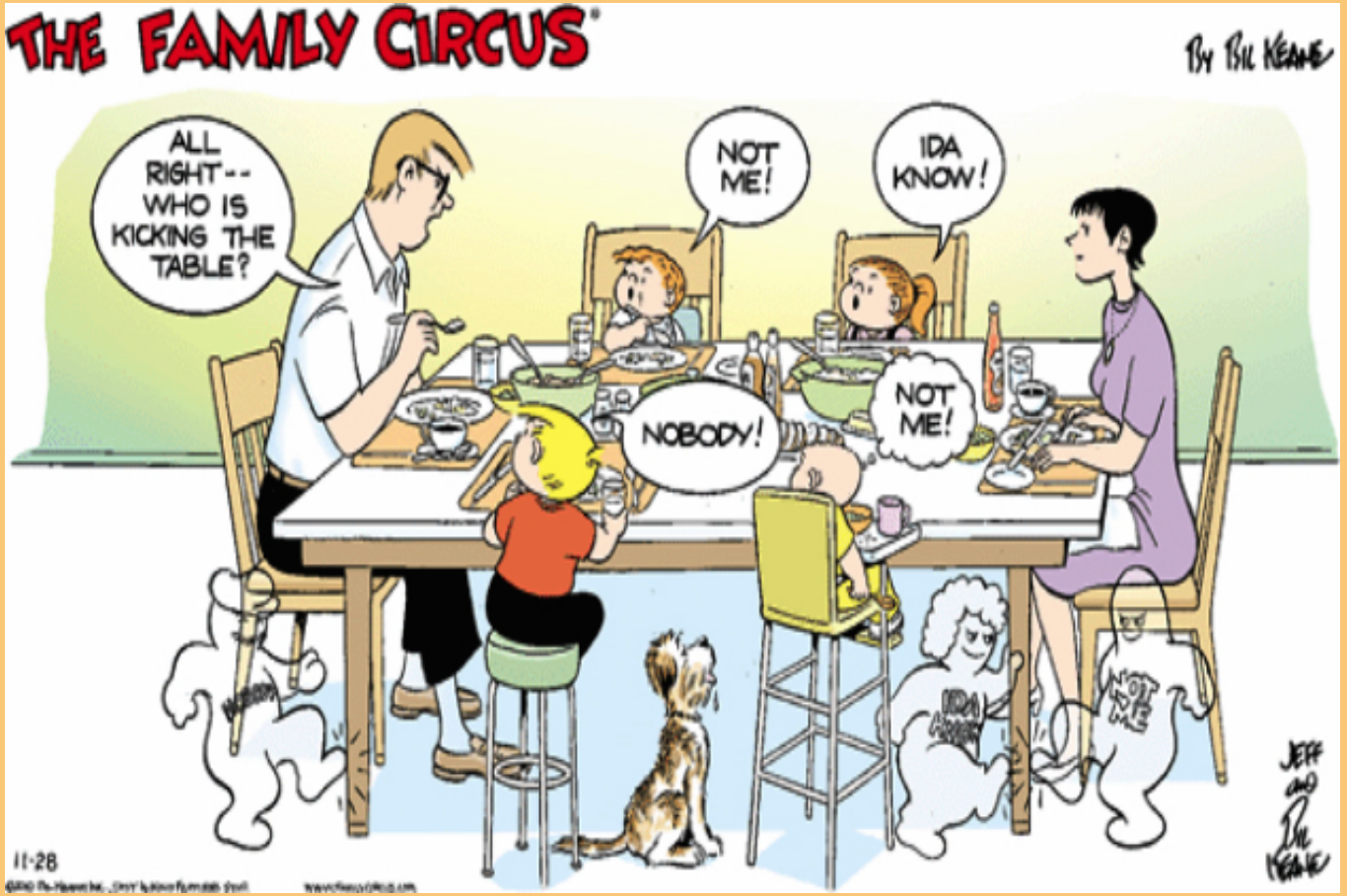
PRESCRIBING GUIDELINES: EVIDENCE?

- Evidence building, but still not convincing.
- Don’t just do something, stand there!
-
- http://formularyjournal.modernmedicine.com/formulary-journal/news/opioid-prescription-limits-gains-support

TREATING PAIN IN PATIENTS WITH OPIOID USE DISORDERS

- Whose job is this?
- “Send em to the pain clinic?
- Non-evidence based pre-op restrictions
- Abandoned patients with nowhere to turn

TREATING PAIN IN OUD: WHOSE JOB IS THIS?



TREATING PAIN IN OUD: "SEND 'EM TO THE PAIN CLINIC"

One of many needed services that do not exist.

TREATING PAIN IN OUD: FEAR-BASED PRE-OP REQUIREMENTS

"Before I will do your surgery, you must reduce your OTP methadone dose by 50%"

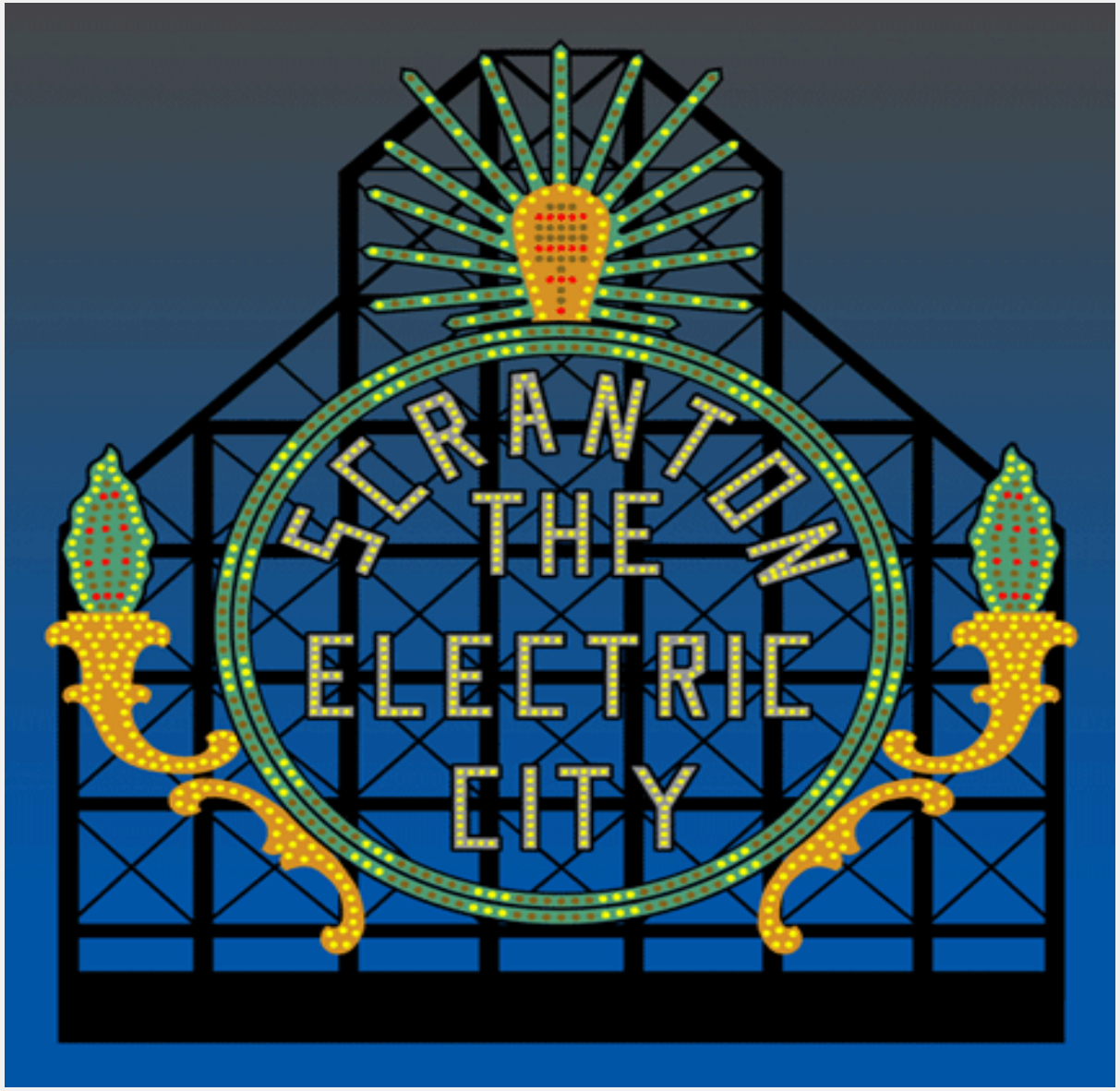
TREATING PAIN IN OUD: WHY NOT JUST ABANDON THEM? HECK, EVERYBODY ELSE DOES!

Case: 53 year diabetic, OUD patient with bilateral BKA four years ago. They were having chronic leg and hip pain treated by their primary care provider, and their stable dose was 110 mg of MSSR qday. No other psychoactive medications.

Patient is in an OTP, with OUD dx (heroin). They are receiving 80 mg per day of methadone. They have been there for seven years, without concerns. They have 6 TH per week, and attend the clinic one day per week.

There has been good communication between the patient, the PCP, and the OTP PA. The patient's PCP clinic recently undertook an effort to stop "high-risk" opioid prescribing, and the patient was told they would have to taper their morphine to 30 mg or lower per day over a one month period.

The patient presents to you in your family medicine clinic, and the patient asks you to take on her pain prescribing, as she is distraught about having her well-controlled pain return.


SCRANTON
THE
ELECTRIC
CITY

CHALLENGES FOR PATIENTS WITH INTRACTABLE PAIN

- Accepted Pain Spectrums
- What is intractable pain?

CHALLENGES FOR PATIENTS WITH INTRACTABLE DISEASE: ACCEPTED PAIN SPECTRUM

- Acute
- Sub-Acute
- Chronic

CHALLENGES FOR PATIENTS WITH INTRACTABLE DISEASE: WHAT IS INTRACTABLE PAIN?

- Is it real? One of many "eyeroll" dx: R52.10
- Is it hysteria?
- State laws?
- Unintended consequences

CONTACT

- James Anderson, PA-C, MPAS, DFAAPA
- 206-371-9525

- Society of PAs in Addiction Medicine
- www.spaam.org