Opioid Myths

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Why Care?

• Our ethical duty to manage pain

• Improve factual knowledge of opioids

• Manage risks of prescribing opioids
Myth

- Fable
- Historic untruths
- Invented story, idea or concept
- Unproved or false collective belief that is used to justify a social institution.
Opioids

- Chemicals with affinity for opioid receptors
- Potent analgesics
- “Gods own medicine”
- Naturally occurring
  - Morphine, the Gold Standard
- Synthetic
Pain and Ethics

• Ethics of pain management
• A “Moral Imperative” to control pain
• Hippocratic Oath
• Osteopathic Oath
  – “I will be mindful always of my great responsibility to preserve the health and life of my patients, to retain their confidence and respect both as a physician….”
Doing the Right Thing

• And not getting in trouble for it.
Common Opioid Myths

1. Pain can be managed without opioids
2. Addiction
3. Sedation
4. Respiratory depression
5. Death
6. Physician in danger
Common Opioids

- Morphine
- Hydromorphone
  - Dilaudid
- Oxycodone
  - Oxycontin
- Hydrocodone
  - With Acetaminophen
  - Lortab, Vicodin
How Opioids Work

• Mu receptors
  – Multiple sub types and multiple locations, dorsal spinal cord, cerebral cortex and others

• Pain
  – Transduction, Transmission, Perception, Modulation

• Euphoria
Patients with Pain

- Acute
- Chronic
- Not End of Life
- End of Life
1. Pain Can Be Managed Without Opioids

- Physicians often under prescribe for pain, awaiting response, anticipate adjusting the dose as needed.
- Nurses give lower of a prn or range dose of analgesics.
- Under treated pain (oligoanalgesia) has many negative effects on patient.
- Pseudo addiction.
1. Pain Can Be Managed Without Opioids

- Inadequate pain management causes patient to doubt physician and Rx.
- Ongoing pain may result in decreased pain threshold which could lead to patient’s overuse or misuse of analgesia.
- 26% of nursing home residents report daily pain.
- Up to 80% of ECF residents have pain.
1. Pain Can Be Managed Without Opioids

- World Health Organization (WHO)
- Pain is whatever the patient says it is.
- Nociceptive pain
  - Visceral
  - Somatic
- Neuropathic pain
- Emotional pain
1. Pain Can Be Managed Without Opioids

- WHO pain rankings
  - Mild pain, 1-3 on 10 pain scale
    - Acetaminophen, NSAIDs
  - Moderate pain, 4-7 on 10 pain scale
    - Codeine, Tramadol
  - Severe pain, 8-10 on 10 pain scale
    - Morphine, Opioids
2. Addiction

- When sufficient doses are used for pain, no addiction is seen (Hospice Foundation of America, 2007).
- Less than 1% addiction in patients with acute pain (Joranson, Ryan, Gilson, Dahl, 2000).
- Physicians under treating pain leads to patient requesting more or stronger Rx. (Pseudo addiction)
3. Sedation

- Pain causes exhaustion and insomnia.
- With the pain controlled, rest and sleep are possible.
- Often, other medications, anxiolytics, tranquilizers, muscle relaxants and some antidepressants cause sedation.
- Acute “Overdosing” is related to sedation.
4. Respiratory Depression

- Does not occur in alert patients
- Morphine is the drug of choice for dyspnea in COPD patients
- Remember the triad Rx for acute pulmonary edema?
  - Dig., Lasix, Morphine
  - O$_2$ and rotating tourniquets
5. Morphine Causes Death

- Often temporally related to death
  - Saved for the dying patient
  - Used in the final hours of life
- Death without suffering should be a goal.
- The Dutch rarely use Morphine as agent for euthanasia (British Med. Journal).
End of life patient

• Acute Pain
  – Short acting Rx that match the pain level
  – Convert to an around the clock schedule
  – PRN for breakthrough pain, not steady pain

• Chronic Pain
  – Switch to long acting Rx
  – PRN for occasional breakthrough pain
  – Adjunctive Rx and complementary therapies
Non End of Life Patient

• Acute pain (less than two months)
  – Known cause
  – Short Rx requirement expected
  – One or two analgesic prescriptions

• Chronic pain (greater than two months)
  – Often multifactorial
  – Cause not clear
  – Three or more analgesic prescriptions
  – Suspicion mounts
Chronic Pain Syndrome

- Daily pain
- Depression
- Anxiety
- Sleep disturbance
- Anorexia
- Social and physical dysfunction
- ICD-9, 338.4
6. Physician in Danger

- Pain is the 5th vital sign
- Physician is responsible of adequate pain management.
- Pain Relief Promotion Act of 1999
- Conquering Pain Act of 2001
6. Physician in Danger

• Problems occur with…
  – Patterns of over prescribing
  – Lack of evaluation
  – Lack of documentation
  – Lack of follow up (outcomes)
Pain/Opioid Management Tips

• Evaluate the pain. Don’t delay treatment.
• Match the Rx to the pain
  – Control the pain, not the prescription.
• Continued or increasing pain requires evaluation and Rx adjustment.
• Rotate opioids
• Add adjunctive Rx and therapies
• Document plans and outcomes and visits
References

• Vilensky, W., Opioid “mythstakes”, JAOA, Sept. 2002
• Patterson, C., 7 Myths, Muskegon Comm. College
Thank you

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