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OPIOIDS – CHOOSING WISELY

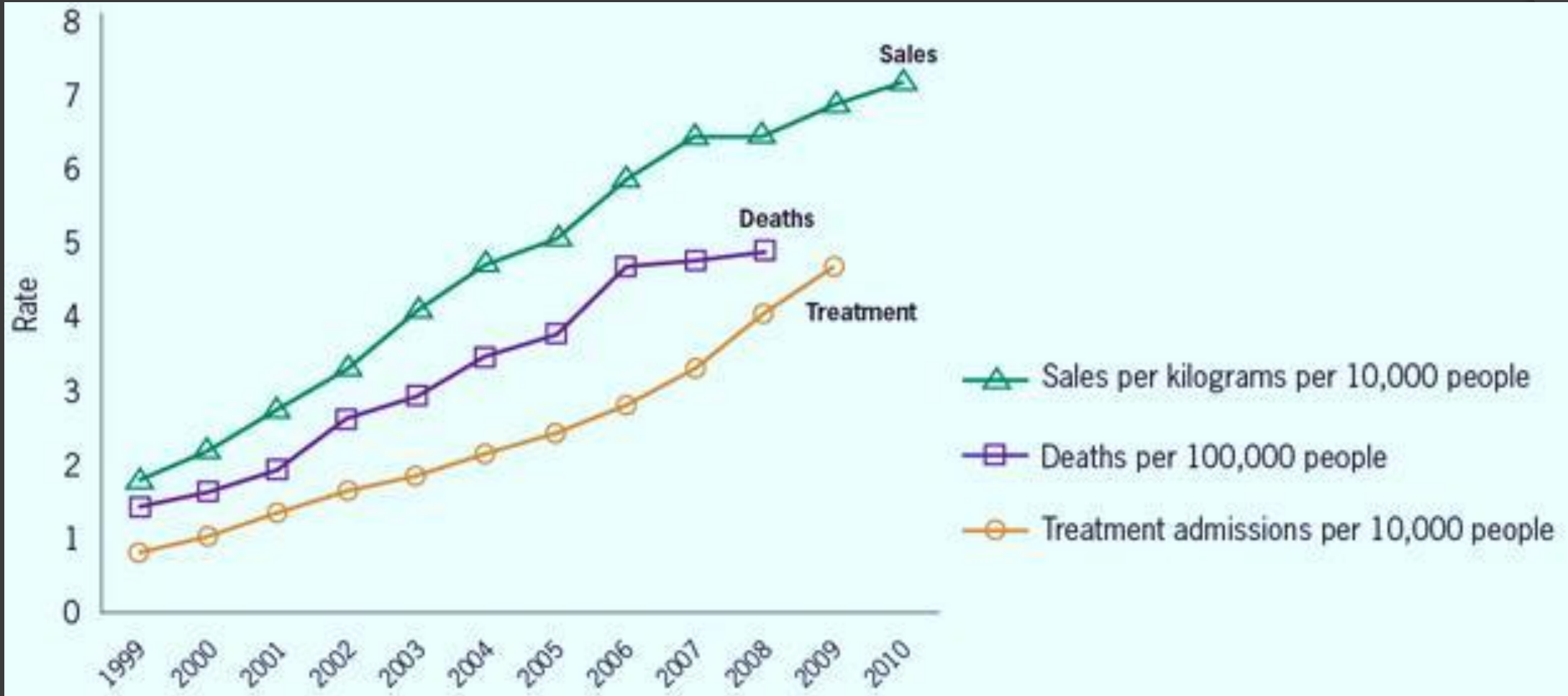


How did we get here?

- ◎ American Pain Society's Pain as the 5th vital sign campaign
 - adopted by the joint commission and the Veterans Administration as part of the national pain management strategy
 - created expectations of 0 pain as an Achievable goal



Successful campaign

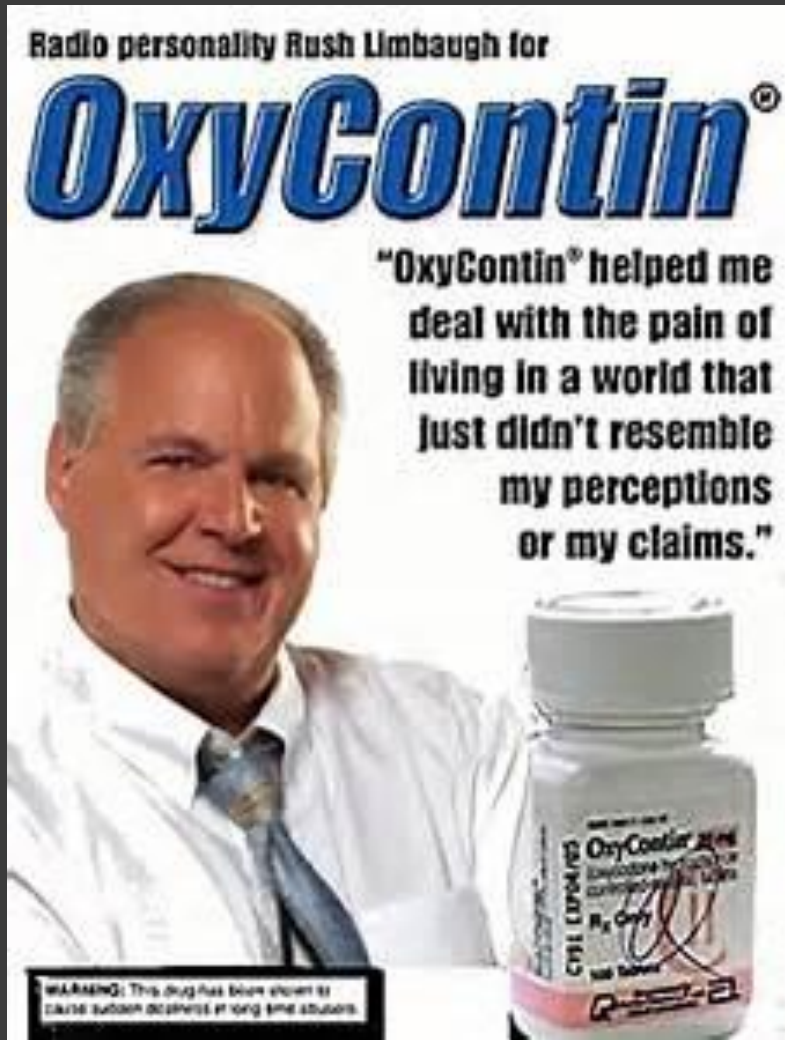


<https://www.youtube.com/watch?v=L-IBn3pOYeg>

Radio personality Rush Limbaugh for

OxyContin®

"OxyContin® helped me deal with the pain of living in a world that just didn't resemble my perceptions or my claims."



WARNING: This drug has been shown to cause sudden death in long-term abusers.

DOCUMENT: Celebrity

DECEMBER 5, 2003

Warrants Detail Rush Limbaugh's Drug Use

Tweet

Comments()

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VIEW THE DOCUMENT

AFFIDAVIT AND APPLICATION FOR SEARCH WARRANT
IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT
IN AND FOR PALM BEACH COUNTY, FLORIDA

THIS STATE OF FLORIDA,
COUNTY OF PALM BEACH:

REPORT 147, by [Redacted], Sheriff, [Redacted] Sheriff's Office,
in and for Palm Beach County, personally appeared [Redacted] Sheriff,
State Attorney's Office, 177 Judicial Center, and [Redacted] Sheriff's Office, who by me
seen this day sworn, depose and say that he believes and has good cause to believe that a certain
person named [Redacted] in Palm Beach County, Florida, is located as follows, to-wit:

The premises desired to be searched is Palm Beach Inn, One and Three Associates, P.A.,
located at 1041 PGA Boulevard, Suite 416, Palm Beach Gardens, Florida 33410

The description of the property desired to be searched is as follows:

To each the premises desired to be searched, begin at the intersection of PGA Boulevard and
Pinehill Gardens Avenue in the city of Palm Beach Gardens, Palm Beach County, Florida,
Travel south on Pinehill Gardens Avenue for approximately one mile to a T-junction, you
reach the intersection of Kymon Gardens Drive. Make a left turn on Kymon Gardens Drive and
proceed west to the first unobstructed driveway of the five-story building, which is located on the
south side of the roadway. Proceed south on the roadway to the office building. The premises

DECEMBER 5--Rush Limbaugh illegally purchased hundreds of prescription pills a month and sought a quartet of doctors to fuel his drug addiction, according to search warrant applications unsealed yesterday in Palm Beach County Circuit Court.

Investigators executing the searches, which took place November 25 at offices used by Limbaugh's South Florida physicians, accused the radio personality of "doctor shopping," or improperly seeking out practitioners to supply him with an **inordinate abundance of painkillers** OxyContin, Lorcet, Norco, Hydrocodone, and Kadian, the anti-anxiety drug Xanax, the cholesterol-lowering drug Niacin, and Clonidine, which treats high blood pressure.

Under Florida law, doctor shopping is punishable by up to five years in prison.

The affidavits, **one of which you'll find here**, indicate that authorities began investigating the talk-show host last December after meeting with Wilma Cline, Limbaugh's former maid, and her husband, who told them that they sold Limbaugh "large quantities" of pharmaceutical drugs "over the course of many years." (5 pages)



Narcotic pain relievers now cause

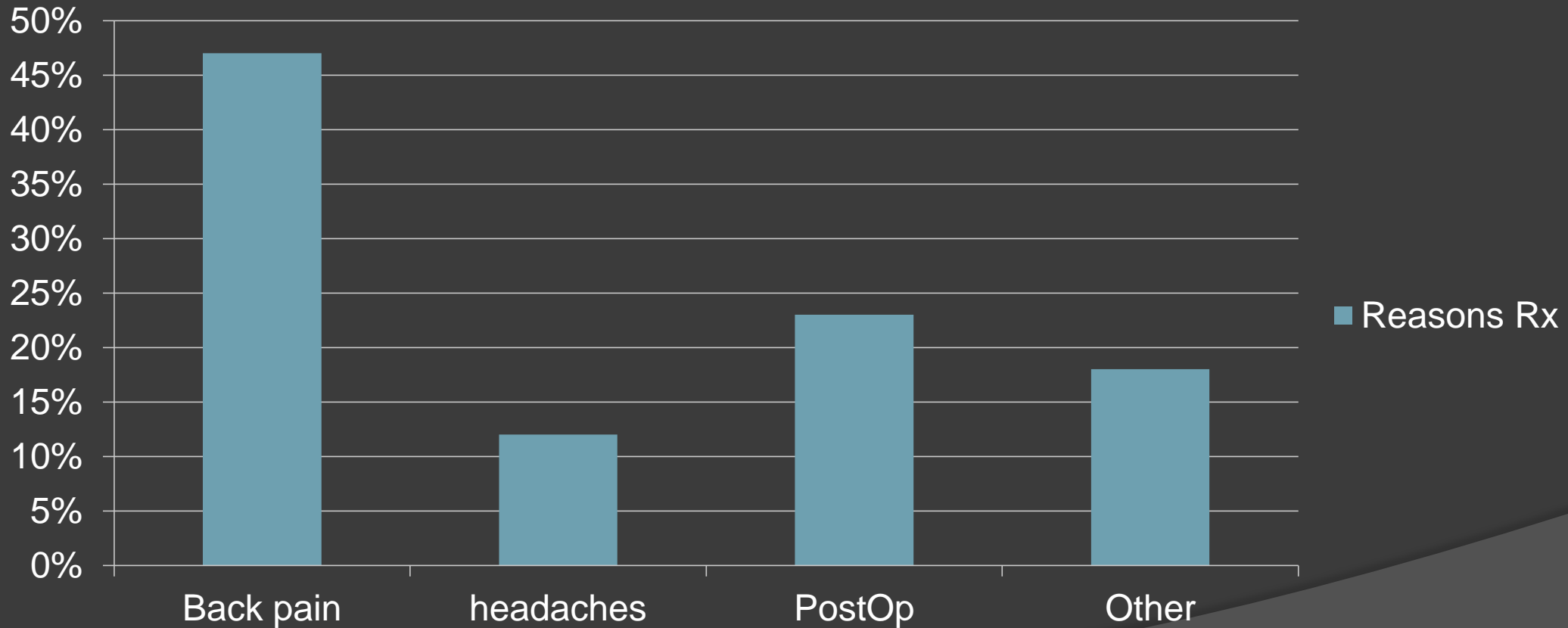
3 out of 4

Prescription Drug overdoses

**40 people
Per day
Die of
Opioid overdose**

Reason for Prescribing Opioids

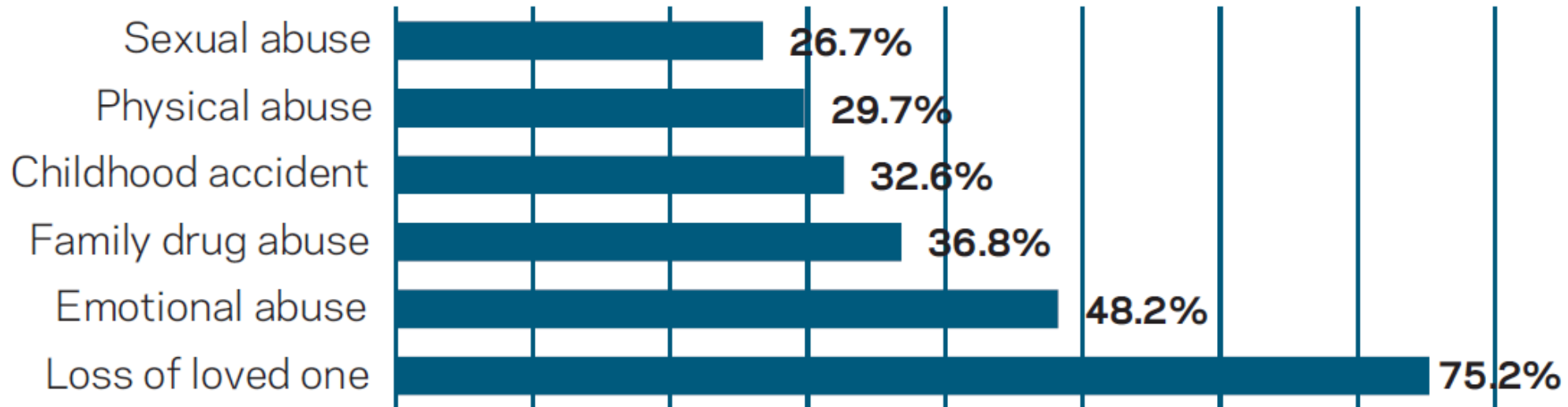
Reasons Rx



Early Life Trauma Common Among Chronic Pain Sufferers

Hazelden Betty Ford Foundation, "Chronic Pain in America: Consequences, Treatments and Addiction," 2014.

97% experience emotional or physical trauma prior to chronic pain



Risk of death

- risk of death due to other causes was almost 2.4 times higher among long-term opioid users than among individuals without chronic pain.

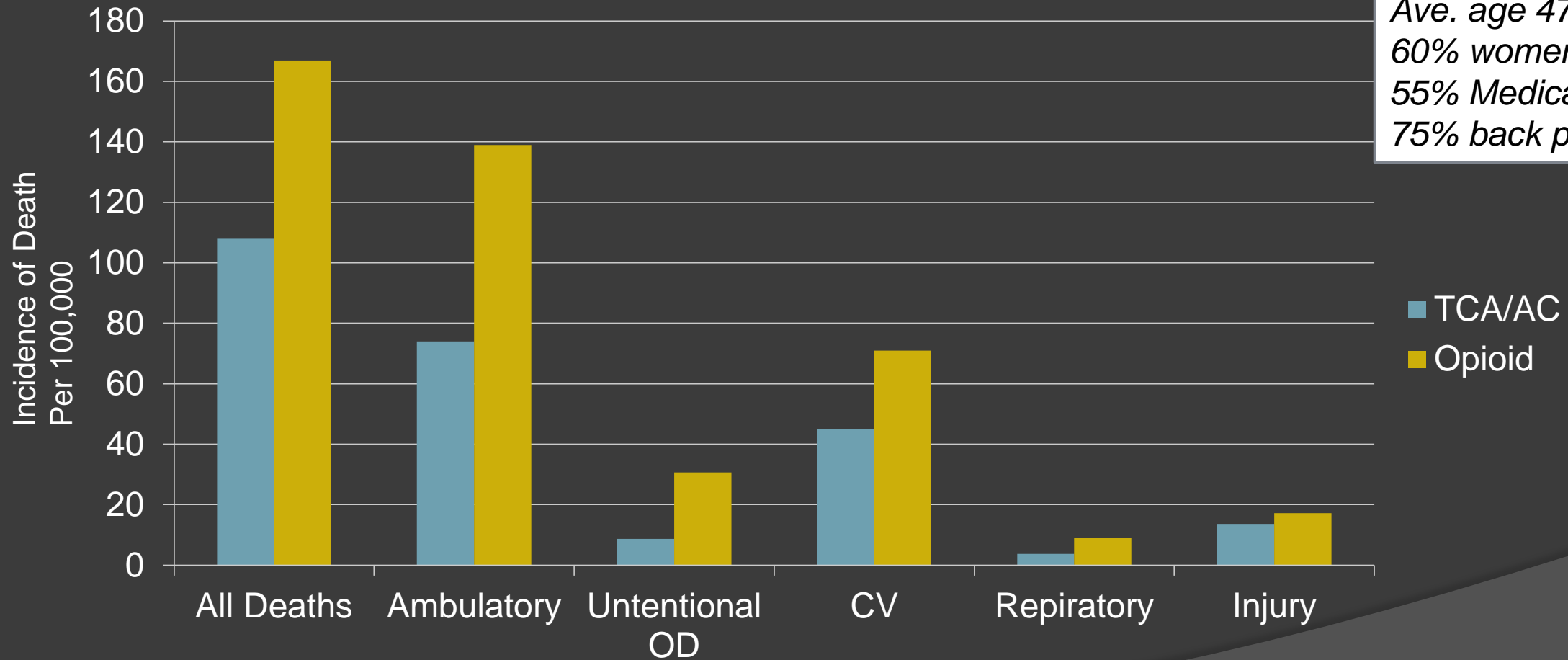
"Chronic pain, opioid prescriptions, and mortality in Denmark: A population-based cohort study," by Ola Ekholm, Geana Paula Kurita, Jette Højsted, Knud Juel, and Per Sjøgren ([dx.doi.org/10.1016/j.pain.2014.07.006](https://doi.org/10.1016/j.pain.2014.07.006)).

Life expectancy calculation

- ⦿ National life insurance company estimates
 - Without chronic narcotic use 93 years
 - With chronic narcotic use 73 years

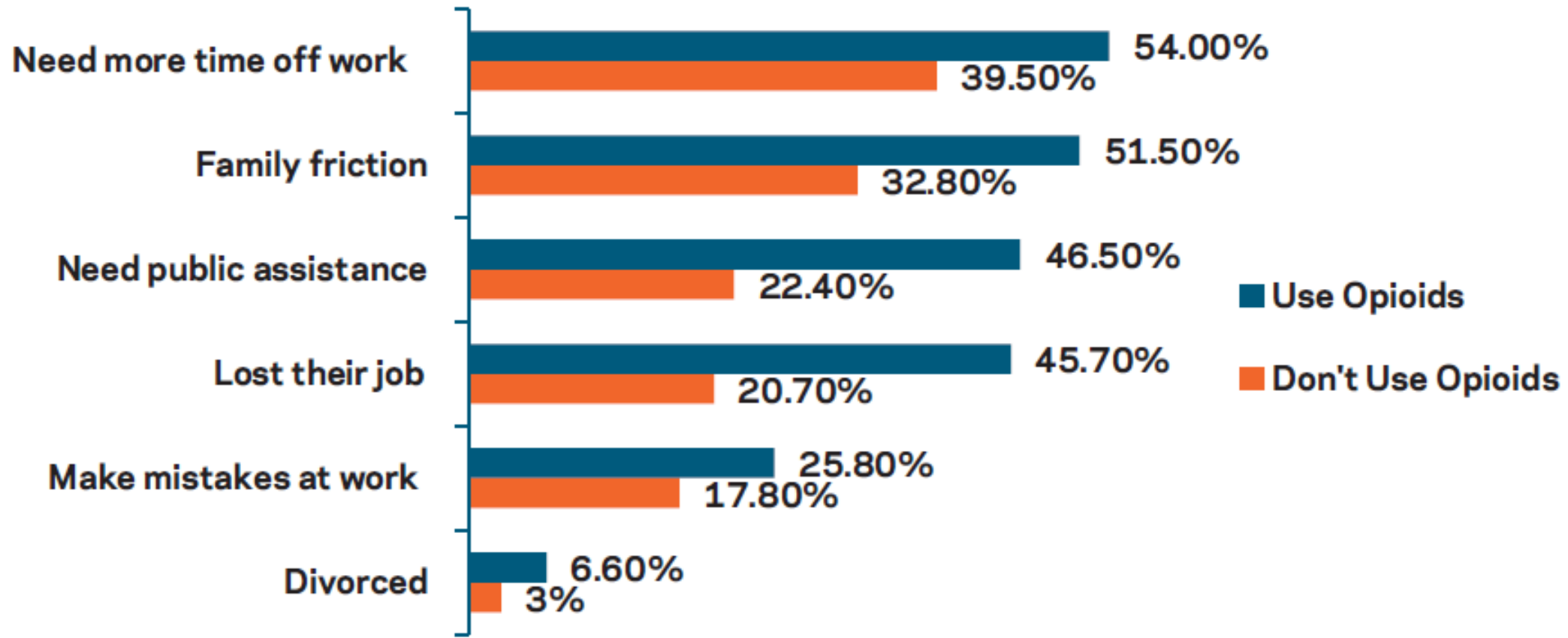
Long acting opioids & mortality

45,000 people in study
Ave. age 47 years
60% women
55% Medicaid disability
75% back pain



Opioids Cause Greater Personal and Social Problems

Experiences of U.S. Chronic Pain Sufferers





Opioid Prescribing: Safe Practice, Changing Lives

Presented by CO*RE
Collaboration for REMS Education
www.core-rems.org



Collaborative for
REMS Education

Goals

- ⦿ Maximize normal function – return to normal activities
- ⦿ Increase patient's ability to self-manage pain
- ⦿ Reduce subjective pain intensity
- ⦿ Reduce health care service needs
- ⦿ Set time to return to work or normal activities

It's all about FUNCTION

Pain assessment

- Have a distinct diagnosis for pain

Pain assessment

- Determine the type and nature of pain
- Assess functional status

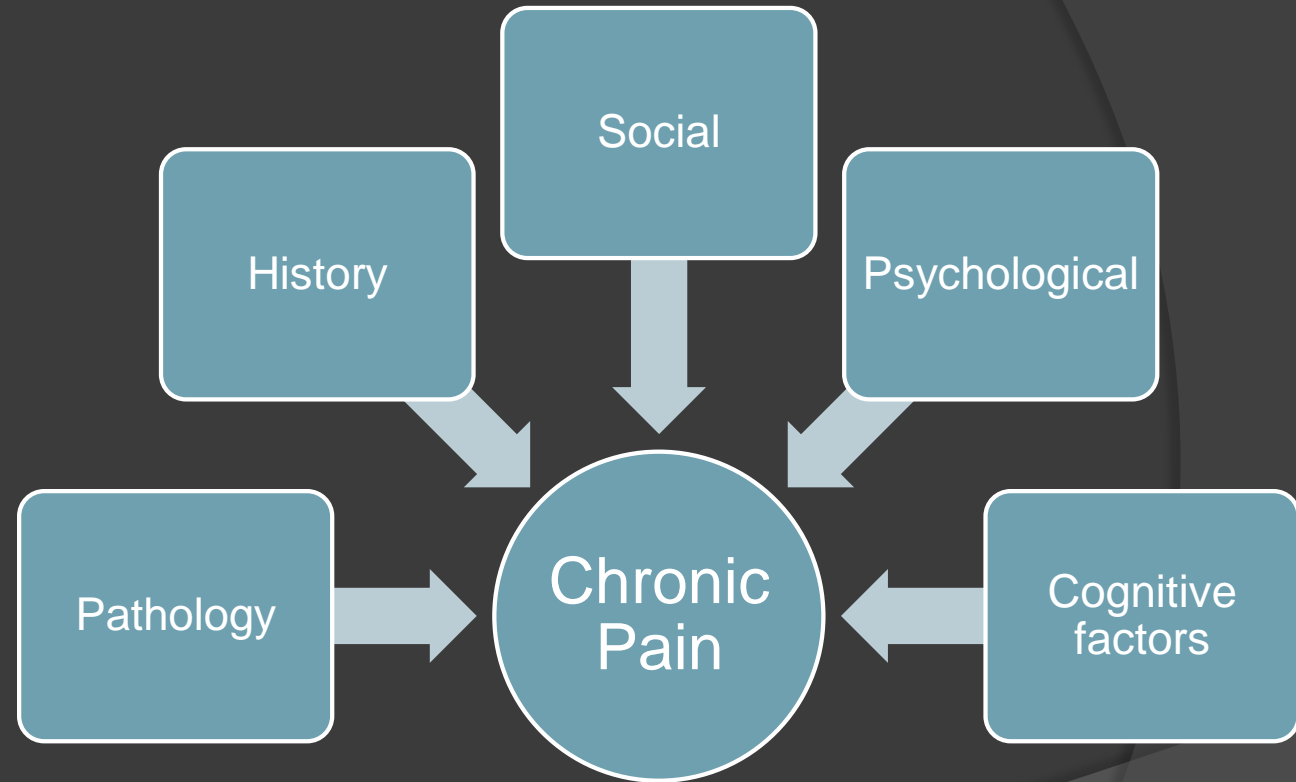
Pain assessment

- Coping mechanisms



Pain assessment

- Identify contributing factors
 - Comorbid conditions
 - Spiritual or social issues
 - Psychological factors



Morphine equivalents	Opioid analgesics ratio	PO (mg)
Morphine	1	60
Codeine	1:0.15	200
Oxycodone	1:1.5	30
Hydromorphone	1:5	7.5
Meperidine	1:0.1
Fentanyl patch		
25 ug	1:97	
50 ug	1:202	
100 ug	1:382	

Avoiding Opioid Analgesics for Treatment of Chronic Low Back Pain

- 7925 participants (20 Random Clinical Trials)
 - 50% withdrawal from study due to adverse or no effect
 - Mild pain relief in short term
 - Clinical pain relief was not observed >40 mg Morphine equivalents

When to use Opioids for Chronic Pain

- ⦿ Non pharmacological therapy and non opioid pharmacological therapy are preferred.
 - Opioids should only be used when both the pain and the function are anticipated to outweigh the risk for the patient.
- ⦿ Treatment goals should be established and all patient's
 - goals need to be realistic for pain and function

patient should be
aware of the risk
and realistic
benefits of
opioids



RED FLAGS in prescribing opioids

- History of overdose
- history of substance abuse
- high dose of opioids (> 50 MMEper day)
- combination medications with Sedatives and narcotics
- no relief of pain despite high doses of narcotics
- patient with very little daily function
- history of illicit drug use
- multiple prescribers

CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016



opioid selection

- ⦿ prescribe immediate release opioids instead of long acting opioids
- ⦿ prescribed the lowest effective dose
- ⦿ avoid increasing opioids to the a Morphine mg equivalent of greater than 90 MME/day

opioid selection

- ⦿ rarely more than 7 days are indicated for acute pain
- ⦿ the patient should be re-evaluated within 4 weeks of starting an opioid for chronic pain or increasing the dose.
- ⦿ Patient should be re-evaluated every 3 months

opioid selection

optimize



- other therapy should be optimized and efforts to taper opioids to lower doses or discontinuation

Long term controlled substance
For Chronic Pain Treatment
Patient/Physician Agreement

Urine drug testing

When prescribing opioids for chronic pain, clinicians should use urine drug testing before starting opioid therapy and consider urine drug testing at least annually to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs (recommendation category: B, evidence type: 4).

Pain Nurse Function

- Patient assessment
- Case management and coordination
- Maintenance of pain agreements
- Drug testing
- Assist in the establishment of protocols
- State pharmacy database review
- Writing prescriptions to prepare for physician signatures
- Coordination of telemedicine

RN Assessment

- PCP
- Last appointment with PCP
- Pain contract date
- Pain assessment
 - Location and description
 - Pain scale
 - Highest rating in 30 days
 - Lowest rating in 30 days
- Medications
 - Dose and frequency
 - Effectiveness
 - Other pain medications
 - OTC medications
- General assessment
 - Appearance
 - Speech
 - Vitals

Pharmacy Function

- Evaluate patients with complex medication regimens
- Provide medication patient education
- Assist when care transition is indicated
- Serve as a resource for physicians and nurse

The Illinois Heroin Crisis Act

● ACTION:

All physicians and other authorized prescribers must include clear documentation within the medical record for three 30-day sequential prescriptions for any schedule II narcotics. The documentation must include medical necessity for the amount and duration of the prescriptions.

- ◎ A new Advisory Committee will be established by the state to determine appropriate clinical guidelines for prescriptions.
 - Part of this Committee will be a peer-review subcommittee, made up of physicians and pharmacists, which will be tasked with reviewing data from the PMP, including identification of clinicians who may be prescribing or dispensing outside the currently accepted standards of professional practice.

- ⦿ Best practice guidelines state that a comprehensive assessment and documentation is recommended before initiating opioid therapy, including the documentation of a history, medical condition, psychosocial history, psychiatric status, and substance abuse history.
- ⦿ *Essentially, the treatment with opioids must indicate that the condition is severe enough and that the medication required is intense enough that it can only be done with opioids*

George

- 66 y/o male with chronic back pain
- Started having back pain 25 years after slipping and falling at the job site.
- Back surgery 8 years ago with temporary improvement
- No benefit from epidural steroids
- Has been treated with hydrocodone and oxycontin for the past 9 years

George

- He continues to have pain (8/10)
- Wants something stronger

tapering strategies

- ⦿ long-term opiate use induces opiate induced hyperalgesia
 - the brain becomes more sensitive to pain
- ⦿ no widely accepted tapering protocol

TAPERs

- Methadone: Decrease dose by 20-50 percent per day until you reach 30 mg/day
- Then decrease by 5 mg/day every three to five days to 10 mg/day
- Then decrease by 2.5 mg/day every three to five days

- ..Morphine SR/CR: Decrease dose by 20-50 percent per day until you reach 45 mg/day
- Then decrease by 15 mg/day every two to five days

- ..Oxycodone CR: Decrease dose by 20-50 percent per day until you reach 30 mg/day
- Then decrease by 10 mg/day every two to five days

Strategies for tapering:

- slowly tapering the opioid dose and taking into account the following issues:
 - A decrease by 10% of the original dose per week is usually well tolerated
 - with minimal physiological adverse effects. Some patients can be tapered
 - more rapidly without problems (over 6 to 8 weeks).

If opioid abstinence syndrome is encountered, it is rarely medically serious

- although symptoms may be unpleasant.
- Symptoms of an abstinence syndrome, such as nausea, diarrhea, muscle

Strategies for tapering:

- ⦿ pain and myoclonus can be managed with clonidine 0.1 – 0.2 mg orally
 - every 6 hours or clonidine transdermal patch 0.1mg/24hrs (Catapres TTS-1™) weekly during the taper while monitoring for often significant
- ⦿ hypotension and anticholinergic side effects.
 - In some patients it may be necessary to slow the taper timeline to monthly, rather than weekly dosage adjustments.

Strategies for tapering:

- ⦿ Symptoms of mild opioid withdrawal may persist for six months after opioids have been discontinued.
 - Consider using adjuvant agents, such as antidepressants to manage irritability, sleep disturbance or antiepileptics for neuropathic pain.
- ⦿ Do not treat withdrawal symptoms with opioids or benzodiazepines after discontinuing opioids.
- ⦿ Referral for counseling or other support during this period is recommended if there are significant behavioral issues.
- ⦿ Referral to a pain specialist or chemical dependency center should be made for complicated withdrawal symptoms

Choosing Wisely

