MANAGING OPIOID RISK AND CHRONIC PAIN IN CLINICAL SETTINGS

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Pain in Context

- IOM Report (2011)
  - Chronic pain affects approximately 100 million American adults
  - More than those affected by heart disease, cancer, and diabetes combined
  - Estimated annual cost of $500-600 billion in medical treatment and lost productivity
## Pain Types

<table>
<thead>
<tr>
<th>Acute Pain</th>
<th>Chronic Pain</th>
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</thead>
<tbody>
<tr>
<td><strong>Hurt = Harm</strong></td>
<td><strong>Hurt ≠ Harm</strong></td>
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<tr>
<td>- Avoidance decreases damage</td>
<td>- Fear-avoidance cycle</td>
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<tr>
<td><strong>Etiology:</strong></td>
<td><strong>Etiology:</strong></td>
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<tr>
<td>- Clear pathway</td>
<td>- Many unknowns</td>
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<tr>
<td>- Often single cause</td>
<td>- Multifactorial</td>
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<tr>
<td><strong>Treatment Course</strong></td>
<td><strong>Treatment Course</strong></td>
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<tr>
<td>- Fixed end point</td>
<td>- No fixed end point</td>
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<tr>
<td>- Immobilization often essential for recovery</td>
<td>- Immobilization can worsen condition</td>
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<tr>
<td>- Medications</td>
<td>- Medications: Caution</td>
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Management Approach to Pain

- Similar to other chronic health conditions lacking a cure
- Focus on quality of life & functioning
Example: Diabetes

- Regulate diet
- Check blood sugars
- Exercise regularly
- Take insulin/medications
- Monitor wounds
Chronic Pain Management

- Medical optimization
  - Physician, NP, PA

- Physical reconditioning
  - Rehabilitation provider (PT, OT)

- Behavioral/lifestyle modification
  - Pain Psychologist
Interdisciplinary Management

- Regulate diet
- Check blood sugars
- Exercise regularly
- Take insulin/medications
- Monitor wounds

- Medical optimization
- Physical reconditioning
- Behavioral/lifestyle modification
Chronic Pain Management

- Development of active self-management tools
- Goals focus on functional improvement and increasing self-efficacy rather than pain reduction
Chronic Pain Management Dilemma

- Medical optimization
  - Physician, NP, PA

- Physical reconditioning
  - Rehabilitation provider (PT, OT)

- Behavioral/lifestyle modification
  - Pain Psychologist
Prescription Opioids

- Leading cause of overdose deaths in the U.S.
- Fatal prescription drug overdoses involving opioids increased ~ 4x from 1999 – 2011
- Rate of ED visits involving prescription drug misuse (opioids + others) doubled from 2004 – 2011

“6.2 Clinicians should evaluate patients engaging in aberrant drug-related behaviors for appropriateness of COT or need for restructuring of therapy, referral for assistance in management, or discontinuation of COT”

“7.4 Clinicians should taper or wean patients off COT who engage in repeated aberrant drug-related behaviors or drug abuse/diversion, experience no progress toward meeting therapeutic goals, or experience intolerable adverse effects.”

Stanford Comprehensive Interdisciplinary Pain Program (SCIPP)

- Typical patient
- Pain conditions accepted
- Admission criteria
Interdisciplinary Treatment

- Physical Therapy
- Occupational Therapy
- Medication Optimization (cocktail)
- Lifestyle/Behavioral Modification
Scheduled Activities

- AM Rounds
- Physical Therapy
- Occupational Therapy
- Pain Coping Skills Class
- Individual Provider Visits
Unscheduled Activities

- Independent practice
- Walking
- Activity tracking log
Behaviors Reinforced

- Consistent across all team members, including nursing
- Application of self-management skills
- Increased activity levels
- Focus on functioning
Behaviors not Reinforced

- Pain behavior
- Medication focus
- Somatic complaints
- Inactivity
SCIPP Outcomes

- $n = 44$ (19 male, 25 female)
- Minimum of 1 pain diagnosis

Assessments:
- Center for Epidemiologic Study of Diseases—Depression Scale (CESD)
- McGill Pain Questionnaire (MPQ)
- McGill Pain Questionnaire-Visual-Analog Scale (MPQ-VAS)
- Profile of Mood States (POMS)

Administered within 24 hours of admission and discharge
Total CESD score was significantly lower at discharge than at admission (p<.001).
Significant reductions were detected on the MPQ sum score (p=.005) and each of the MPQ subscales – PRI (single item pain rating index; p=.007) and Affective (p=.01).
Average pain as assessed by the MPQ-VAS was also significantly lower upon discharge than at admission (p<.001).
Profile of Mood States

Admit/Discharge Score

Anger Hostility
Tension Anxiety
Depression Dejection
Vigor Activity
Fatigue Inertia
Confusion Bewilderment
SCIPP Outcomes

- Significant changes on
  - CESD (p<.001)
  - MPQ-VAS average pain (p<.001)
  - MPQ summary score (p=.005)
  - MPQ pain rating index (p=.007)
  - MPQ affective score (p=.01)
  - POMS Tension-Anxiety (p=.005)
  - POMS Depression-Dejection (p=.001)
  - POMS Vigor-Activity (p=.005)
  - POMS Fatigue-Intertia (p=.002)
  - POMS Confusion-Bewilderment (p=.003)
  - POMS Total Mood Disturbance (p=.01)

- No significant difference on
  - POMS Anger-Hostility
Other Literature Findings

- 373 CPRP participants (3 week)
- ~57% on opioids at admission
- Assessments at admission, discharge, and 6-month (70% return rate; pain severity, depression, psychosocial functioning, health status, pain catastrophizing)
- Pain severity and depression higher in opioid users at admission
- Significant improvement on all variables at discharge, 6-month follow-up regardless of opioid status

Other Literature Findings

- 705 (600 completed) outpatient interdisciplinary program participants
- Opioid group tapered with cocktail
- Opioid group improved same as more than non-opioid group (pain severity, catastrophizing, sleep, treatment satisfaction, pain-related functioning domains)

Outpatient Application

- Participation in CBT-based coping skills class
- Concurrent medication reduction
- Consider joint psych-MD appointments
Addressing Chronic Pain in the Context of Substance Use Disorders

- Employ use of a biopsychosocial formulation of the patient’s predicament versus focusing solely on a biomedical model
- Emphasize focus on function versus pain elimination: Set functional goals (resumption of normal activities, RTW) and use activity tracking sheets
Addressing Chronic Pain in the Context of Substance Use Disorders

- Medication reduction can improve functional outcomes
- Interdisciplinary care enhances results and can lead to decreased medical utilization

Lambeek, Van Mechelen, Knol, Loisel, Anema (2010); Flor, Fydrich, Turk (1992)
Buchner, Zahlten-Hinguranage, Schiltenwolf, Neubauer (2006); Linton & Ryberg (2001)
Risk Evaluation and Mitigation Strategy (REMS)

- Safety education for prescribers & patients

- Multiple possibilities
  - Prescription Drug Monitoring Programs (PDMPs)
  - UDS
  - Risk assessment tools (ORT, SOAPP, etc.)
  - Individual evaluation(s)
  - Visit frequency
  - Treatment plan components
Psychology in REMS

- Guidance re: creation
- Service delivery