

Managing Chronic Pain

Brett Bell, MD/MPH

Family Medicine & Addiction Medicine

Physician Faculty, Family Medicine Residency of Western
Montana

Amber Rogers, RN, MSN

Mountain-Pacific Quality Health

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Agenda

- Epidemiology of opioid prescribing
- Validated tools for assessing chronic pain
- Saying no gracefully
- Review Centers for Disease Control and Prevention (CDC) recommendations
- Diagnosis of opioid use disorder
- Principles of a successful taper

Objectives

At the end of this session, attendees will be able to:

1. Understand the appropriate use of a validated screening and monitoring tool for chronic pain
2. Make sense of conflicting and confusing recommendations from the CDC for diagnosis of opioid use disorder
3. Review opioid tapers and principles for a successful taper

Disclosures

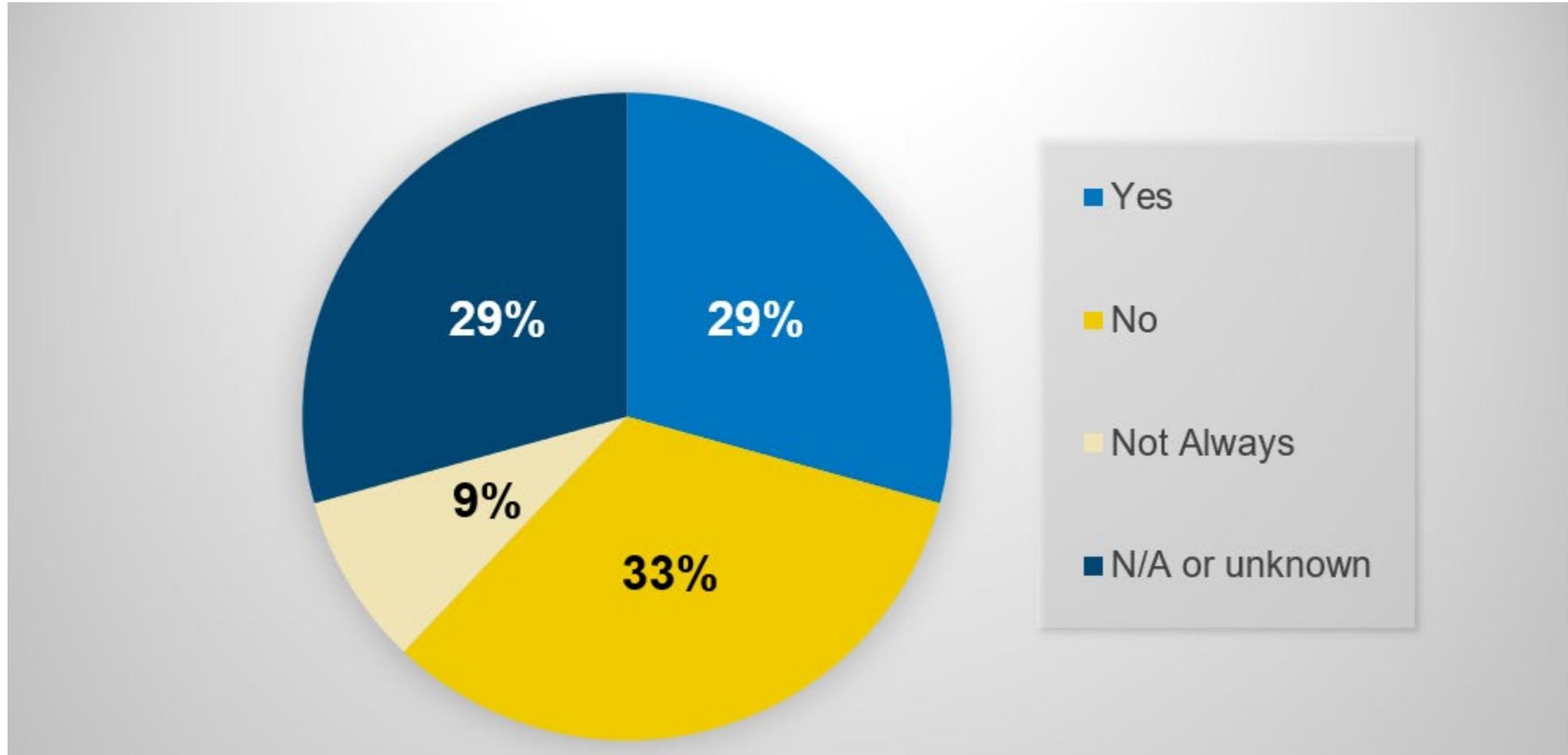
Dr. Bell

- No financial relationships to disclose
- I am NOT a pain specialist! This presentation is from a primary care perspective.

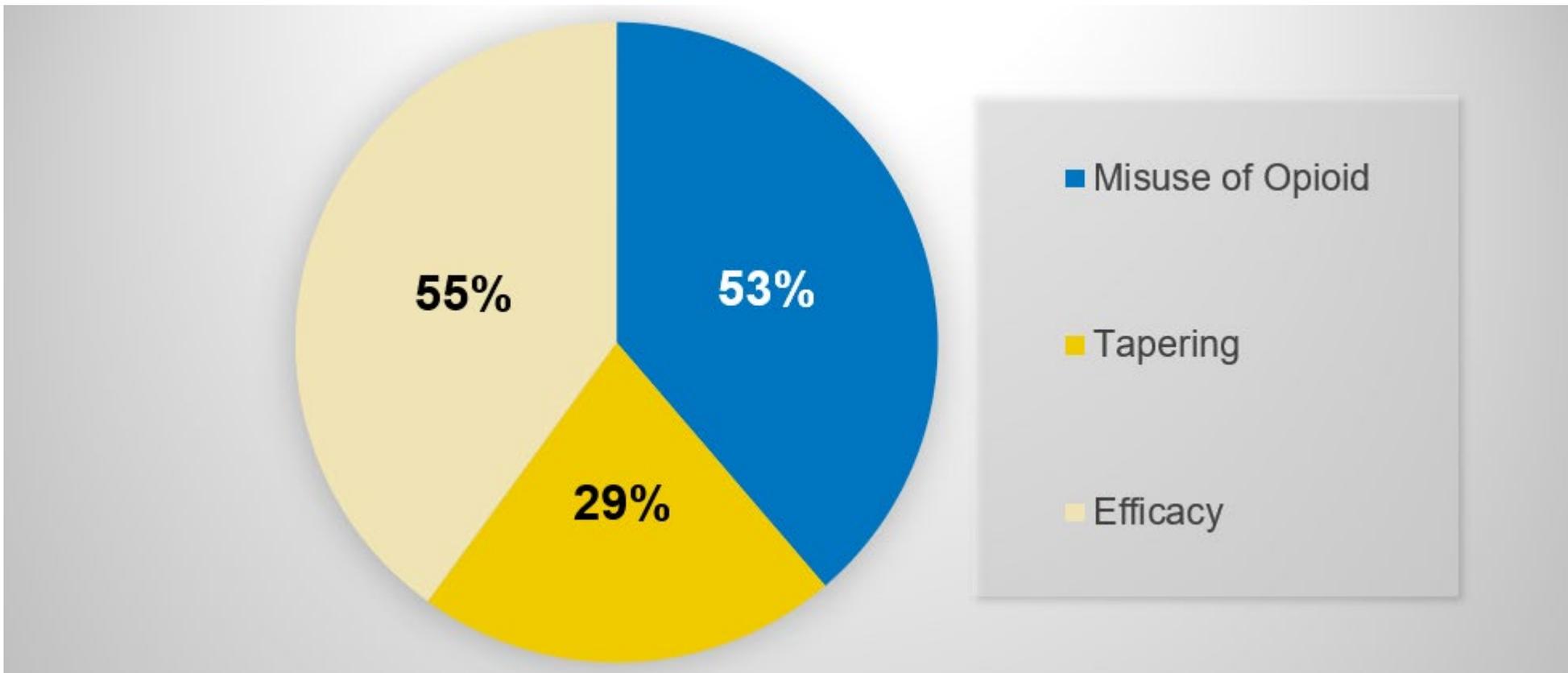
Mountain-Pacific Quality Health

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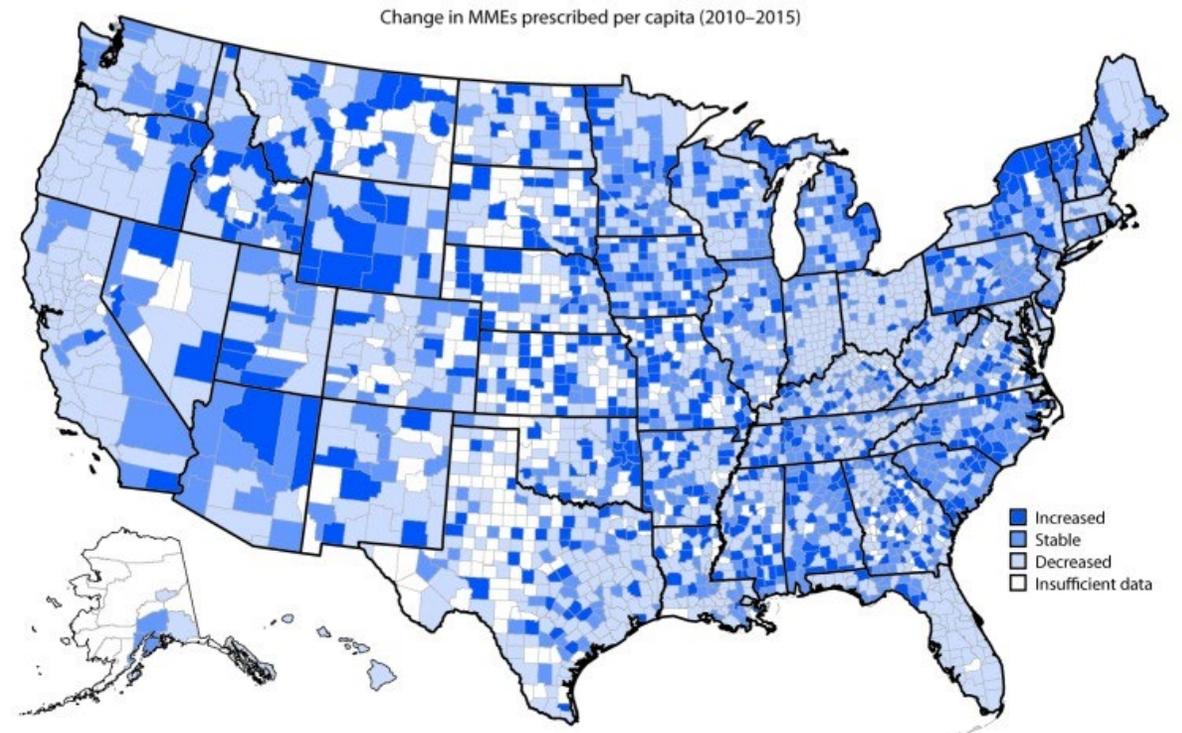
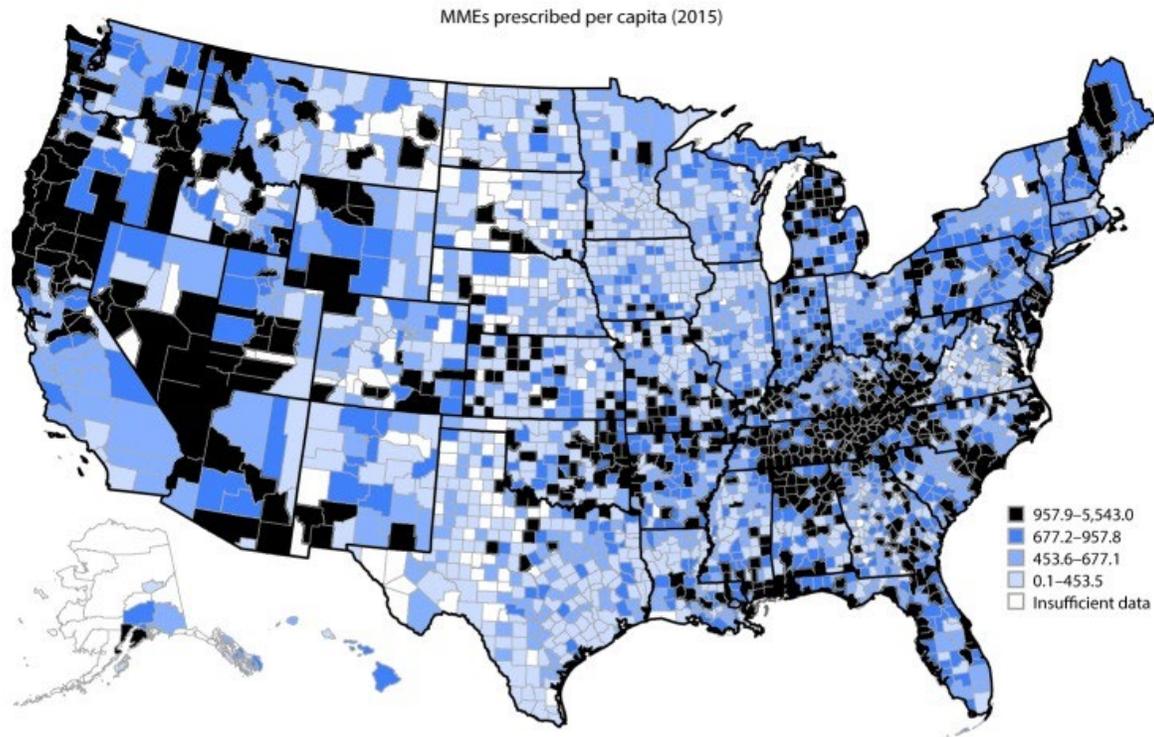
Attendees' Current Substance Use Screening



Concerns About Prescribing Opioids

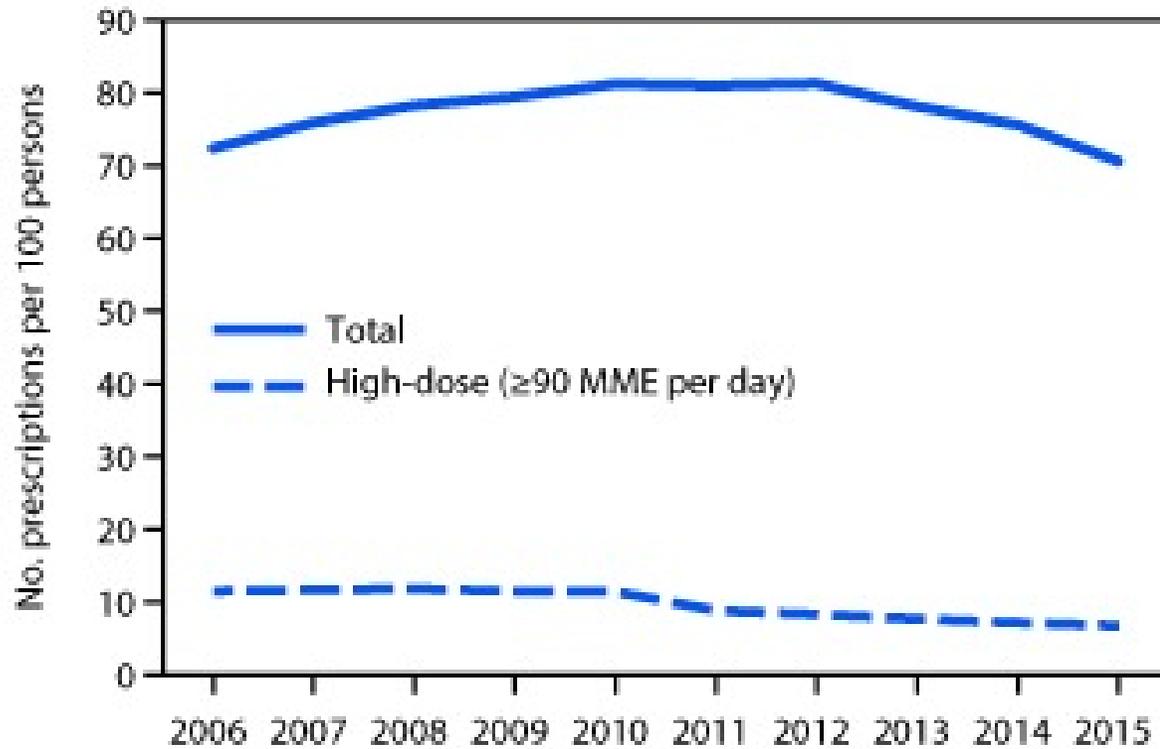


Epidemiology

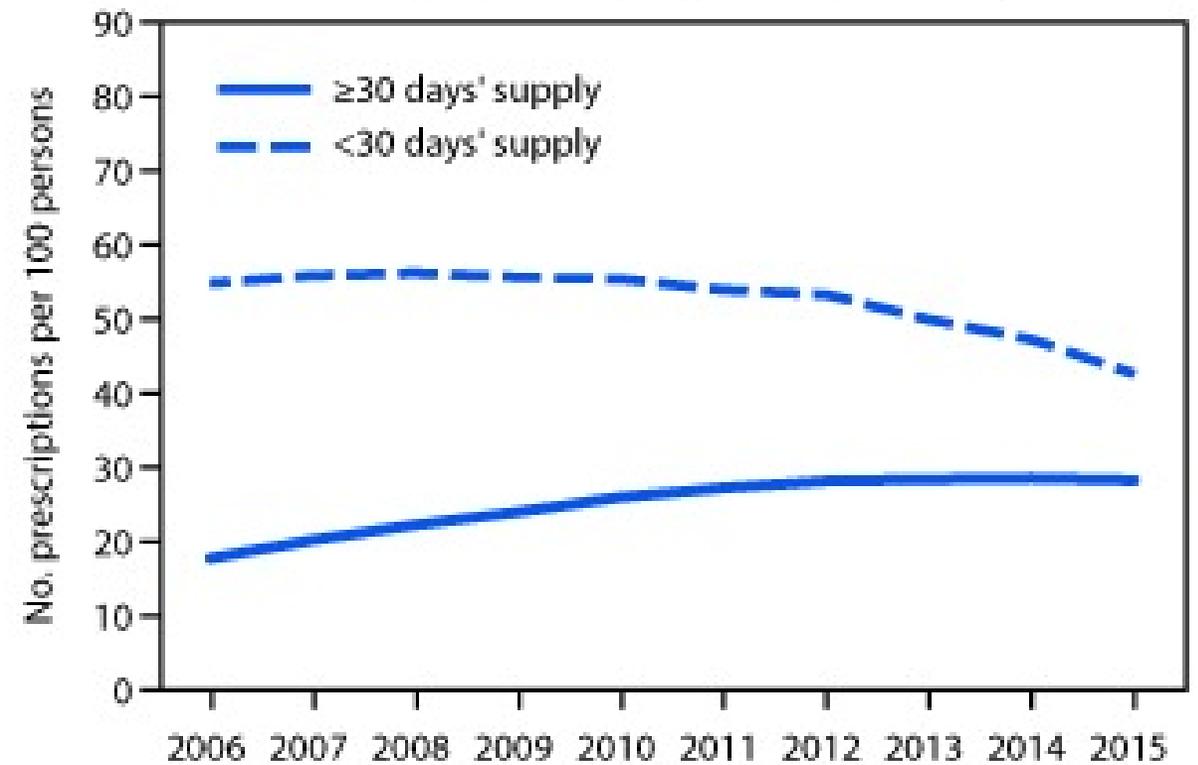


Epidemiology

Annual prescribing rate

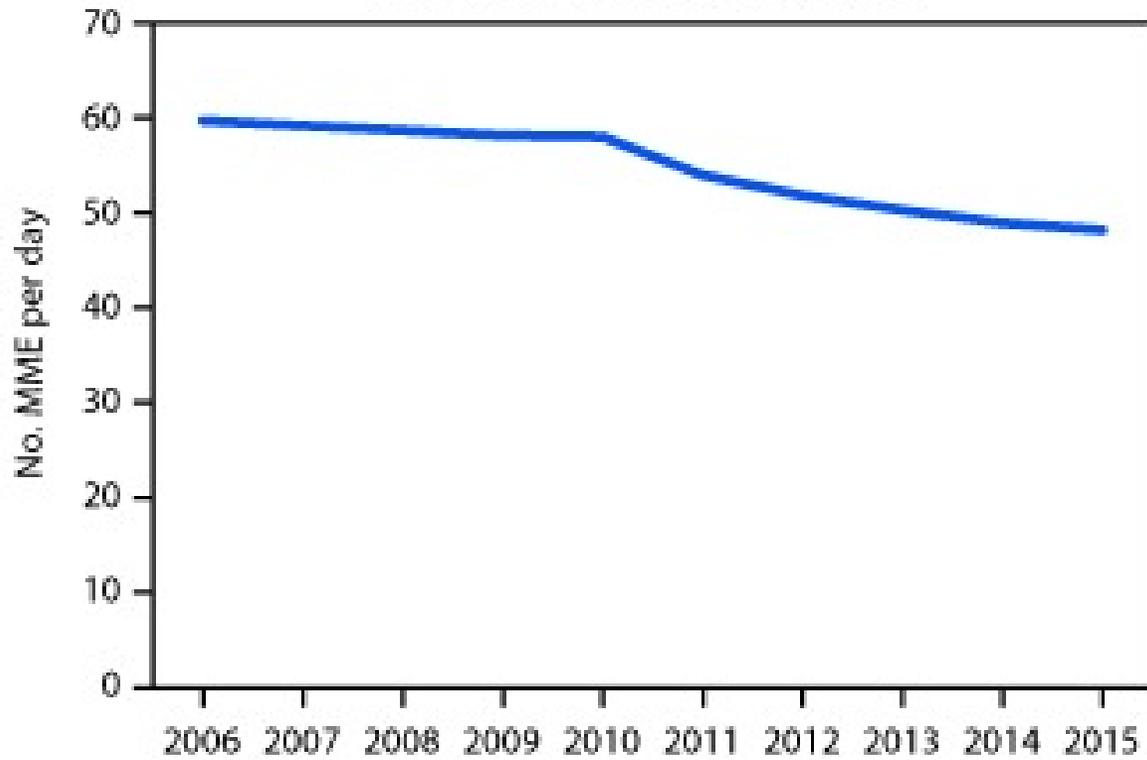


Annual prescribing rate by no. of days' supply

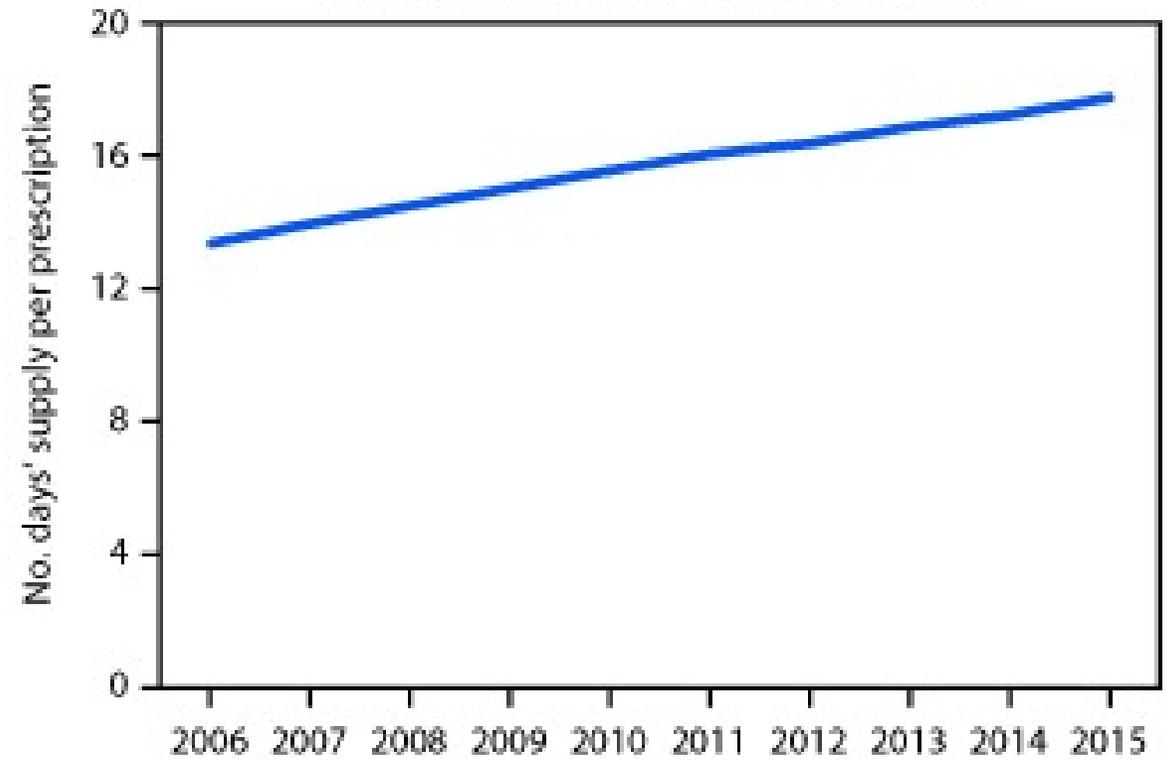


Epidemiology

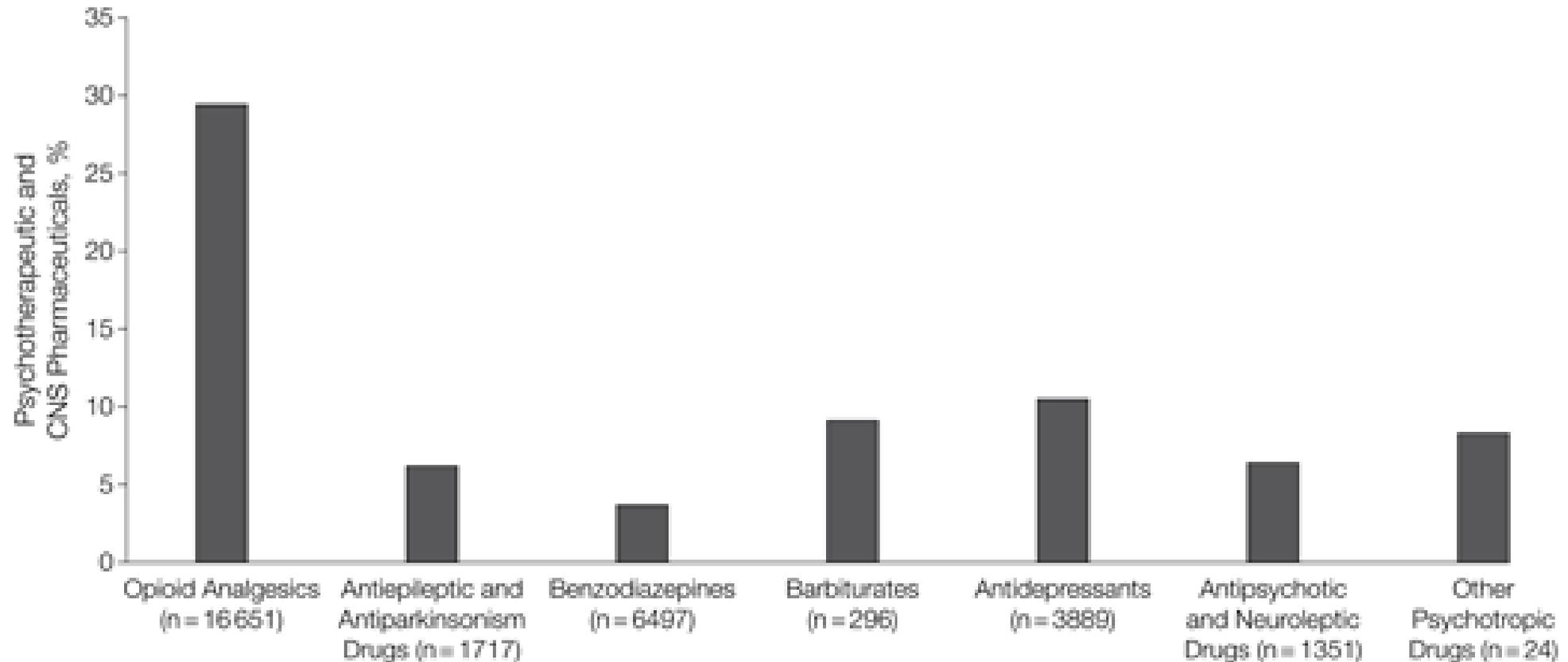
Average daily MME per prescription



Average no. of days' supply per prescription



Concurrent prescriptions



Strategies for Prescribing Analgesics

Comparative Effectiveness (SPACE)

Outcome	Opioid Group, Mean (SD) (n = 119)	Nonopioid Group, Mean (SD) (n = 119)	Between-Group Difference (95% CI) ^a	Overall P Value ^b
Pain-Related Function (Primary Outcome)				
BPI interference scale (range, 0-10; higher score = worse) ^c				
Baseline	5.4 (1.8)	5.5 (2.0)	-0.1 (-0.6 to 0.4)	.58
3 mo	3.7 (2.1)	3.7 (2.2)	0.0 (-0.6 to 0.6)	
6 mo	3.4 (2.1)	3.6 (2.4)	-0.2 (-0.8 to 0.4)	
9 mo	3.6 (2.2)	3.3 (2.4)	0.4 (-0.2 to 1.0)	
12 mo	3.4 (2.5)	3.3 (2.6)	0.1 (-0.5 to 0.7)	
Pain Intensity (Secondary Outcome)				
BPI severity scale (range, 0-10; higher score = worse) ^d				
Baseline	5.4 (1.5)	5.4 (1.2)	0.0 (-0.4 to 0.3)	.03
3 mo	4.3 (1.8)	4.0 (1.7)	0.3 (-0.2 to 0.7)	
6 mo	4.1 (1.8)	4.1 (1.9)	0.0 (-0.5 to 0.5)	
9 mo	4.2 (1.7)	3.6 (1.7)	0.7 (0.2 to 1.2)	
12 mo	4.0 (2.0)	3.5 (1.9)	0.5 (0.0 to 1.0)	

How to Gracefully Say No

F

Name your *feelings* about the patient's request; for example: anger, fear, sadness, annoyance etc.

A

Analyze your thoughts about the request and what is fueling your feelings. Would fulfilling this request be considered either of the following:

- Poor medical care
- Illegal, dishonest or against policy

V

View the patient in the best possible light. Don't assume the patient knows what he or she is requesting is wrong.

E

Explicitly state that the requested action would be considered either of the following:

- Poor medical care
- Illegal, dishonest or against policy

R

Reestablish rapport by showing empathy and using "I wish..." statements

SCREEN AND OPIOID ASSESSMENT FOR PATIENTS WITH PAIN—REVISED (SOAPP®-R)

The following are some questions given to patients who are on or being considered for medication for their pain. Please answer each question as honestly as possible. There are no right or wrong answers.

	Never 0	Seldom 1	Sometimes 2	Often 3	Very Often 4
1. How often do you have mood swings?	<input type="radio"/>				
2. How often have you felt a need for higher doses of medication to treat your pain?	<input type="radio"/>				
3. How often have you felt impatient with your doctors?	<input type="radio"/>				
4. How often have you felt that things are just too overwhelming that you can't handle them?	<input type="radio"/>				
5. How often is there tension in the home?	<input type="radio"/>				
6. How often have you counted pain pills to see how many are remaining?	<input type="radio"/>				
7. How often have you been concerned that people will judge you for taking pain medication?	<input type="radio"/>				
8. How often do you feel bored?	<input type="radio"/>				
9. How often have you taken more pain medication than you were supposed to?	<input type="radio"/>				
10. How often have you worried about being left alone?	<input type="radio"/>				
11. How often have you felt a craving for medication?	<input type="radio"/>				
12. How often have others expressed concern over your use of medication?	<input type="radio"/>				
13. How often have any of your close friends had a problem with alcohol or drugs?	<input type="radio"/>				

CDC Recommendations

DETERMINING WHEN TO INITIATE OR CONTINUE OPIOIDS FOR CHRONIC PAIN

- 1** Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.
- 2** Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks. Clinicians should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.
- 3** Before starting and periodically during opioid therapy, clinicians should discuss with patients known risks and realistic benefits of opioid therapy and patient and clinician responsibilities for managing therapy.

CLINICAL REMINDERS

- Opioids are not first-line or routine therapy for chronic pain
- Establish and measure goals for pain and function
- Discuss benefits and risks and availability of nonopioid therapies with patient



CDC Chronic Pain Management Recommendations

- Only applies to adults experiencing chronic non-cancer pain
- Does not apply to management of acute post-surgical pain, sickle cell crises or cancer pain



- Consider risks/benefits when patients are on 50 morphine milligram equivalents (MME)
- Avoid increasing beyond 90 MME without clear justification – explicitly NOT a recommendation to taper below these MME (though there may be patient safety benefits)



- No abrupt discontinuation or rapid tapering
- Does not apply to patients being treated for opioid use disorder (OUD)



Chronic Pain Assessment Tools

PEG-3: PAIN SCREENING TOOL

What number best describes your pain on average in the past week?

No Pain											Pain as bad as you can imagine
0	1	2	3	4	5	6	7	8	9	10	

What number best describes how, during the past week, pain has interfered with your enjoyment of life?

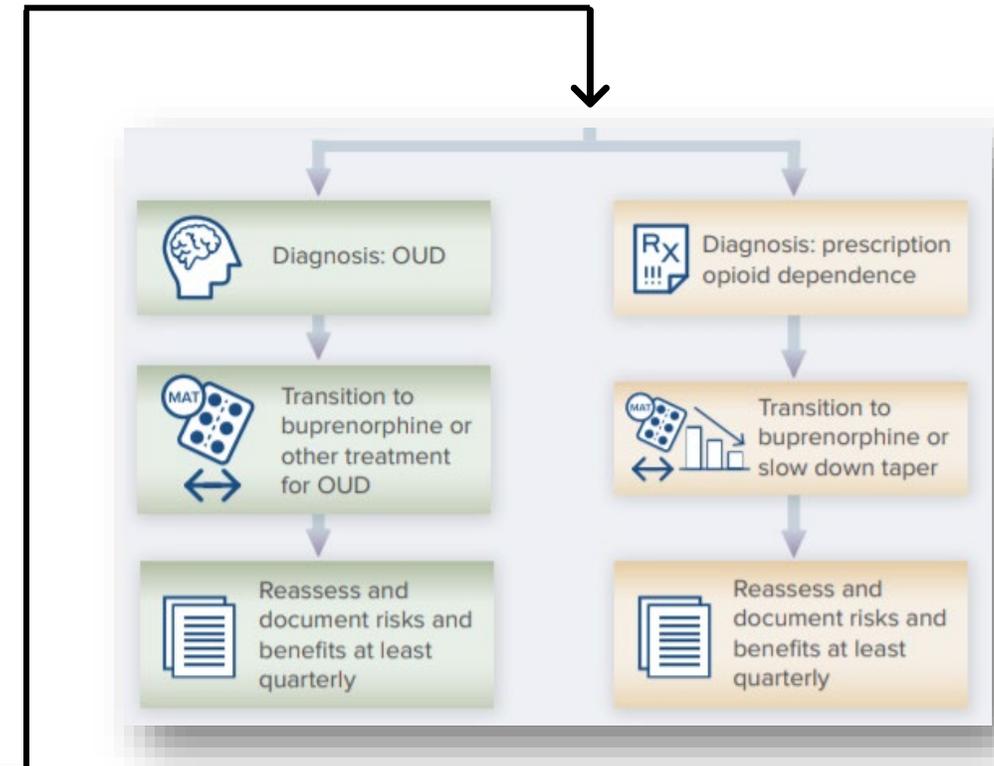
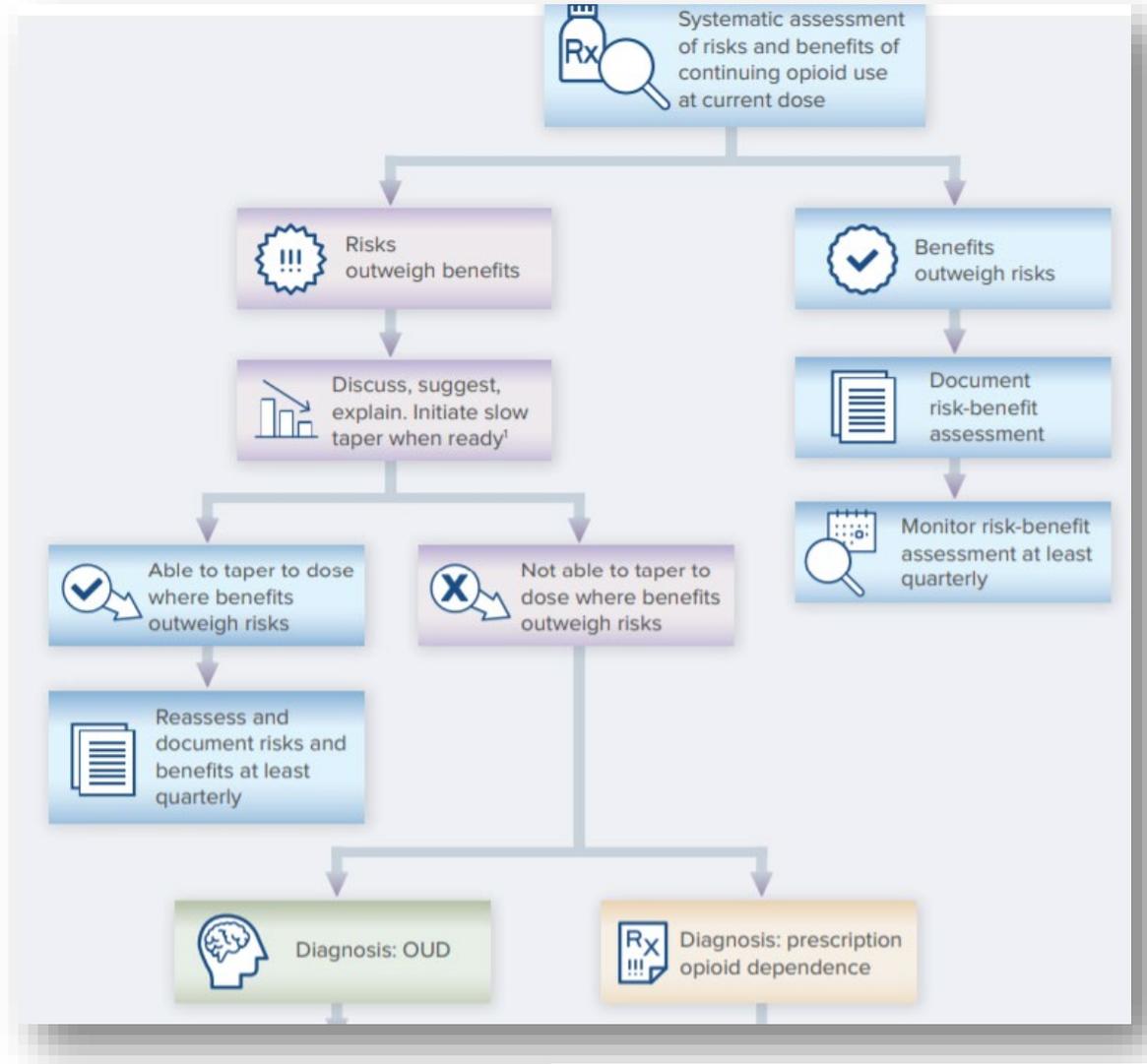
Does not interfere											Unable to carry on any activities
0	1	2	3	4	5	6	7	8	9	10	

What number best describes how, during the past week, pain has interfered with your general activity?

Does not interfere											Completely interferes
0	1	2	3	4	5	6	7	8	9	10	

To compute the PEG score, add the three responses to the questions above, then divide by three to get a final score out of 10.

Chronic Pain Assessment Tools



Diagnosis of Opioid Use Disorder

Addiction Behaviors Checklist

Instructions: Code only for patients prescribed opioid or sedative analgesics on behaviors exhibited “since last visit” and “within the current visit” (NA = not assessed)

Addiction behaviors—since last visit

1. Patient used illicit drugs or evidences problem drinking*	Y	N	NA
2. Patient has hoarded meds	Y	N	NA
3. Patient used more narcotic than prescribed	Y	N	NA
4. Patient ran out of meds early	Y	N	NA
5. Patient has increased use of narcotics	Y	N	NA
6. Patient used analgesics PRN when prescription is for time contingent use	Y	N	NA
7. Patient received narcotics from more than one provider	Y	N	NA
8. Patient bought meds on the streets	Y	N	NA

Addiction behaviors—within current visit

1. Patient appears sedated or confused (e.g., slurred speech, unresponsive)	Y	N	NA
2. Patient expresses worries about addiction	Y	N	NA
3. Patient expressed a strong preference for a specific type of analgesic or a specific route of administration	Y	N	NA
4. Patient expresses concern about future availability of narcotic	Y	N	NA

Diagnosis of Opioid Use Disorder – DSM V Criteria

Taken in **larger amounts** or over a **longer period of time** than intended

Persistent desire or unsuccessful efforts to cut down or control opioid use

Great deal of **time spent in activities to obtain**, use or recover from effects

Craving, or strong desire to use

Resulted in **failure to fulfill major role obligations** at work, school or home

Continued use despite **social or interpersonal problems** caused or exacerbated by opioids

Important social, occupational or recreational **activities given up**

Recurrent use in **physically hazardous situations**

Continued use **despite physical or psychological problems**

Diagnosis of Opioid Use Disorder – DSM V Criteria

Taken in **larger amounts** or over a **longer period of time** than intended

Persistent desire or **unsuccessful efforts** to cut down or control opioid use

Great deal of time spent in activities to obtain, use or recover from effects

Craving, or strong desire to use

Failed to fulfill major obligations at work, school or home

Continued use despite social or personal problems caused or exacerbated by opioids

Important social, occupational or recreational activities given up or reduced

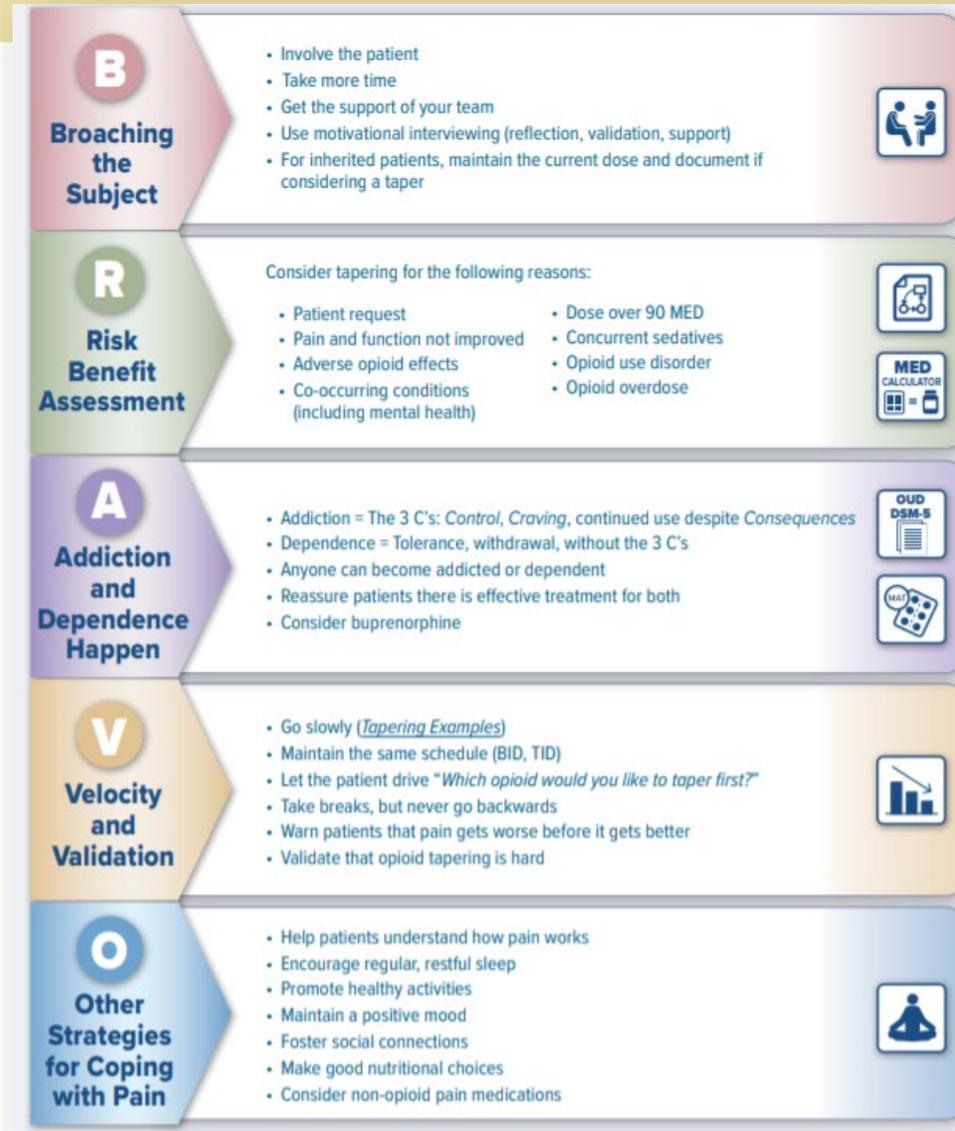
Recurrent use in **physically hazardous** situations

Continued use despite physical or psychological problems caused or exacerbated by opioids



**How much are opioids
ruining this person's life?**

Discussing Opioids with Patients



Taper Principles

Go slowly! Dose reductions of 5-20% per month are reasonable and might even slow down more at the end compared to the beginning.



Never go backwards! It's okay to hold a taper from time to time.



Give the **patient autonomy** and ask if they would like to decrease the dose or the frequency this month?



Reassure the patient you will be with them the whole way.



Be realistic with patient expectations that pain may get worse before it gets better.



Additional Resources

www.oregonpainguidance.org

Access a wealth of resources on managing, monitoring and tapering chronic pain medications

www.pcssnow.org

Check out this free online buprenorphine waiver training

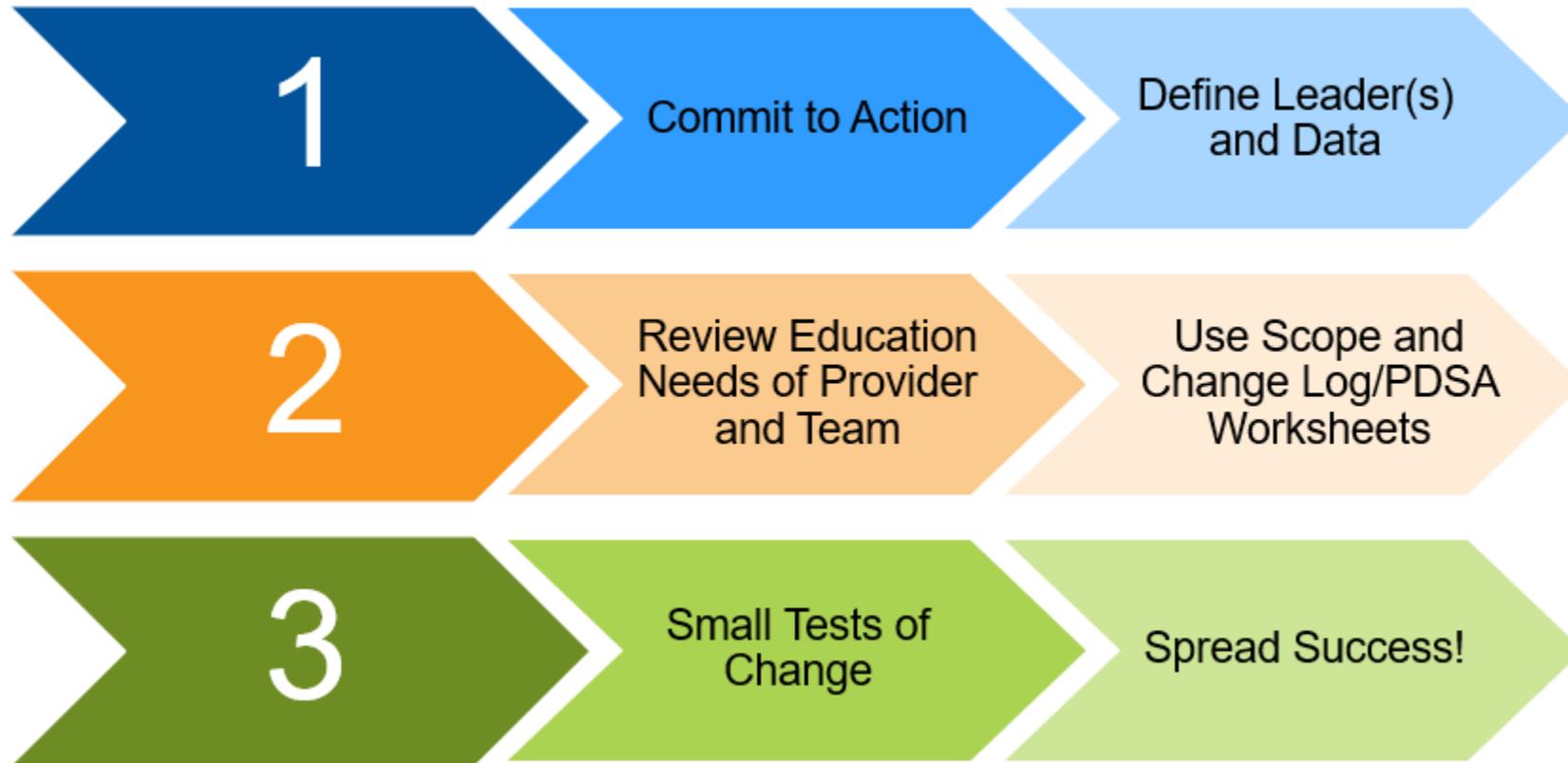
https://www.youtube.com/watch?v=ICF1_Fs00nM

Watch this lecture from pain researcher Lorimir Moseley

Your Turn!



Leaving in Action



Thank you!

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www.oregonpainguidance.org

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