Pain Management and Addiction: Clinical Challenges

MMS Pain Management Forum

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Daniel P. Alford, MD, MPH
Associate Professor of Medicine
Boston University School of Medicine
Boston Medical Center

Conflicts of Interest Disclosure

None

Pain Management & Addiction

Outline

• The issues
• The risk of addiction
• Diagnosing addiction
• Treating patients with addiction
The Issues

Exhibit 2: Past Year Initiation of Non-Medical Use of Prescription-type Psychopharmaceuticals, Age 12 or Older: In Thousands, 1965 to 2005

Source: SAMHSA, OAS, NSDUH data, July 2007
Pain May Reduce Addiction Risk

- Patients on morphine with successful nerve block developed CNS depression
- Less physical dependence
- Less opioid reward or euphoria

Brown et al., 2002, Vaccarino et al., 1993, Zacny et al., 1996

Unintentional Opioid Overdoses & Annual Prescription Opioid Sales
1990 - 2006

Source: Paulozzi, CDC, Congressional testimony, 2007 National Vital Statistics System
Opiophobia

Issues Preventing Opioid Prescribing

<table>
<thead>
<tr>
<th>Reason for Opioid Prescribing Concerns</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential for patients to become addicted</td>
<td>89%</td>
</tr>
<tr>
<td>Potential for patients to sell or divert</td>
<td>75%</td>
</tr>
<tr>
<td>Opioid side effects</td>
<td>53%</td>
</tr>
<tr>
<td>Regulatory/law enforcement monitoring</td>
<td>40%</td>
</tr>
<tr>
<td>Hassle and time required to track/refill</td>
<td>28%</td>
</tr>
</tbody>
</table>

Upshur CC et al. J Gen Intern Med 2006

The Challenge....
The Risk of Addiction

• Published rates of abuse and/or addiction in chronic pain populations are 3–19%.

• Known risk factors for addiction to any substance are good predictors for problematic prescription opioid use.
  – Past cocaine use, h/o alcohol or cannabis use.
  – Lifetime history of substance use disorder.
  – Family history of substance abuse, a history of legal problems and drug and alcohol abuse.
  – Tobacco dependence.
  – History of severe depression or anxiety.

1 Ives T et al. BMC Health Services Research 2006
2 Reid MC et al. JGIM 2002
3 Michna E et al. JPSM 2004
4 Akbik H et al. JPSM 2006

Detection of Substance Abuse in Primary Care

• Among patients presenting for addiction treatment who had a primary care physician (n=1440), 45% stated their physician was unaware of their substance abuse.


Screening for Substance Abuse

• Risky alcohol use
  "How many times in the past year have you had $5^*$ or more drinks in a day?" (positive answer: > 0) $^*$
  ($^*$4 for women or men >65)

• Prescription and illicit drug misuse/abuse
  "How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?" (positive answer: > )

Screener & Opioid Assessment for Pts w/ Pain (SOAPP® - SF)

Evaluate for relative risk for developing problems: 96% sensitive, 67% specific

0=Never, 1=Seldom, 2=Sometimes, 3=Often, 4=Very often

1. How often do you have mood swings?
2. How often do you smoke a cigarette within an hour after you wake up?
3. How often have you taken medication other than the way it was prescribed?
4. How often have you used illegal drugs (for example, marijuana, cocaine, etc) in the past 5 years?
5. How often, in your lifetime, have you had legal problems or been arrested?

Sum of Above 4

≥4 is POSITIVE
<4 is NEGATIVE

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Diagnosing Addiction

Making the Diagnosis...

Diagnosing Opioid Dependence in Patients on Chronic Opioids is Difficult

Requires 3 or more criteria occurring over 12 months

1. Tolerance – YES
2. Withdrawal/Physical dependence – YES
3. Taken in larger amounts or over longer period - MAYBE
4. Unsuccessful efforts to cut down or control - MAYBE
5. Great deal of time spent to obtain substance - MAYBE
6. Important activities given up or reduced - MAYBE
7. Continued use despite harm - MAYBE

American Psychiatric Association DSM IV-TR 2000
Addiction is…
• A primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations

• A clinical syndrome presenting as…
  – Loss of Control
  – Compulsive use
  – Continued use despite harm
  – Craving

Aberrant Medication Taking Behaviors

Savage SR et al. J Pain Symptom Manage 2003

Aberrant Medication Taking Behavior
A spectrum of patient behaviors that may reflect misuse:
• Health care use patterns (e.g., inconsistent appointment patterns)
• Signs/symptoms of drug misuse (e.g., intoxication)
• Lying and illicit drug use
• Problematic medication behavior (e.g., noncompliance)

Implications
• Concern comes from the “pattern” or the “severity”

Butler et al. Pain. 2007

Aberrant Medication Taking Behavior
Less Likely to be Predictive of Addiction

− Complaints about need for more medication
− Drug hoarding
− Requesting specific pain medications
− Openly acquiring similar medications from other providers
− Occasional unsanctioned dose escalation
− Nonadherence to other recommendations for pain therapy

Passik SD May Clin Proc 2009
Aberrant Medication Taking Behavior

More Likely to be Predictive of Addiction

- Deterioration in functioning at work or socially
- Illegal activities—selling, forging, buying from nonmedical sources
- Injection or snorting medication
- Multiple episodes of “lost” or “stolen” scripts
- Resistance to change therapy despite adverse effects
- Refusal to comply with random drug screens
- Concurrent abuse of alcohol or illicit drugs
- Use of multiple physicians and pharmacies

What Does Addiction Look Like?

No evidence of addiction
- Control over medication use
- Improved quality of life
- Aware & dislikes side effects
- Concern about medical problems
- Adheres to treatment plan
- Concern pain relief > opioid

Evidence of addiction
- No control over medication
- Worsened quality of life
- Requests dose increase despite side effects
- Lack of concern about medical problems
- Non-adherent to treatment plan
- Concern opioid > pain relief

Monitoring for Misuse

- “Universal Precautions”
  - Agreements/contracts
  - Monitor for aberrant medication taking behavior
  - Monitor for adherence, addiction and diversion
    - Urine drug testing
    - Pill counts – 28 day supply
    - Initially small quantities & frequent visits
    - Establish a refill & cross coverage system
    - Prescription monitoring program data

FSMB Guidelines 2004 www.fsmb.org
Gourlay CL, Heit HA. Pain Medicine 2005
Chou R et al. J Pain 2009
Discussing Monitoring

- Discuss risks of opioid medications
- Discuss agreements, pill counts, drug tests, etc. as ways to protect patient from harm
  - Statin - LFTs monitoring analogy
- Use consistent approach, but set level of monitoring to match risk

Urine Drug Tests

- Evidence of therapeutic adherence
- Evidence of non-use of illicit drugs

- Know limitations of test and your lab
- Know a toxicologist/clinical pathologist
- Complex patient-physician communication


<table>
<thead>
<tr>
<th>BEHAVIOR ISSUES</th>
<th>YES</th>
<th>NO</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>URINE TOX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POSITIVE</td>
<td>10  (8%)</td>
<td>26 (21%)</td>
<td>36 (29%)</td>
</tr>
<tr>
<td>NEGATIVE</td>
<td>17  (14%)</td>
<td>69 (57%)</td>
<td>86 (71%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>27  (22%)</td>
<td>95 (78%)</td>
<td>122</td>
</tr>
</tbody>
</table>

26/122 (21%) of patients had no aberrant behavioral issues BUT had abnormal drug test

Katz NP et al. Clinical J of Pain 2002
Opioid Risk Monitoring: COMM
Current Opioid Misuse Measure

- Patient self-administered validated questionnaire
- 17 items, takes ~10 minutes
- Helps for deciding on level of monitoring
- It is NOT a lie detector
- Key elements: over-sedation, consequences of overuse, multiple prescribers, medication misuse, active mental health issues, compulsive use, obtaining meds from someone else, loss of control

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Exit Strategy
Discussing Possible Addiction

- Explain observed aberrant behaviors raises your concern for possible addiction.
- Benefits no longer outweighing risks.
  - “I cannot responsibly continue prescribing opioids as I feel it would cause you more harm than good.”
- Always offer referral to substance abuse treatment.
- Stay 100% in “Benefit/Risk of Med” mindset.

Treating Patients with Addiction
Undertreatment of Pain

• 516 ambulatory AIDS patients with chronic pain
• Patients who reported injection-drug use (IDU) as their HIV risk factor were significantly more likely to be under-medicated
• Opioid analgesia was withheld from all patients with IDU history, regardless of whether current users, drug-free or in a methadone maintenance program


Managing Pain in Patients with History of Addiction

Complicated by:
• Generalized opiophobia
• Regulatory scrutiny and uncertainty about laws and regulations governing use of opioids
• Prevailing moral and social (punitive) views of addiction
• Clinician concerns regarding causing or contributing to addiction or being “duped”

2004 FSMB Model Policy
Use of Controlled Substances for the Treatment of Pain

• Physicians should not fear disciplinary action from the Board for prescribing opioid analgesics, for a legitimate medical purpose…Compliance with state or federal law is required.

• Management of pain in patients with a h/o substance abuse … may require extra care, monitoring, documentation and consultation with or referral to an expert in the management of such patients.
Potential Risks of Prescribing

- Prescribed opioid analgesic may serve as a trigger for relapse - “cross-addiction”
- Difficulty controlling use
- Patient may be pressured to supply opioids to addicted friends
- Patient may be tempted to sell opioids to supplement personal (disability) income

Potential Risks of Not Prescribing

- Continued addiction-self medicating pain with alcohol and/or illicit drugs
- Unsuccessful detoxification because untreated pain worsens during withdrawal
- Increased distress and anxiety may trigger relapse to active alcohol or drug use

Active Drug Use Results in a Syndrome of Pain Facilitation

*Pain experience is augmented by:*
- Subtle withdrawal syndromes
- Intoxication and withdrawal-related sympathetic arousal, muscular tension
- Sleep disturbance
- Affective changes
- Functional changes

*Savage and Schofferman, 1995*
Addiction alters Pain Experience

- Both stimulant and opioid abusers have less pain tolerance than peers in remission or matched controls
- Former opioid abusers have decreased pain tolerance to pain compared with non-addict siblings
- HIV-infected patients w/ hx of substance abuse required higher doses of opioid analgesics than patients without a hx of substance abuse
- Therefore, patients with a history of addiction may be more pain sensitive and require higher opioid doses

Summary

- Increased availability of opioid analgesics mirrors increased reports of misuse
- Patients with chronic pain should be assessed for risk of opioid misuse
- Predicting and diagnosing addiction in patients with chronic pain can be challenging, therefore monitor using universal precautions
- Treating patients with a history of, or active, addiction is complicated and may require consultation, if available