

Pain Management and Addiction: Clinical Challenges

MMS Pain Management Forum

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Conflicts of Interest Disclosure

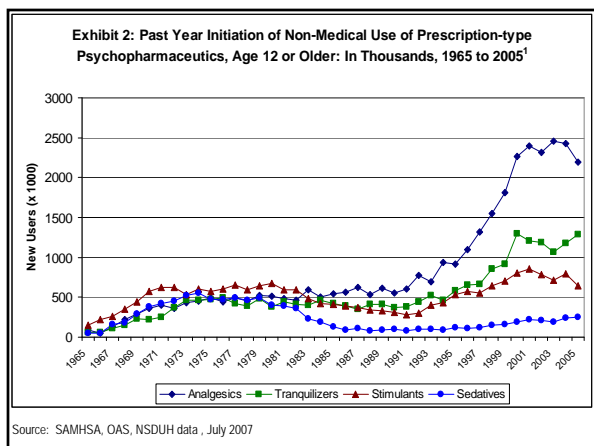
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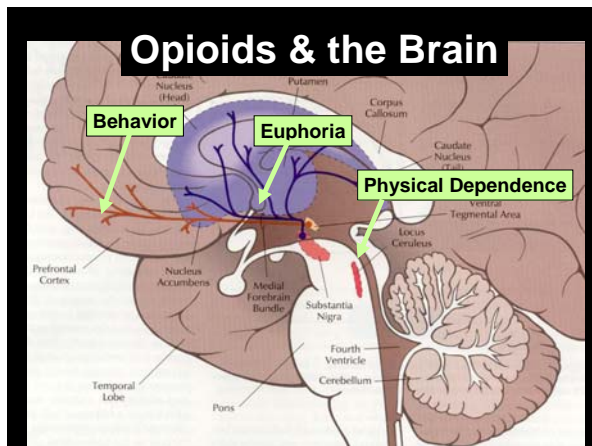
Pain Management & Addiction Outline

- The issues
- The risk of addiction
- Diagnosing addiction
- Treating patients with addiction

The Issues





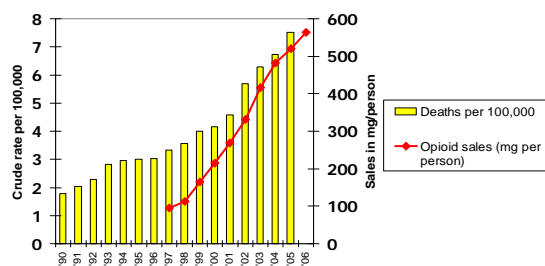


Pain May Reduce Addiction Risk

- 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





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 use¹
 - Lifetime history of substance use disorder²
 - Family history of substance abuse, a history of legal problems and drug and alcohol abuse³
 - Tobacco dependence⁴
 - History of severe depression or anxiety⁴

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

Saitz R et al. Am J Drug Alcohol Abuse. 1997

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: > 0)

NIAAA. <http://www.niaaa.nih.gov/publications/otherpublications/Screening%20for%20Alcohol%20Problems.pdf>

Smith PC et al. Alcohol Clin Exp Res 2007; 32(Suppl 1):108

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

Evaluate for relative risk for developing problems: 86% 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?

≥ 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 **C**ontrol
 - **C**ompulsive use
 - **C**ontinued use despite harm
 - **C**raving

**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

**Yellow
Flags**

- 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 Mayo Clin Proc 2009

Aberrant Medication Taking Behavior

More Likely to be Predictive of Addiction

Red
Flags

- 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

Passik SD Mayo Clin Proc 2009

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 DL, 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

Gourlay DL, Heit HA, Caplan YH. Urine drug testing in primary care: Dispelling myths and designing strategies monograph (www.familydocs.org/files/UDTmonograph.pdf)

Urine Toxicology Monitoring in Patients on Opioids for Chronic Pain

		BEHAVIOR ISSUES		
		YES	NO	TOTAL
URINE TOX	POSITIVE	10 (8%)	26 (21%)	36 (29%)
	NEGATIVE	17 (14%)	69 (57%)	86 (71%)
TOTAL		27 (22%)	95 (78%)	122

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

Katz NP et al. Clinical J of Pain 2002

Opoid 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

Breitbart W et al. Pain. 1997

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:

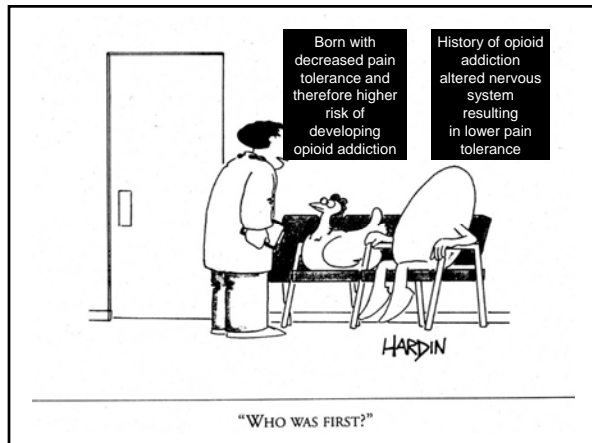
- Subtle withdrawal syndromes
- Intoxication and withdrawal-related sympathetic arousal, muscular tension
- Sleep disturbance
- Affective changes
- Functional changes

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**

Martin J (1965), Ho and Dole V (1979), Compton P (1994, 2001), Swica Y (2002)



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
