Overview: Assessing and Managing Acute and Chronic Pain in the Primary Care setting

Massachusetts Medical Society
Pain Forum
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Disclosure/Disclaimer

- I will be referencing trade names in my presentation as part of case studies from the popular media.
- I have no financial conflict of interest to report.

Definition

- ACUTE PAIN
- Pain of recent onset and probable limited duration. It usually has an identifiable and temporal causal relationship to injury or disease.
- CHRONIC PAIN
- Often persists beyond the time of healing and may not have an identifiable cause

Goals of postoperative analgesia

- Facilitate a speedy return to normal physiological organ function with minimal side effects
- Reduce the incidence of chronic pain after surgery by effective treatment postoperatively
  - Chronic Pain as an Outcome of Surgery
  - Perkins, Kehlet Anesthesiology 2000; 93: 1123-33

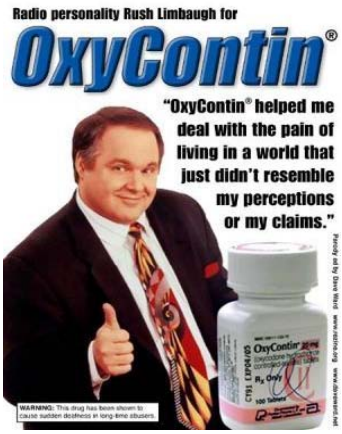
CPSP 338.28

- Neuropathic pain
- Peripheral nerve injury but may not play a major role
- Spinal sensitization and supraspinal antinociception
- ? Opioid induced hyperalgesia
- ? Psychosocial factors
  - Wilder-Smith OH Br J Anaesth 1996
  - Maguire MF Eur J Cardiothoracic Surg 2006

CPSP 338.28

- Age: Incidence of chronic pain after mastectomy 26% in > 70 yr, 40% in 50 to 69 yr, 65% in 30 to 49 yr
- Psychological factors: correlation between anxiety, depression pre-op and severe post-op pain
- Genetic predisposition
- Preoperative pain
- Surgical technique
  - J Psychopharm 2001, Pain 2005, Pain 2004 (Devor M)
  - Ann Surg 2002

Rush Limbaugh



Another casualty

Another casualty

- Brittany Murphy

- Hydrocodone
- Acetaminophen
- Chlorpheniramine
- L-methamphetamine

Legal Drugs Kill Far More than Illegal, Florida Says

NY Times 6/14/08

- Florida 2007; the number of deaths caused by prescription drugs was 3 times the rate of deaths caused by all illicit drugs
- 989 deaths from cocaine, heroin and methamphetamines, 2,328 deaths from Vicodin and Oxycontin
- DEA: 7 million Americans are abusing prescription drugs, an increase of 80% in 6 years and more than the total abusing cocaine, heroin, hallucinogens, Ectasy and inhalants

Science versus Marketing

- 2001 more than 87% of pain specialists treat non-malignant pain with opioids
- Similar rates of prescribing amongst primary care physicians
- No clear cut "good outcome"
- Potential for abuse and selecting the right patient still difficult to determine

APS 2002 Physician Survey
The Promotion and Marketing of Oxycontin: Commercial Triumph, Public Health Tragedy American Journal of Public Health Feb 09

Marketing

- Advertisement for an opioid pill in mainstream medical journals and to general practitioners
- Promotion to family doctors and local pharmacists
- Initial message was "Oxycontin has a lower addiction risk than other opioid medicines"
- Purdue's revenue went from 55 million in 1996 to 1.14 billion $ in 2000

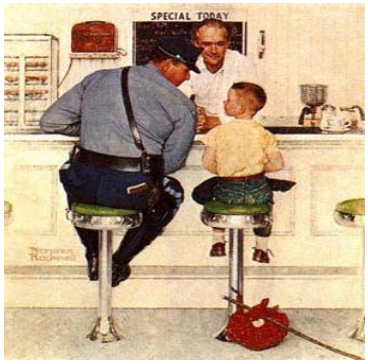
New York Times Magazine July 29 2001

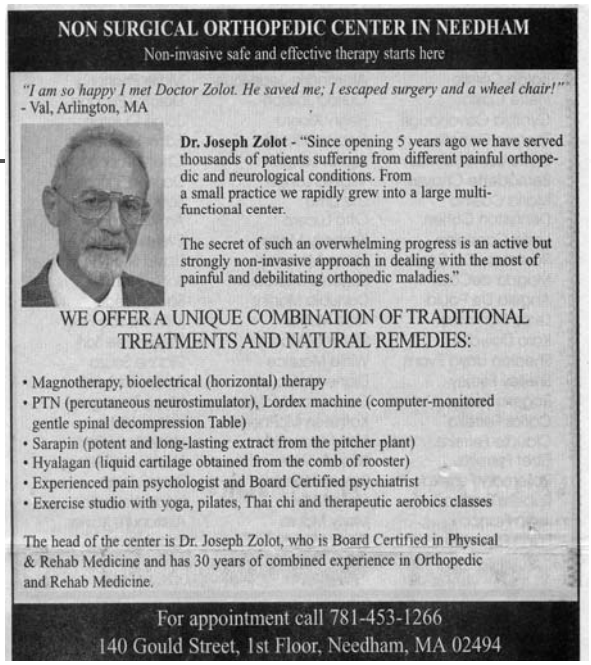
Dr Michael Brown

- Cape Cod internist arrested and convicted of drug and fraud charges.
- Dispensing prescription drugs without a legitimate medical purpose

In trouble with the law

- Legitimate medical purpose
- Patient physician relationship
- Money, sex and drugs





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- Val, Arlington, MA

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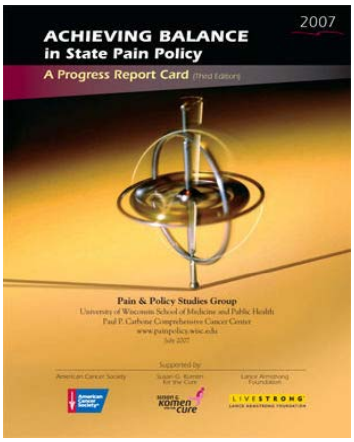
Efficacy

- Overall 30% improvement in pain levels
- The efficacy and safety of opioids as compared to antidepressants and anticonvulsants has not been studied
- Only a minority of patients with chronic non-malignant pain will benefit from opioids

Kalso Pain 112 (2004) 372-380

Principle of BALANCE

- Under treatment of pain
- Potential for misuse, abuse and diversion
- Risk stratification for every patient
  - JAMA 2007



Safety when prescribing opioids

- Under treatment of pain
- Missuse, abuse and diversion of opioids
- How do we balance the two?

Opioid Prescription

- Prior to initiation of opioid therapy need for risk stratification
- Set plan and goals including exit strategy if need be
- Universal precautions

Gallagher Pain Medicine 2005

Risk Assessment tools

- Screener and Opioid Assessment for Patients with Pain SOAPP 2004 and revised in 2008
- Current Opioid Misuse Measure COMM 2007
- Risk Assessment Tool – Score Diagnosis, Intractability, Risk Efficacy DIRE 2006
- Urine toxicology screen

Risk Stratification

- Diagnosis: benign chronic conditions with minimal findings such as fibromyalgia or advanced conditions with concordant findings such as severe ischemic vascular disease or severe PDN
- Intractability: passive role versus patient fully engaged in therapeutic modalities

Risk Stratification 2

- Serious personality dysfunction or mental illness interfering with care
- Chemical health : active or history of substance abuse, chemical coper
- Reliability
- Social support: life in chaos or good social support, working, volunteering etc…

Guidelines for Opioid Prescriptions

- Documentation is essential
- Suggested elements
  - History and physical examination
  - Diagnostic, therapeutic and laboratory results
  - Evaluations and consultations
  - Treatment objectives
  - Discussion of risks and benefits
  - Informed consent
  - Treatments
  - Medications (including date, type, dose and quantity)
  - Instructions and agreements
  - Periodic reviews

Federation of State Med. Boards of the U.S., 2004

More Guidelines

- APS and AAPM
- Opioids for Chronic Non Cancer pain: Prediction and Identification of Aberrant Drug-Related Behaviours: A Review of the Evidence for an American Pain Society and American Academy of Pain Medicine Clinical Practice Guideline
- Research Gaps on Use of Opioids for Chronic Non Cancer Pain: Findings from a Review of the Evidence for an American pain Society and American Academy of Pain Medicine Clinical Practice Guideline

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