Safe Opioid Prescribing for Chronic Pain

MASSACHUSETTS MEDICAL SOCIETY
11th ANNUAL PUBLIC HEALTH LEADERSHIP FORUM

“The Opioid Epidemic: Policy and Public Health”

April 8, 2015

Daniel P. Alford, MD, MPH, FACP, FASAM
Associate Professor of Medicine
Assistant Dean, Continuing Medical Education
Director, Clinical Addiction Research and Education Unit
Director, Safe and Competent Opioid Prescribing Education
Boston University School of Medicine & Boston Medical Center

Opioid Prescribing Targets

• Acute pain (e.g., postop, episodic care)
  – Review PDMP for doctor shopping
  – Limitations on amount prescribed
  – Safe storage and disposal

• Palliative and end of life care
  – Safe storage and disposal

• Chronic pain (cancer, noncancer)
  – Universal precautions regarding risk assessment and monitoring for benefits and harms
Significant barriers to adequate pain care include:

- Negative attitudes and disparities in pain care
- Lack of decision support for chronic pain management
- Financial misalignment favoring use of medications
- Poor support for team-based care and specialty clinics
- Over-burdened primary care providers
- Regulatory, legal, educational and cultural barriers inhibiting the medically appropriate use of opioid analgesics

Chronic Pain is Complicated

- There are no “pain meters”
  - Pain is subjective to both the patient and the provider
- Pain can’t always be visualized even by our most sophisticated diagnostic imaging tests
- Pain is influenced by psychiatric co-morbidities and environmental stressors
- It is difficult to distinguish...
  - inappropriate drug-seeking (addiction) from...
  - appropriate pain relief-seeking

Institute of Medicine. 2011 Relieving Pain in America. Washington DC
*Dzau VJ, Pizzo PA. JAMA 2014; 312 (15):1507-1508
Over-Prescribing Opioids

- Lack of training in pain and addiction at all levels of health professional education
- Societal medication mania
- Patients (families) overly focused on opioids
- Providers’ confrontation phobia
- Providers’ hypertrophied enabling

Mezei L et al. J Pain 2011

Over-Prescribing Opioids

- Lack of specialists for consultations
  - Lack of pain specialists and pain management programs
    - There are only 6 board certified pain physicians per 100,000 adult patients with chronic pain
    - Who are the pain specialists?
  - Lack of addiction specialists
  - Lack of combination pain and addiction management programs

- Lack of options other than medications
  - Lack of multimodal, multidisciplinary pain programs

Breuer B et al. J Pain 2007
Institute of Medicine. 2011 Relieving Pain in America. Washington DC
Multidimensional Care Needed

Cultivate Well-being

Exercise
Manual therapies
Orthotics
TENS
Other modalities
(heat, cold, stretch)

Reduce Pain

CBT/ACT
Tx mood/trauma issues
Address substances
Meditation

Cognitive Behavioral Therapy
Acceptance and Commitment Therapy

Restore Function

Physical
Psychobehavioral

Improve Quality of Life

SELF CARE

Medication
Procedural

NSAIDS
Anticonvulsants
Antidepressants
Topical agents
Opioids
Others

Nerve blocks
Steroid injections
Trigger point injections
Stimulators
Pumps

Exercise
Manual therapies
Orthotics
TENS
Other modalities
(heat, cold, stretch)

Cultivate Well-being

NSAIDS
Anticonvulsants
Antidepressants
Topical agents
Opioids
Others

Medication

TENS  Transcutaneous Electrical Nerve Stim
CBT  Cognitive Behavioral Therapy
ACT  Acceptance and Commitment Therapy

Opioids are Complicated

• >100 polymorphisms in the human MOR gene
• Mu-opioid receptor subtypes
• Opioid metabolism differs by individual opioid and by individual patient
• Not all patients respond to the same opioid in the same way

**Opioid Efficacy for Chronic Pain**
**Inadequately Studied**

- Most literature: surveys and uncontrolled case series
- RCTs are short duration (<8 months) with small samples (<300 patients)
- Mostly pharmaceutical company sponsored
- Outcomes
  - Better analgesia with opioids vs. placebo
  - Pain relief modest
  - Mixed reports on function
  - Addiction not assessed


**Benefit is Difficult to Measure**

- How does one measure pain, function, and quality of life in primary care?
- How much improvement in pain, function and quality of life is enough?
  - Is a decrease in pain from an 9-7 on a 10 point scale enough?
  - Is walking 2 blocks to the store once per week enough?
Harm is Difficult to Measure

Pain Relief Seeking
- Disease progression
- Poorly opioid responsive pain
- Withdrawal mediated pain
- Opioid analgesic tolerance
- Opioid-induced hyperalgesia

Drug Seeking
- Addiction
- Other psychiatric diagnosis
- Criminal intent (diversion)

Pain Relief and Drug Seeking
- e.g. pain with co-morbid addiction, patient taking some for pain and diverting some for income


Universal Precautions in Pain Medicine

- Predicting opioid risk and misuse is imprecise
  - Protects all patients
  - Protects the public and community health

- Consistent application of precautions
  - Reduces stigmatization of individual patients
  - Standardizes system of care

- Resonant with expert guidelines*

* American Pain Society/American Academy of Pain Medicine
American Society of Interventional Pain Physicians
American Academy of Neurology
Federation of State Medical Boards
Canadian National Pain Centre

Common Universal Precautions

• Comprehensive pain assessment including opioid misuse risk assessment

• Formulation of pain diagnosis/es

• Opioid prescriptions should be considered a **test** or **trial**; continued or discontinued based on assessment and reassessment of risks and benefits

• Regular face-to-face visits

• Clear documentation

Federation of State Medical Boards Model Policy 2013. www.fsmb.org/grpol_policydocs.html
Franklin GM. Neurology. 2014; 83:1277-1284

Common Universal Precautions

• **Patient Prescriber Agreements (PPA)**
  • **Informed Consent** (goals and risks)
  • **Plan of Care**
  • Efficacy not well established but no evidence of a negative impact on patient outcomes

• **Monitoring** for adherence, misuse, and diversion
  • Urine drug testing
  • Pill counts
  • Prescription Drug Monitoring Program (PDMP) data

Franklin GM. Neurology. 2014; 83:1277-1284
Videos

I. Starting opioids, discussing monitoring
II. Assessing aberrant opioid-taking behavior, increasing monitoring
III. Addressing lack of opioid benefit and excessive risk, discontinuing opioids
IVA. Inherited Patient on High Dose Opioids, Part A
IVB. Inherited Patient on High Dose Opioids, Part B
V. Established Patient with Evidence of Illicit Drug Use
VI. PDMP: Questionable Activity in an Established Patient
VII. PDMP: Questionable Activity in a New Patient
Improvements in Assessment and Collaboration with Patients (n=476)

- Effectively & efficiently assess patients for potential misuse of opioids? 67% (318) increased, 32% (151) remained the same, 1% (7) decreased.
- Communicate/collaborate with patients around opioid initiation? 71% (338) increased, 28% (132) remained the same, 1% (6) decreased.
- Assess the potential benefit/risk of opioids for chronic pain in a new patient? 72% (341) increased, 26% (126) remained the same, 2% (11) decreased.

Improvements in Patient Communication (n=476)

- Explain to patient methods used to monitor opioid misuse (i.e., urine drug tests and/or pill counts) 78% (369) 2MO, 68% (325) PRE.
- Give patients a counselling document/tools as part of discussions when prescribing opioid analgesics 56% (264) 2MO, 44% (210) PRE.
- Educate my patient about proper storage & disposal of ER/LA opioids 83% (396) 2MO, 63% (299) PRE.

Alford DP et al. manuscript under review
Improvements in Clinical Practice (n=476)

- Improve documentation in patient medical records: 68% (325) Partial/Fully Implemented, 17% (80) Implemented prior to activity, 15% (71) To be implemented within 6-12 months.
- Patient education or communication strategies: 67% (319) Partial/Fully Implemented, 20% (94) Implemented prior to activity, 13% (53) To be implemented within 6-12 months.
- Urine drug testing for monitoring: 52% (246) Partial/Fully Implemented, 19% (92) Implemented prior to activity, 29% (138) To be implemented within 6-12 months.

Alford DP et al. manuscript under review