Alternatives to Prescribed Opioid Pain Relievers

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Opioid Trends Managing MSDs

- Mafi et al JAMA IM 2013. Low Back Pain
  - Outpatient neck / back visits (excluded “red flags”) National Ambulatory Medical Care Survey & NHAMCS 1999-2010
  - NSAID acetaminophen ↓36.9%-24.5% OV
  - Opioids ↑19.3%-29.1%
  - PT utilized 20%
  - MRI/CT ↑7.2%-11.3%; Specialty referrals ↑6.8%-14%
- Daubresse et al Med Care 2013. New Musculoskeletal Pain
  - NAMCS 2000-2010
  - Opioids ↑11.3-19.6% OV
Longer Term Opioid Management in Workers’ Compensation

- WCRI 2012. Analysis of workers comp non-surgical cases
  - 7 d lost time; opioids within first 3 mo and 3+ refills from 7-12 months
  - 21 states 2009-2011 (Range among states)
    - Opioids 3-17%
    - Active rehab 59-98%
    - Psych evaluation 2-27%
    - Psych treatment 1-17%
    - UDS 11-35%

Non-Opioid Medication Alternatives

- Acetaminophen? Machado et al BMJ 2015 / NSAIDs
- Anticonvulsants
- Antidepressants
  - Tricyclic antidepressants, Selective Serotonin Norepinephrine Reuptake Inhibitors
- Select topical agents: NSAIDs, Lidocaine, Capsaicin
  - Issues regarding topical compounded agents
Non-Pharmacologic Alternatives

- Active rehabilitation / exercise, Physical / Occupational Therapy, Chiropractic
  - Variability of the nature of interventions
  - Evidence ↓ pain, ↑ function, ↓ work disability
  - Benefits of integration with psychological interventions for chronic pain

Non-Pharmacologic Alternatives

- Psychologic, Counseling, Cognitive Behavioral Therapy, Meditation, Mindfulness
  - Patient coping, symptom control, active vs. passive role, positive vs. negative thoughts, self-management, problem solving, acquisition and use of new skills
  - How to integrate into primary care, rehab?
  - Coaching, phone, app or web based, telemedicine opportunities?
Non-Pharmacologic Alternatives

- Complementary and Alternative Medicine
  - Acupuncture chronic back and neck pain, fibromyalgia ↓ pain, unclear effect function

- Durable Medical Equipment?
  - Mixed evidence
    - Khadilkar et al Cochrane 2008

Non-Pharmacologic Alternatives

- Injection therapies
  - Epidural steroid injections
    - Acute lumbar radiculopathy
  - Facet injections/radiofrequency?

- Spinal cord stimulators
  - Evidence ↓ pain, ↑ function carefully selected patients CRPS, radicular back pain, failed back syndrome
Non-Pharmacologic Alternatives

- Interdisciplinary / Multidimensional Pain Management (including opioid weaning)
  - Evidence for ↓ pain, ↓ opioid use, ↓ healthcare utilization; some ↑ function
  - Research issues involving study designs (RCT vs. observational), subject inclusion, outcome measures, study duration
  - Practice issues regarding program designs, efficacy, accessibility

Primary Care Recommendations

- Identification of substance abuse and psychological problems and referral
- Active listener
- Motivational interviewing
- Help identify problems and set goals
- Education involving options and preferences
- Encourage patients
- Review successes and barriers
- Coordinate care
Other Recommendations

- Limited evidence of efficacy for many current treatments to improve pain, function, emotion, quality of life
- Research to identify patient characteristics more likely to respond to specific interventions
- Research on efficacy of specific treatment combinations, timing of interventions
- Development of better tools to measure patient outcomes and efficacy
- Improved Shared Decision Making tools for opioids
- Research on ways to better integrate SDM tools for chronic pain in primary care
- Public Health campaigns coping and chronic pain alternatives
- System strategies to help manage prescribed opioids and chronic pain patients