Managing Pain with and without Opioids in the Primary Care Setting

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Overview

1. Basic principles
2. Clinical scenarios
3. Principles of chronic opioid therapy
4. Basic principles reiterated
BASIC PRINCIPLES
- Opioids have proven efficacy and (relative) safety for treating acute pain and pain during terminal illness

- Opioids do NOT have proven efficacy or safety for treating chronic pain long-term

Cautious, Evidence-Based Opioid Prescribing

Despite low-quality evidence supporting practice change,\(^1\)\(^-\)\(^6\) use of chronic opioid therapy (COT) for chronic non-cancer pain increased dramatically over the past two decades.\(^3\)^\(^4\)^\(^-\)\(^6\) Concurrently, opioid analgesic overdose deaths, addiction, misuse and diversion have increased markedly.\(^2\)^\(^5\)^\(^7\)

COT may provide modest, variable short-term pain relief for some patients with chronic pain. Long-term benefits of COT for chronic pain have not been established. Potential medical and behavioral harms of opioids are an important concern, particularly at higher dosage levels and in higher risk or medically complex patients. While COT at lower doses may be a useful treatment for some patients, it should only be considered for carefully evaluated, closely monitored patients when a cautious, structured and selective approach is employed, and clear benefits for pain and function are documented. COT always entails risks for patients, their families and the community, so vigilance and caution are essential.

90 days is a key point

- 90 days is often used in definitions of chronic pain

- Studies show that after 90 days of continuous use, opioid treatment is more likely to become life-long

- Studies show that patients who continue opioids >90 days tend to be high-risk patients


Opioids are powerful drugs and should be reserved for serious pain
What is serious pain?

- Pain with a clear pathoanatomic or disease basis
- Underlying cause is disabling
  - Cannot be improved by primary disease treatment or lifestyle changes
- Goal of pain treatment is comfort
- All other treatments (best efforts) have failed

NOTE: 90% of pain complaints do not meet these criteria

The 90% of chronic pain for which opioids have not proven helpful

Axial low back pain without a pathoanatomic diagnosis

Fibromyalgia

Headache
CLINICAL SCENARIOS
Clinical scenarios

1. Treating chronic pain

2. You get to 90 days—is the patient a suitable candidate for chronic opioid therapy?

3. You inherit a patient already on opioids (>90 days)
Treating chronic pain

- Chronic pain is never simple
- **Use measurement tools as a means of understanding the scope of the problem**
  - Patient Health Questionnaire (PHQ-9) (depression)
  - Generalized anxiety disorder (GAD) (anxiety)
  - Opioid Risk Tool (ORT)

- **Primary treatments for chronic pain**
  - Motivation/activation/*self-help*
  - Counseling

- **Secondary treatments for chronic pain**
  - Low risk analgesics (e.g., gabapentin)
  - Psych meds for depression/anxiety/post-traumatic stress disorder (PTSD)/psychosis
# University of Washington’s Brief Chronic Pain Measurement Tool: PainTracker

Below is a list of locations of pain. In the first column, please indicate one or more areas where you have felt pain over the past week. In the second column, please indicate the one location of your most severe pain:

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>ANY PAIN?</th>
<th>WORST PAIN?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td>(✓ ALL THAT APPLY)</td>
<td>(✓ ONE ONLY)</td>
</tr>
<tr>
<td>Neck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buttocks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genital/Urinary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feet</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please rate your pain by filling in the circle of the one number that best describes your pain on the average in the last week:

- 0: No Pain
- 1: Mild
- 2: Moderate
- 3: Severe
- 4: Very Severe
- 5: Pain as bad as you can imagine

Fill in the circle of the one number that describes how, during the past week, pain has interfered with your:

General activity:
- 0: Does not interfere
- 1: Slightly interferes
- 2: Moderately interferes
- 3: Much interferes
- 4: Completely interferes

Enjoyment of life:
- 0: Does not interfere
- 1: Slightly interferes
- 2: Moderately interferes
- 3: Much interferes
- 4: Completely interferes

Falling asleep:
- 0: Does not interfere
- 1: Slightly interferes
- 2: Moderately interferes
- 3: Much interferes
- 4: Completely interferes

Staying asleep:
- 0: Does not interfere
- 1: Slightly interferes
- 2: Moderately interferes
- 3: Much interferes
- 4: Completely interferes

Chronic pain may limit activities that are very important to you (e.g., caring for children, walking, working). We hope your pain treatment will make it easier for you to do these important activities. Please list one important activity that is difficult for you to perform so that we can monitor it during your pain treatment.

Activity (describe):

How would you rate the difficulty you have had doing this activity over the past week? Can do with:

- 0: No difficulty
- 1: Slight difficulty
- 2: Moderate difficulty
- 3: Severe difficulty
- 4: Extreme difficulty

Over the past 2 weeks, have you been bothered by these problems?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Several days</th>
<th>More days than not</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Feeling nervous, anxious, or on edge
- 0: Not at all
- 1: Several days
- 2: More days than not
- 3: Nearly every day

Feeling down, depressed, or hopeless
- 0: Not at all
- 1: Several days
- 2: More days than not
- 3: Nearly every day

Little interest or pleasure in doing things
- 0: Not at all
- 1: Several days
- 2: More days than not
- 3: Nearly every day

Are you having any side effects from any of the medications you take for pain? Yes [ ] No [ ]

If yes, what is the most bothersome side effect?

Please circle the number that best shows the severity of the most bothersome side effect:

- 0: None
- 1: Slight
- 2: Moderate
- 3: Severe

In the past month, how many "bad days" have you had where you needed to take more pain medication than your doctor is currently prescribing?

- 0: None
- 1 to 2
- 3 to 5
- > 5

Please fill in the circle of the one number that best shows how satisfied you are with the results of your pain treatment:

- 0: Extremely unsatisfied
- 1: Unsatisfied
- 2: Slightly unsatisfied
- 3: Satisfied
- 4: Extremely satisfied

Source: University of Washington Medicine, Anesthesiology and Pain Medicine
http://depts.washington.edu/anesth/education/pain/index.shtml
You get to 90 days
Is the patient a suitable candidate for opioids?

**BENEFIT**
- Intractable pain-producing disease
- Goal is comfort

**RISK**
- Substance abuse history
- Family history substance abuse
- Childhood sexual abuse
- PTSD
- Anxiety
- Depression
- Other maintenance hemodialysis (MHD)

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You inherit a patient already on opioids (>90 days)

- Refuse to prescribe
- Treat for chronic pain with opioid dependence

PRINCIPLES OF CHRONIC OPIOID THERAPY
Expect it to be time consuming and resource heavy!
- Develop clear understanding of risks and benefits (use care agreement)
- Use single prescriber, single pharmacy
- Regular pick up
- Monitor
  - Pain and function
  - Psych status
  - Prescription monitoring service (if available)
  - Urine drug testing
- Continue counseling

General principles for care agreements

- Prescriptions cannot be refilled early
- Refills require a clinic visit by appointment
- No urgent requests for refills
  - Call to make appointments in advance
- Lost or stolen meds or scripts cannot be refilled
  - They must be safeguarded
- Failure to follow these policies may result in discontinuation of pain meds

Urine drug testing (UDT)

- Spot checks are unreliable
- Laboratory methods are also plagued by false negatives and false positives, though less so
- Always check with the lab before acting on a UDT

Frequency?
- First visit or first prescription UDT should be mandatory
- Thereafter choose:
  - Random
  - For cause
  - Regular

What do you do with the information?

General principles for dosing

- At treatment initiation, establish effective dose
- Dose escalation may be needed to overcome tolerance, but should be modest
- Doses >100 mg daily morphine or morphine equivalence require close scrutiny because safety is markedly compromised at this dosing level

Doses >100 mg minimal effective dose (MED) are a red flag

- Pain is not responsive
- Insurmountable tolerance (no dose is ever enough)
- Difficulty controlling use
- Misuse
- Addiction
- Diversion

## Opioid Dose Calculator

**Optional:**
- Patient name: 
- Today's date: September 15, 2012

**Instructions:**
Fill in the mg per day* for whichever opioids your patient is taking. The spreadsheet will automatically calculate the total morphine equivalents per day.

<table>
<thead>
<tr>
<th>Opioid (oral or transdermal)</th>
<th>mg per day*</th>
<th>Morphine equivalents</th>
</tr>
</thead>
<tbody>
<tr>
<td>codeine</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>fentanyl transdermal (in mcg/hr)</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>hydrocodone</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>hydromorphone</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>methadone</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>up to 20 mg per day</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>21 to 40 mg per day</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>41 to 60 mg per day</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>&gt;60 mg per day</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>morphine</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>oxycodone</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>oxymorphone</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

**TOTAL daily morphine equivalent dose (MED) =**
0

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*Note: All doses expressed in mg per day with exception of fentanyl transdermal, which is expressed in mcg per hour.

If this value is less than 120 mg Morphine Equivalent Dose (MED), please follow Part I of the AMDG Interagency Guideline on Opioid Dosing for Chronic Non-cancer Pain. Referral for pain management consultation is required before exceeding 120 mg MED daily. See:
- [www.agencymeddirectors.wa.gov/opioiddosing.asp](http://www.agencymeddirectors.wa.gov/opioiddosing.asp)
- [www.dsh.wa.gov/fsgp/professions/painmanagement/](http://www.dsh.wa.gov/fsgp/professions/painmanagement/)

If this value is greater than 120 mg MED, please follow Part II of the AMDG Interagency Guideline on Opioid Dosing for Chronic Non-cancer Pain. See:
- [www.agencymeddirectors.wa.gov/opioiddosing.asp](http://www.agencymeddirectors.wa.gov/opioiddosing.asp)

**CAUTION:** This calculator should **NOT** be used to determine doses when converting a patient from one opioid to another. This is especially important for fentanyl and methadone conversions. Equianalgesic dose ratios are only approximations and do not account for genetic factors, incomplete cross-tolerance, and pharmacokinetics.

This opioid dose calculator was developed by the Washington State Agency Medical Directors' Group to be used in conjunction with the Interagency Guideline on Opioid Dosing for Chronic Non-cancer Pain. For more information, please refer to the guideline at:

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Source: University of Washington Medicine, Anesthesiology and Pain Medicine
Reasons for dose restriction

- Higher rates of overdose and death
- Less likelihood of being able to wean if necessary
  - Difficulty controlling acute pain, surgical recovery, terminal pain
  - Continued use during pregnancy—neonatal abstinence
- Higher rates of mental health and substance use disorder, less able to control usage
- Higher rates of falls and fractures in the elderly
- Less likelihood of returning to function or work
- Higher rates of endocrinopathy affecting fertility, libido, and drive
- Higher rates of immune dysfunction

Harm reduction

- Weight loss
- Sleep hygiene, treat sleep apnea
- Reduce or eliminate other central nervous system depressants
- Enforce or encourage adherence
- Encourage safe keeping
- Take back programs

OPIOIDS ARE DANGEROUS AND ADDICTIVE

Basic principles reiterated

- Opioids do NOT have proven efficacy and safety for treating chronic pain
- Opioids are powerful drugs and should be reserved for serious pain
- Chronic pain is never simple—approach holistically
- *Measurement based care* is the gold standard
- Chronic opioid therapy is not a simple solution; expect it to be time and resource heavy
- *90 days* is a key point for reassessment
- *>100 mg MED* is a red flag