

Limits to Opioids

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Objectives

- Why and how to perform routine outcomes and risk assessment when prescribing opioids for chronic non-cancer pain.
- Understand limits to opioid responsiveness.
- Properly determine "morphine equivalent dose (MED)" for single and multiple drug treatments.
- Conduct a time-limited and functional outcome directed opioid trial.

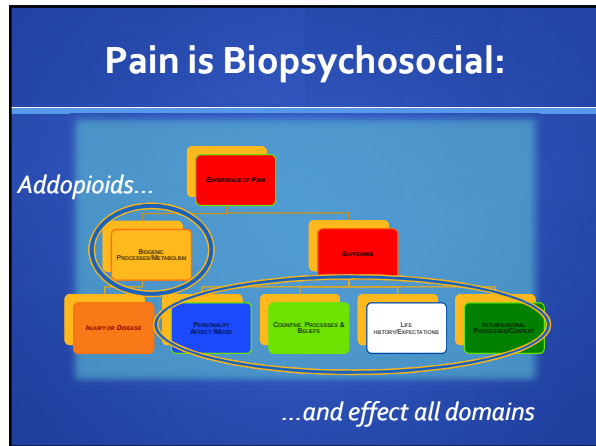
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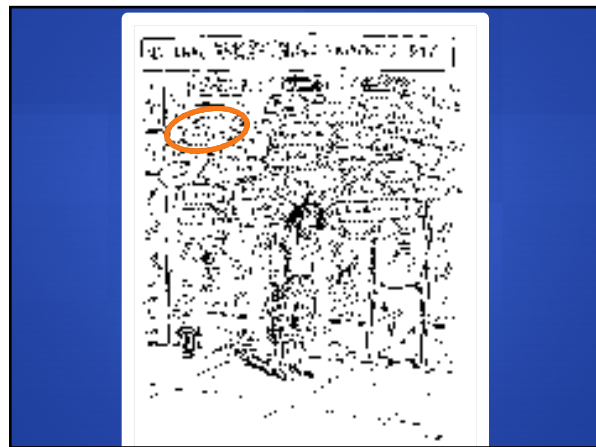
What we observe during exam of our patients

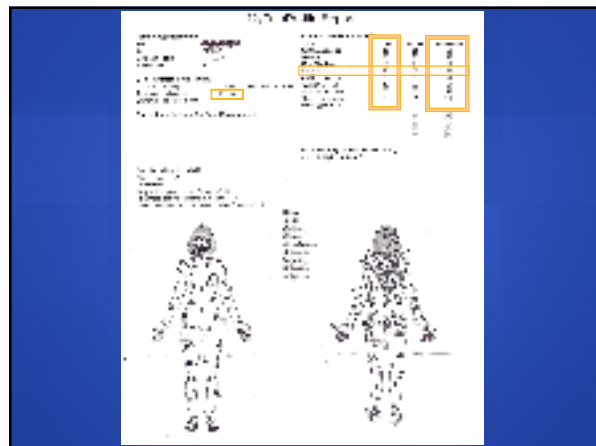
Complex response to meaning and context of pain experience

Pain transduction/transmission actively modulated multi-directionally throughout CNS = Neuroplasticity

Nociceptors selectively respond to noxious stimulation







Chronic Pain Treatment Responses*

- Opioids: 30-50%
- Tricyclics/AEDs: 30-50%
- Acupuncture: 10-(30?)%
- CBT/Mindfulness: 30-60%
- Physical fitness: 30-60%

*Evidence based VAS/NRS reductions, *may* be additive

Chronic Opioid Outcome *Monitoring ...* means *Using Measurement Tools*

- Ongoing Psychiatric/Psychological monitoring to assess response to treatments (Rx and CBT)
- Physical function to monitor response to rehabilitation and Rx interventions
- Aberrant/Addiction monitoring

6 Pain Treatment Domains

1. Pain Intensity (VAS/NRS)
2. Physical Functioning
3. Emotional functioning
4. Global improvement
5. Symptoms and adverse effects
6. Disposition: compliance/adherence

Evidence Based Assessment Tools

1. Pain Intensity
2. Functional capacity
 - Self reported goals
 - Pain interference
 - Roland-Morris
3. Mood measurement
 - PHQ-9
 - GAD-7
4. Addiction Risk
 - ORT, COMM,
 - CAGE-AID,
 - SOAPP-R,
 - AUDIT
5. Urine Drug Testing
 - "Rational interpretation"

Reisfield, Annals Clin & Lab Sci., 2007

The Roland-Morris Questionnaire*

1. I stay at home most of the time.
2. I change position frequently to try to get comfortable.
3. I walk more slowly than usual.
4. I am not doing any jobs that I usually do around the house.
5. I use a handrail to get upstairs.
6. I lie down to rest more often.
7. I have to hold on to something to get out of an easy chair.
8. I try to get other people to do things for me.
9. I get dressed more slowly than usual.
10. I only stand up for short periods of time.
11. I try not to bend or kneel down.
12. I find it difficult to get out of a chair.
13. It is painful almost all of the time.
14. I find it difficult to turn over in.
15. My appetite is not very good.
16. I have trouble putting on my sock (or stockings) because of pain.
17. I can only walk short distances.
18. I sleep less well because of my pain.
19. I get dressed with the help of someone else.
20. I sit down for most of the day.
21. I avoid heavy jobs around the house.
22. I am more irritable and bad tempered with people than usual.
23. I go upstairs more slowly than usual.
24. I stay in bed most of the time.

*modified for any pain condition

Opioid Risk Tool (ORT) Physician Form

With Item Values to Determine Risk Score

Name _____ Date _____

Mark each box that applies		Female	Male
1. Family history of substance abuse	<ul style="list-style-type: none"> • Alcohol • Illegal drugs • Prescription drugs 	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
7. Personal history of substance abuse	<ul style="list-style-type: none"> • Alcohol • Illegal drugs • Prescription drugs 	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
3. Age (mark box if 16-45 years)		<input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 1 <input type="checkbox"/> 1
4. History of preadolescent sexual abuse		<input type="checkbox"/> 3 <input type="checkbox"/> 0	<input type="checkbox"/> 0 <input type="checkbox"/> 0
6. Psychological disease	<ul style="list-style-type: none"> • All entries delusional/paranoid, obsessive-compulsive disorder, bipolar disorder, schizophrenia • Depression 	<input type="checkbox"/> 2 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 1
Low (0-3) Moderate (4-7) High (8)	Scoring totals	<input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 1 <input type="checkbox"/> 1

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Opioid Toxicity

Serious Toxicities: <ul style="list-style-type: none">● Sedation● Confusion● Respiratory suppression● Death Common Toxicities: <ul style="list-style-type: none">● Nausea● Non-allergic pruritis● Anticholinergic<ul style="list-style-type: none">● Constipation● Urinary retention	Other: <ul style="list-style-type: none">● Psychological depression● Hypothalamic suppression● Opioid Hyperalgesia syndrome● Chronic Daily Headache
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Clinical Opioid Pharmacology

<ul style="list-style-type: none">● Alters signal modulation of neurotransmitters<ul style="list-style-type: none">● Direct inhibitory effects on primary nociceptive afferents and spinal dorsal neurons● <i>Analgesic not anesthetic</i> "Disconnects the brain from body's sensations"● Narcotize "perception of pain"	<ul style="list-style-type: none">● Acute pain: Use short acting agents only!<ul style="list-style-type: none">● No Methadone, Oxycontin®, MS ER, or Fentanyl patch● Chronic pain: short- or long-acting<ul style="list-style-type: none">● GOAL:<ul style="list-style-type: none">● Seek combination with lowest total MED
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Clinical Opioid Pharmacotherapy

Key terminology

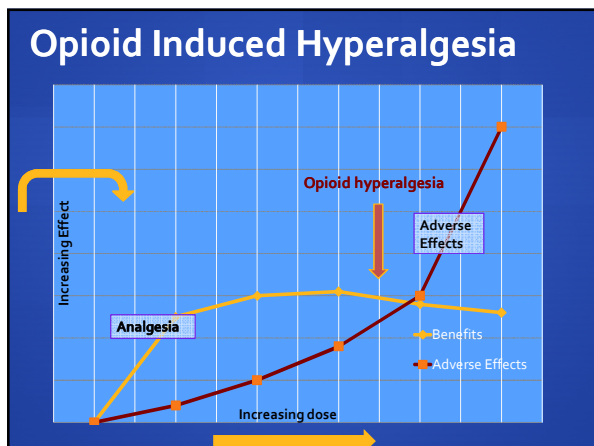
<ul style="list-style-type: none">● Drug-dependence<ul style="list-style-type: none">● Physical dependence = abstinence syndrome● Tolerance = waning effect over time● Addicted = Abuse of drug● Detoxification<ul style="list-style-type: none">● 10% dose reduction/ week reasonable	<ul style="list-style-type: none">● Addiction and Abuse:<ul style="list-style-type: none">● Intense desire for the drug● Overwhelming concern about availability● Use for non-medical indications● Pseudo-addiction:<ul style="list-style-type: none">● Drug seeking for analgesia, not to abuse
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Opioid Pharmacology

- **Agonists:**
 - Short-acting low/moderate potency:
 - Codeine, propoxyphene, hydrocodone, tramadol, tapentadol
 - Short-acting high potency:
 - Morphine, hydromorphone, oxycodone
 - Long-acting high potency:
 - Sustained release products: oral and topical
 - Methadone, levorphanol
- **Agonist-Antagonist**
 - Short-acting:
 - Pentazosin, butorphanol, nalbuphine
 - Buprenorphine for addiction ± pain
 - **Ceiling effect**
 - Narcan-like agonist withdrawal potential
- **Don't use Meperidine**
 - IV = 6x PO dose!
 - Normeperidine toxicity

Opioid Trial

- Intention to assess "opioid responsiveness"
 - Analgesia
 - Activity
 - Adverse effect
 - Aberrant behavior
- Intention to discontinue/reduce when benefits ≤ risks
- Opioid "Rotation"
 - When side-effects occur
 - Possibly when "Opioid Non-Responsive"



Opioids are part of plan, not *The* plan

“Avoid ... *primary reliance* on opioid prescribing, which, when applied *alone or in a non-coordinated* fashion, may be inadequate to effectively address persistent pain as a disease process and, *when employed as the “sole” treatment, is associated with significant societal expense and treatment failure.*”

- ABPM Pain Medicine Position Paper, Pain Medicine 2009

Washington State Agency Medical Directors Group: Interagency Guideline on Opioid Dosing for *Chronic Non-cancer Pain*

www.agencymeddirectors.wa.gov/guidelines.asp



- ‘Take a breath’ at **90 mg** MED
- ‘Take 5’ before exceeding **120 mg** MED dose threshold:
 - No pain management consultation if prescriber documenting sustained improvement in both *function and pain*.
 - **Specialty consult if high risk, adverse effects or lack of response**
 - Significant psychological condition affecting treatment
 - Potential alternative treatments to reduce or discontinue use of opioids
 - Predict risk and benefit of a possible trial with opioid dose >120 mg/day MED

Opioid Dose Conversion*

“Morphine Equivalent”

- Morphine 30 mg**
- Codeine 200 mg
- Fentanyl (TD) 12.5
- Hydrocodone 30 mg
- Hydromorphone 6 mg
- Oxycodone 20 mg
- Oxymorphone 10 mg

Methadone in MEDs

- Pharmacologically “logarithmic”
- <30 mg = 3-4 x Morphine
 - 30-40 mg = 4-6 x MS
 - 40-60 mg = 10 x MS
 - >60 mg = 12 x MS

*Always reduce to ~60% of calculated value to account for “incomplete cross-tolerance.”

**MS IV = PO MS x 2-3

www.agencymeddirectors.wa.gov

Transition to Chronic Opioid Therapy

Occurs at ~ 90 days

- Make *explicit*:
 - Likely committed to *life-long* opioids
 - Continuous side-effect management issues:
 - Driving risks
 - OD risks
 - Abstinence syndrome
 - Sleep apnea
 - Hypogonadism
 - Informed consent "agreement"
 - Urine Drug Test

Abuse and Addiction

- Abuse = Aberrant behaviors with *misuse* of drug
 - Non-prescribed use
 - Non-medical indication
 - Over-use
 - Intense desire for the drug independent of symptoms
 - Additive non-prescribed psychoactive drugs
 - Sale, share or otherwise distribute

NOT "tolerance" or "withdrawal"

Toxicology Monitoring

- Urine Drug Testing
 - Point of Service:
 - Often misses oxycodone, methadone, benzodiazepines!
 - Confirmation testing:
 - Gas Chromatography/Mass Spectroscopy (GC/MS):
 - Metabolism
 - Codeine → Morphine → Hydromorphone
 - Codeine → Hydrocodone → Hydromorphone
- Interpretation of negatives/positives
 - Compliance measurement

Referring to a Pain Specialist

Secondary Prevention: "Cardiology Model"

The Algorithm

1. Chest Pain PCP evaluation
2. Suspicious for ischemic CAD
3. Cardiology Referral
Non-surgical interventional assessment
Medication or non-surgical treatment
Outcome assessment
Scheduled follow-up and support
4. Referral to CV surgeon only *if indicated*

Regulatory and Discipline

- ESHB 2876
 - Mandates support for prescriber access to guidelines for: treatment monitoring, dosing guidelines, specialty access, and tracking and monitoring outcome of treatment
<http://www1.leg.wa.gov>
- MQAC
 - Washington Medical Quality Assurance Commission. (1996). *Management of chronic non-malignant pain*. Seattle: Department of Health
 - Requires standard of care diligence

Best Practice

Chronic Opioid Therapy for Non-Cancer Pain

1. Start with non-opioid, except acute injury prn
2. Avoid concurrent sedatives, esp. > 60-90 days
3. Monitor "4 A's" regularly: follow-up q 30-90 day
4. Introduce Agreement and UDTs at 90 days
5. Limit dose below 100 - 120 mg MED
6. Get help early when *not going according to expectations*
