OPIOID CRISIS: A PERSPECTIVE

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LEARNING OBJECTIVES

- Summarize the history behind the opioid epidemic in America
- Identify the issues surrounding the the treatment of chronic pain
- Demonstrate an understanding of the CDC's new opioid prescribing guidelines for chronic pain

DEFINITION OF PAIN

- A sensory and emotional experience associated with actual and potential tissue damage

International Association for the Study of Pain

TIMELINE

- How did we get to where we are now?

TREATMENT STRATEGY

- Treat to a pain score
- Pain pill = pain treatment

TIMELINE

- 1986: Portenoy- opioid maintenance can used safely and effectively without fear of addiction in patients with non-malignant pain
  - study based on 38 cases
  - no history of drug abuse

TIMELINE

- 1992: Agency for Health Care Policy and Research- pain should be assessed
- 1996: Consensus statement from American Pain Society regarding use of pain medications in non-malignant pain
  - “Pain is the 5th Vital Sign”
- 1996: Purdue reformulates oxycodone into a long acting form and OxyContin goes on sale
- 1998: Federation of State Medical Boards policy change reassuring physicians about prescribing pain medications

TIMELINE

- 2000: Congress passed a bill, signed by President Clinton declaring the 2000's the decade of pain control and research
- 2000: The Joint Commission sets standards regarding assessment and management of pain
  - Widespread use of "Pain is the 5th vital sign"
  - Published a guide- "no evidence that addiction is a significant issue"

TIMELINE

- 2007: Fraud cases against some in the pharmaceutical industry
- 2010: State of Washington legislature mandates prescribing guidelines
- 2011: Institute of Medicine issues report on relieving pain in America- “Moral imperative to treat pain.”

TIMELINE

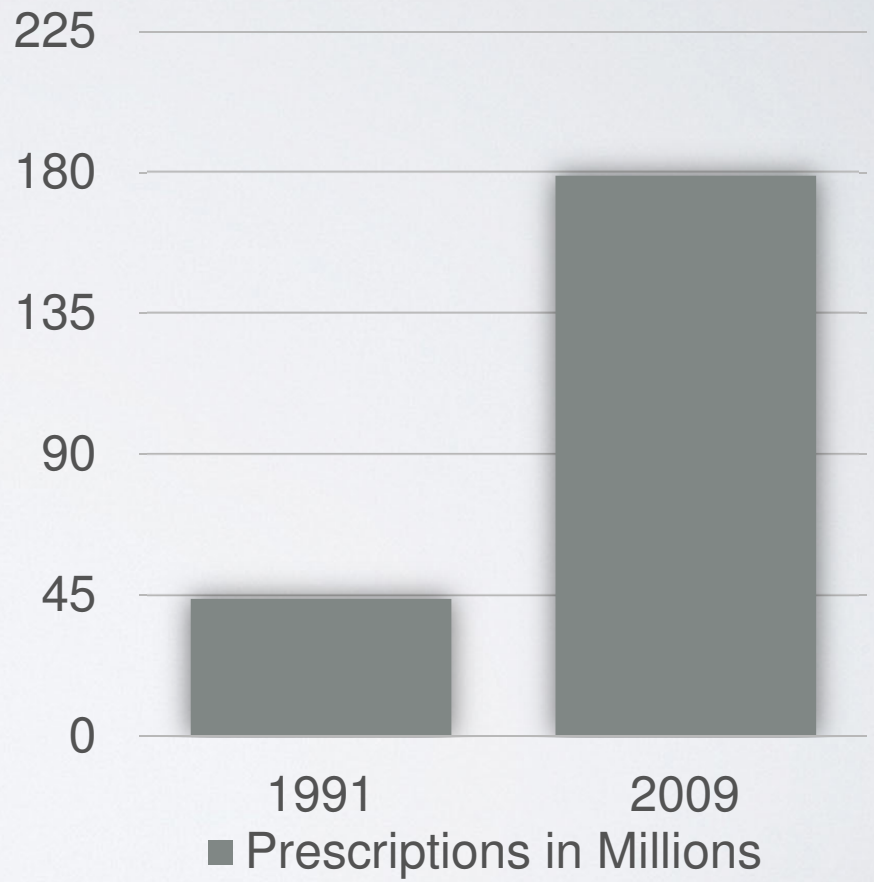
- 2012: The U.S. Senate gets involved
  - “The problem of opioid abuse is bad and getting worse,” Sen. Chuck Grassley, Iowa
  - Letters to 5 organizations from Senate Finance Committee
  - The nation’s largest organization for pain patients, American Pain Foundation, ceased operations
- 2012: Dr. Portenoy in Wall Street Journal: “second thoughts”
  - Overestimation of benefits, understatement of risks

TIMELINE

- 2015: Washington updates guidelines after getting data based upon original guidelines
- 2015: All states (except for Missouri) have prescription drug monitoring programs
- 2016: CDC declares pain prescriptions an epidemic and publishes opioid prescribing guidelines
- 2016: Both AMA and AAFP pass resolutions to drop “pain as the 5th vital sign”

PAIN & OPIOIDS

- Numbers of prescriptions of hydrocodone and oxycodone products filled in US pharmacies rose significantly from 1991 to 2009



www.drugabuse.gov

STATISTICS

- 259 million opioid prescriptions in 2012, three times as many as 1992
- Since 1999, opioid deaths have quadrupled
- By 2014, more likely to die from an opioid overdose than a car accident
- By 2015, Purdue had earned $35 billion from OxyContin
- In 2016, 44% of Americans know a pain pill addict (Kaiser study)

TREATING CHRONIC PAIN

- More is not necessarily better
- High dosages = danger
- Concurrent medication risks

"Take two tons of aspirin
and call me in the morning."

ISSUES

- Pain has always been part of the human existence
- There are distinct differences between acute and chronic pain
- So much we don’t know about why pain persists
  - According to AFP: opioids for as little as two weeks can cause tolerance

ISSUES

- Chronic pain and mental illness
- Psychological/psychiatric illness and opioids

ISSUES

- Patients with pain are perceived and judged in certain ways, many times negatively
- Pressure to say yes and prescribe medications that may not be appropriate or indicated
- Over the last 10 years treatment of pain has equaled the prescribing of pain medications

ISSUES

- Patient Screening
- Short term benefit versus long term risk

ISSUES

- Patients who use opioids for at least 90 days were greater than 60% more likely to still be on chronic opioids in 5 years

Martin, 2011

ISSUES

- Uncertain long-term efficacy, clear evidence of harm
    - Long term opioid use leads to new onset depression (Scherr, 2016)

PROGRESS

- Integrated care/care coordination/health homes
- Training and education of physicians but also staff, leadership teams, administration
- Project ECHO
- State guidelines
- CDC Guidelines

STATE GUIDELINES

- Washington is most commonly referenced
- Data from Washington shows it works
  - Death rate declined
  - Average morphine equivalent dose declined

CDC GUIDELINES

- Public comment until January of this year
- Guidelines published March 2016
- Complete guidelines available on CDC website

PURPOSE

- Help providers make informed decisions
- Only in the setting of chronic pain
- Improve safety and effectiveness of pain treatment
- Not for patients in the palliative care setting

THREE KEY ASPECTS

- Determine when to initiate or continue opioids for chronic pain
- Opioid selection, dosage, duration, follow-up, and discontinuation
- Assess risk and address harms of opioid use

WHEN TO INITIATE

- Benefits outweigh risks to patients with chronic pain
- Combined with nonpharmacologic treatments (even if they may have previously failed)
- After treatment goals have been established

WHEN TO CONTINUE

- Only if there is clinical, meaningful improvement
- Continually addressing risks and realistic benefits

OPIOID SELECTION

- Use immediate release first, then switch to long-acting
- Lowest effective dose (avoiding dose above 90 MME/day)
- Remember that more than seven days for acute pain is rarely needed
- Frequent evaluations by physician when changing dose, no less than every 3 months even if stable

ASSESSING RISK

- History is key
- Drug monitoring programs
- Urine drug screening
- Avoid opioids and benzodiazepines
- Opioid use disorder treatment strategy

PAIN AND OPIOIDS

- Acute pain to chronic pain
- Who is susceptible to chronic pain?
- Reassurance vs. prescribing
- Patient satisfaction
- Patient, family, and provider education

PAIN AND OPIOIDS

- Treating to a pain score
- Realistic expectations
- Hurt vs. harm
- Suffering as a component

TREATMENT OPTIONS

- Pharmacological Options
  - Anti-depressants
  - Anticonvulsants
  - Corticosteroids
  - NSAIDs

TREATMENT OPTIONS

- Interventional Options
  - Surgical
  - Interventional pain management
  - Physical medicine/rehabilitation

TREATMENT OPTIONS

- Non-traditional
  - Self-management
  - Patient education
  - Lifestyle adjustments

WHERE TO GO

- http://www.cdc.gov/drugoverdose/prescribing/guideline.html
- http://www.agencymeddirectors.wa.gov/guidelines.asp

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