Safe Opiate Prescribing, Adjunctive Therapies and Alternative Treatment options in Chronic Pain Management
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How Does One Describe Chronic Pain?

- An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage. 1
- Chronic pain encompasses a group of interconnected sufferings, including fatigue, sleep disturbances, impaired physical and mental function, and depression. Individuals with chronic pain experience disturbances in the central and autonomic nervous system, and immunologic system. 11

A Little History, How Did We Get Here

- Overdoses on the rise...
- Deaths from synthetic opioids rose 72%.
  - The mortality rate from synthetic opioids besides methadone increased 72% between 2014 and 2015 in the U.S., while heroin-related deaths rose 21%, according to an article in MMWR. 1.
  - Almost half of 42,249 opioid-related overdose deaths in 2016 involved fentanyl, according to a research letter published in JAMA 2018. 6
- 91 People die everyday in the U.S. from prescription medication overdose.
- The U.S. Senate passed the Opioid Crisis Response Act of 2018 in a nearly unanimous vote to assuage the problem with preventive measures, including supporting research, fast-tracking prospective non-addictive pain medications, implementing blister packs for three- or seven-day opioid prescriptions, and funding improvements to state opioid prescription monitoring systems.
- STOP Act, which mandates that the U.S. Postal Service must have real-time tracking of international packages, aiming to block fentanyl shipments into the country from outside sources. 4
Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug:

Most used at least 3 other drugs.

People who are addicted to...

- Marijuana
- Alcohol
- Heroin
- Opioids

More likely to be addicted to heroin.

DASHBOARD SAYS...

https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Pages/data.aspx
CMS Recommendations

- Treatment of patients in these situations requires careful medical supervision based on therapeutic goals, ethical considerations, and the balance of risks and benefits of opioid therapy.
- New Part D requirements will call on plans to limit first-time opioid prescriptions for acute pain to seven days, to restrict at-risk beneficiaries to specific prescribers and pharmacies, and to apply beneficiary-specific point-of-sale (POS) claim edits. “The goal with these new changes is to reduce the risk of long-term use, diversion and to be consistent with state rules and commercial plan policies,”

Mandan-tolds...

- FDA Calls for Expanded Opioid Training

By Kelly Young
Edited by David G. Fairchild, MD, MPH, and Lorenzo Di Francesco, MD, FACP
HEALTH RECORD SHOULD INCLUDE:
- Diagnosis
- Objectives
- Indications for Pain Medications
- Treatment Plan
- Results of Periodic Review
- Instructions to the Patient

Nociceptive vs Nociplastic Pain Syndromes
If Not Opioids, Now What?

- Other Medications
- PT
- Acupuncture
- Chiropractic Care
- Behavioral Medicine
- Dietary
- Massage Therapy
- Naturopathic Approach

Pharmacological Management

- NSAIDs
- Acetaminophen
- Calcium Channel Modulators
- Antiepileptics
- TCAs

Physical Therapy

- Cryo/heat therapy
- Therapeutic ultrasound
- TENS
- Iontophoresis
- Therapeutic massage
- ROM vs strengthening exercises
- Gait training
Acupuncture

Mechanisms Vary

- Local effect
  - Increased local blood flow
  - Local nerve stimulation with release of neuropeptides
  - Intramuscular or fascial stimulation or release
- Somato-autonomic effects
  - Reflex pathways to same spinal segment
  - Acupuncture on abdomen inhibits gastric motility
- Brain level
  - Activity with afferent somatic nerve going to brain through hypothalamus, midbrain, medulla, then efferent nerve
- Neurotransmitter and neuroendocrine
  - Secretion of endorphin, dopamine, serotonin hypothesized
- Neuroendocrine
  - Electroacupuncture decreases release of LH in PCOS

Evidence

- Medicaid Trial
  - In response to the opioid crisis, the 2016 Vermont legislature commissioned a study to assess acupuncture for patients with chronic pain in the Vermont Medicaid population.
  - 136 Medicaid patients with chronic pain were offered up to 12 acupuncture treatments within a 60-day period at the offices of 28 Vermont licensed acupuncturists.
  - 111 women (71%) and 45 men (29%) with a wide range of pain complaints received a mean of 8.2 treatments during the intervention period.
  - Findings demonstrate that acupuncture treatment for chronic pain is feasible and well received by patients in the Vermont Medicaid population. Receiving care from licensed acupuncturists was associated with significant improvements in physical, functional, psycho-emotional, and occupational outcomes compared with before receiving acupuncture treatments.

- Cheng 2014
- Nahin 2016

Chiropractic Care

EVS

- Evidence 2013
  - High quality evidence suggests there is no clinically relevant difference from IMT another intervention, for reducing pain and improving function in patients with LBP (PMID: 21593658)
- Systematic review of costs 2015
  - Although most comparison studies suggest that benefit-cost ratios may generally favor among patients whose spinal pain was managed with chiropractic care (PMID: 23288707)
- NICE 2016
  - Meta-analysis from IMT and other trials
  - Moderate pain = 0–3, 1–5 = worse clinical parameters
- Cost-Effectiveness for chronic and 1+ for severe
- Coulter 2018
  - RAND Meta-Analysis
  - 9 trials, n=1176, CLBP
  - Moderate quality evidence that manipulation and mobilization are likely to reduce pain and improve function compared with treatment as usual after three months. (PMID: 2648227)
Vitamins, Minerals and Botanicals

- Vitamin D
- Magnesium
- Omega 3's
- ALA
- 5-HTP
- Botanicals
  - Complex, costly, Quality Control
  - Tumeric: Indian Frankincense (Boswellia serrata)
  - Butterbur: Feverfew

Turmeric

- NSA: anti-inflammatory, anti-oxidant, anti-tumor, primarily through curcuminoids
- Strongest evidence for OA, OK in addition to NSAIDs, may be useful post op
- Post chole 9Agarwal 2011
- DOSE: 500mg BID...
- AE/SE: GI upset rash and DDI's

B Med

- Stand alone model
  - MD/DO, NPs, Pas
  - Psychologists
  - LPCs
  - MA
- Embedded Model
  - LCSWs
  - PhD-psychology
  - CBT
  - Tobacco Cessation
Dietary

- Inflammatory Components
  - High Glycemic Load
  - Unrefined Fats (arachidonic acid)
  - Omega 6 FA's
  - Advanced glycated end products

- Pain
  - Evidence in RA
    - Hafström 2011-12M GF Vegan vs balanced, n=66, 38% V had ACR20 improvement vs 4% BD
  - Anti-inflammatory
  - Antioxidants
  - Glutamine

LMT

- Relaxation/relief of tension
- Improved blood flow to local tissues
- Improve pain scores
- Improve sleep
- Improve depression and anxiety

Other Resources

- Interventional Medicine
- Pharmacists
- Home Care Management
- CCO
- Local support Group
- Blog/On Line Support Group
- Patient champion
How do you safely prescribe?

- Risk stratification
- Consistent, compassionate, and close care/monitoring
- UDS/UDT
- Comorbidities
- Aberrancies
- Practice policy adherence
- Consider the diagnosis and all of your potential treatment options

Questions?

Sources

4. JAMA (2018;319[17]:1819-1821)
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