

# Safe Opiate Prescribing, Adjunctive Therapies and Alternative Treatment options in Chronic Pain Management

A Rachel Stappler, PA-C, MHSC, SAE-T  
North Bend Medical Center/Bay Area Hospital  
Reserve Police Officer City of Myrtle Point

---

---

---

---

---

---

---

---

## 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<sup>11</sup>
- ▶ 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.<sup>10</sup>



---

---

---

---

---

---

---

---

## A Little History, How Did We Get Here

- ▶ Overdoses on the rise..
- ▶ **Deaths from synthetic opioids rise 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*.<sup>1</sup>
  - ▶ Almost half of 42,249 opioid-related overdose deaths in 2016 involved fentanyl, according to a research letter published in *JAMA* 2018.<sup>6</sup>
  - ▶ 91 People die everyday in the US 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.<sup>8</sup>

---

---

---

---

---

---

---

---

### NSDUH 7

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.

Heroin is a highly addictive opioid drug with a high risk of overdose and death for users.

People who are addicted to...

- ALCOHOL: 2x
- MARIJUANA: 3x
- COCAINE: 15x
- OPIUM PAINKILLERS: 40x

...more likely to be addicted to heroin.

SOURCE: National Survey on Drug Use and Health (NSDUH), 2011-2013

---

---

---

---

---

---

---

---

### DASHBOARD SAYS...

#### Oregon Drug Overdose Deaths

Death Drug Class: (Multiple values)

Overdose Death Inlet:  
 Accidental (Underdoses)  
 Suicide

Drug Class Legend:  
Any Opioid  
Heroin  
Sedatives  
Anti-emphatic and psychostim...  
Pharmaceutical and Synthetic Opi...

<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Pages/data.aspx>

---

---

---

---

---

---

---

---

#### Oregon Drug Overdose Hospitalizations

Hospitalization Drug Class: (Multiple values)

Drug Class Legend:  
Any Opioid  
Heroin  
Pharmaceutical Opioid

---

---

---

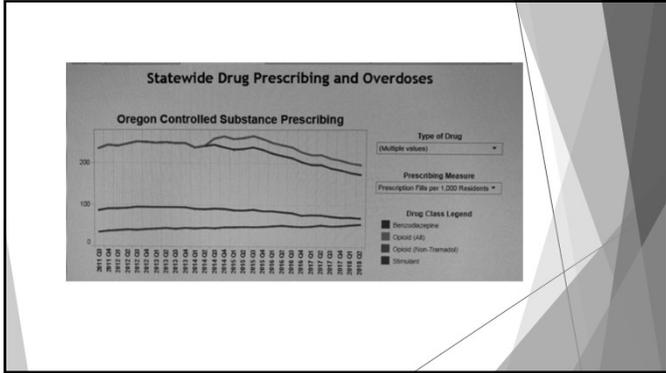
---

---

---

---

---




---

---

---

---

---

---

---

---

**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, FHM*
- ▶ Immediate-release opioids, which account for 90% of all outpatient opioid prescriptions, are now subject to the FDA's Risk Evaluation and Mitigation Strategy (REMS). Previously, only extended-release and long-acting opioids were included in the program.
- ▶ In addition, the REMS program — which requires training to be available to opioid prescribers — now requires that training be available to all clinicians involved in pain management, including nurses and pharmacists. The education program includes more information on pain management, including opioid alternatives.

---

---

---

---

---

---

---

---

## Document, Document, Document

▶ HEALTH RECORD SHOULD INCLUDE:

- ▶ Diagnosis
- ▶ Objectives
- ▶ Indications for Pain Medications
- ▶ Treatment Plan
- ▶ Results of Periodic Review
- ▶ Instructions to the Patient




---

---

---

---

---

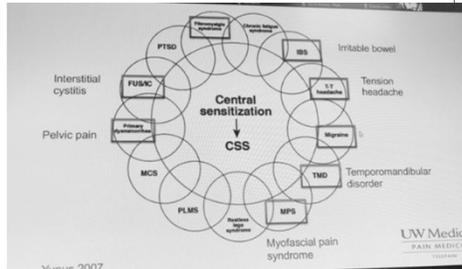
---

---

---

---

---




---

---

---

---

---

---

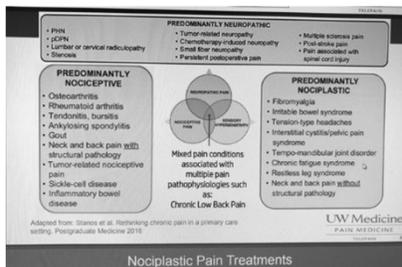
---

---

---

---

## 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 pathway in same spinal segment
    - ▶ Acupuncture on abdomen inhibits gastric motility
- ▶ Brain level:
  - ▶ Activity with afferent somatic nerve going to brain through hypothalamus, mid brain, medulla then efferent nerve
- ▶ Neurotransmitter and neuroendocrine
  - ▶ Secretion of endorphin, dopamine, serotonin hypothesized
- ▶ Neuroendocrine
  - ▶ Electroacupuncture decreases release of LH in PCOS<sub>2</sub>




---

---

---

---

---

---

---

---

---

---

## Acupuncture

### ▶ 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.
  - ▶ 156 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
  - ▶ US only trials...excluded many positive trials done outside US b/c of very different practice environments<sub>2</sub>

---

---

---

---

---

---

---

---

---

---

## Chiropractic Care

### ▶ EVB

- ▶ Cochrane 2013
  - ▶ High quality evidence suggests there is no clinically relevant difference between SMT and other interventions for reducing pain and improving function in patient with CLBP (PMID: 21593658)
- ▶ Systematic review of costs 2015
  - ▶ "Although cost comparison studies suggest that health care costs were generally lower among patients whose spine pain was managed with chiropractic care." (PMID:2648227)
- ▶ Nahin 2016
  - ▶ Meta analysis from NIH (US only trials)
    - ▶ Lumbar pain: 6+ trials, 3- trials, variable clinical parameters
    - ▶ One- trial noted for cervicgia and 1+ for migraine
- ▶ 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...manipulation appears to produce a larger effect than mobilization.<sub>4</sub>




---

---

---

---

---

---

---

---

---

---

### 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




---

---

---

---

---

---

---

---

### Tumeric

- ▶ MOA: 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
  - ▶ Psychologist
  - ▶ LPCs
  - ▶ MA
- ▶ Embedded Model
  - ▶ LCSWs
  - ▶ PhD-psychology
- ▶ CBT
- ▶ Tobacco Cessation




---

---

---

---

---

---

---

---

## Dietary

- ▶ Inflammatory Components
  - ▶ High Glycemic Load
  - ▶ Saturated Fats (arachidonic acid)
  - ▶ Omega 6 FA's
  - ▶ Advanced glycated end products
- ▶ Pain
  - ▶ Evidence in RA
    - ▶ Vegan
      - ▶ Hatzirin 2011-12M GF Vegan vs balanced, n=66. 38% V had ACR20 Improvement vs 4% BD
    - ▶ Anti-inflammatory
    - ▶ Mediterranean
    - ▶ Gluten Free



---

---

---

---

---

---

---

---

## 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
- ▶ Nurse 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

- ▶ 1. <https://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/Downloads/CMS-Opioid-Misuse-Strategy-2016.pdf>
- ▶ 2. <http://www.jwatch.org/fw112368/2016/12/19/deaths-synthetic-opioids-rise-72-1-year>
- ▶ 3. AARP Bulletin Sept 2015
- ▶ 4. <https://outlook.live.com/owa/?path=/mail/Inbox/rp>
- ▶ 5. <https://www.painmedicinews.com/Policy-and-Management/Article/09-18/Medicare-Part-D-to-Focus-on-Opioid-Prescribing-Raises-Scare-Measures/575802a8-75f054aa5e42f2c33c91f88cde8c4d85ffed2c872b63832eac821989948d048benttrue>
- ▶ 6. JAMA (2018;319[17]:1819-1821)
- ▶ 7. [https://www.google.com/search?q=risk-of-using-heroin-with-pain-meds&source=images&tbm=isch&sa=X&ved=0ahUKEwjs5ZcsdAWKIQkeVZdZcL\\_AU0y8:below+1920&bih=943&ring=1&tw=89&sh=24&uM](https://www.google.com/search?q=risk-of-using-heroin-with-pain-meds&source=images&tbm=isch&sa=X&ved=0ahUKEwjs5ZcsdAWKIQkeVZdZcL_AU0y8:below+1920&bih=943&ring=1&tw=89&sh=24&uM)
- ▶ 8. <https://www.painmedicinews.com/Policy-and-Management/Article/09-18/Senate-Passes-Opioid-Bill-in-Hopes-of-Ending-Crisis/528272a8-75f054aa5e42f2c33c91f88cde8c4d85ffed2c872b63832eac821989948d048benttrue>
- ▶ 9. <http://journals.sagepub.com/doi/abs/10.1177/2164956118769557>
- ▶ 10. <https://search.proquest.com/openview/d0415141275df47e4a8628424ab99e/1?pq-origsite=scholar&cbl=196292>
- ▶ 11. <http://www.iasp-pain.org/PublicationsNews/Content.aspx?itemNumber=1673>
- ▶ 12. ND, Walter, Bill. "Non-Pharmacologic Approaches to Pain Management: Common Strategies and Emerging Evidence (A Whirlwind Tour)." The Mill Casino. 28 September 2016. Lecture
- ▶ 13. MD, Tauben, David. "Common Disorders of Pain in Primary Care. UW Tele Pain. 18 September 2018. Lecture

---

---

---

---

---

---

---

---

---

---