The Role of Opioids in Chronic Pain Management: 
Who, Why and How Much?

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Faculty Disclosure

None
Objectives

- Demonstrate appropriate patient selection for chronic opioid therapy (COT)
- Identify risk factors for abuse of opioid pain medications
- Use screening tools to assess potential risks associated with chronic opioid therapy
- Understand the goals and limitations of chronic opioid therapy
- Define high dose opioid therapy and learn appropriate monitoring for patients on high dose opioid therapy
- Identify patients for whom chronic opioid therapy should be discontinued and understand options for discontinuation of opioid therapy

Question #1

Studies show that chronic opioid therapy is effective for improving function in chronic pain patients

True or False?

Question #2

The goal of chronic opioid therapy is to:
- improve pain
- improve function
- Neither a or b above
- Both a and b above
Question #3

Smoking is independent risk factor for opioid addiction.

True or False?

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Question #4

The maximum FDA approved dose of chronic opioid therapy is

a. 120mg of morphine equivalent per day
b. 200mg of morphine equivalent per day
c. none of the above

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Unintentional Overdose Deaths compared with opioid sales, USA
**Definitions**

- **Chronic pain**: “pain that persists beyond normal tissue healing time, which is assumed to be three months”\(^1\)
- **Chronic Opioid Therapy (COT)**: “Daily or near daily use of opioids for at least 90 days, often indefinitely” \(^2\)

\(^1\) International Association for the Study of Pain. 1986
Chronic Opioid Therapy for CNCP

- Opioid analgesics widely accepted for
  - Severe acute pain
  - Chronic pain due to cancer and/or end of life pain
- Chronic opioid therapy (COT) for CNCP is controversial but commonly used.

Why is COT for Noncancer Chronic Pain Controversial?

- Concerns about efficacy
- Opioid-induced hyperalgesia
- Opioid-induced mood disorder
- Endocrinopathy
- Hypogonadism and sexual dysfunction
- Other adverse side effects
- Potential for abuse and misuse

What does the evidence show about benefits of COT in CNCP?

- Limited data
- What do studies we have show?
- Predictors of poor outcomes of COT
- Sparse if any evidence to demonstrate efficacy of COT for conditions with strong psychosocial component such as some types of chronic low back pain, daily headache and fibromyalgia

References:
Bottom Line…

Opioids may be useful component of pain management plan for some patients

• But many, many patients manage their chronic pain effectively without COT
• And many more do better functionally without COT
• Need careful patient selection
Balanced Approach

Chronic Opioid Therapy

“Prescription drugs are historically over prescribed to illegitimate patients and under prescribed to legitimate patients”

*Guidelines for Combating Prescription Drug Abuse and Fraud*, Office of Attorney General, California Department of Justice

Patient Selection

- Preferably Before start prescribing, conduct
  - History
  - Physical exam
  - Appropriate testing
  - Psychosocial assessment and family history
  - Consider if pain condition would be better treated more effectively with non-opioid therapy
  - Assessment of risk of substance abuse, misuse or addiction

Patient Selection

- Consider a TRIAL as an option for CNCP patients with:
  - Moderate to severe pain (>5-6/10)
  - Adverse impact on function and quality of life
  - Non-opioid treatments have failed
  - Adequate pathology to support use of COT
  - Potential therapeutic benefits outweigh potential harm

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Trial of COT

- Concept of Trial
  - Have an exit strategy if goals are not met
- If patient does not meet criteria,
  - Do not start or
  - Do not continue therapy

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Chemical Dependency History

All patients you are considering prescribing COT need to be screened for risk of misuse, abuse, and addiction

Here’s why...
Chronic Pain and Addiction

- Prevalence of addiction in chronic pain
  0-50%
- Generally believed to be about 20%


Rates of Opioid Abuse and Misuse Among Chronic Pain Patients

How to screen for opioid abuse, misuse or other aberrant drug taking behaviors?

- **Know the risk factors**
  - Personal of drug/alcohol abuse
  - Younger age
  - Presence of psychiatric conditions
  - Cigarette smoking
  - Family history of addiction

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**Risk Factors for Opioid Abuse**

- History of physical, emotional or sexual abuse
- Process addictions: food (s/p bariatric surgery), gambling etc
- Thrill seeking personality – “adrenaline junkies”

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**Culture and Opioid Abuse**

- Ethnic group is NOT a risk factor
- Socioeconomic status is NOT a risk factor
- Gender is NOT a risk factor

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Screening Tools for Opioid Misuse

- SOAPP – In Health Connect
- Others (ORT, D.I.R.E., COMM)
Chronic Opioid Therapy

WHY?
Goal of Chronic Opioid Therapy

“The goal of opiate treatment in chronic pain is to reduce disabling pain and increase activities.”

Margaret Caudill
Managing Pain Before It Manages You
What to expect with COT

• Need to counsel patient about realistic expectations from treatment
• Will not be pain free!
• Usually 1-3 point reduction in pain level (best case scenario!)

Documentation Requirements

The 4 “A’s”
- Analgesia
- Activities of Daily Living
- Adverse effects
- Aberrant drug taking behaviors
Goals of COT

• If not achieving goals of COT, time to discontinue
• Two ways to discontinue COT
  ▪ Taper
  ▪ Detox
Chronic Opioid Therapy

HOW?

California Law and Guidelines

- Periodic review
- Must be seen minimum every 6 months
- Appropriate consultation
- Informed consent

Informed Consent for COT

- Should be obtained for all patients on COT
- Include goals, side effects, potential risks (including physical dependence and assessment of patients risk for addiction) and alternatives to COT
- Many consent forms available, some in Health Connect
- Different from medication agreement (but often have both on same form)
Informed Consent

SHOULD BE SCANNED INTO PATIENT’S CHART

Medication Agreements

• A.K.A. “contracts”
• What to Include
• If going to use, you must follow your own contract!
• Can put in snap shot of Health Connect
Chronic Opioid Therapy

How Much?
A word about dosing

• Use lowest effective dose – remember patient will not be pain free!
• Doses ≥ 200mg/day Morphine Equivalent dose is considered high
  = 7-11 Norco 10/325mg a day
• Often little improvement in pain levels with higher dose


High Dose COT

• Risk for opioid induced hyperalgesia
• Risk of neuroendocrine and immunologic abnormalities
• Need more frequent monitoring
• Consider referral

Question #1

Studies show that chronic opioid therapy is effective for improving function in chronic pain patients

False
Question #2

The goal of chronic opioid therapy is to:
   a. improve pain
   b. improve function
   c. Neither a or b above
   d. Both a and b above

Question #3

Smoking is independent risk factor for opioid addiction.

True

Question #4

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**Summary**

- Risk for addiction is higher in the chronic pain population
- All patients who are considered for chronic opioid therapy should be screened for risk factors for abuse/misuse of opioid pain medications
- The goal of chronic opioid therapy is not only to reduce pain but to improve function
- High dose chronic opioid therapy is considered ≥ 200 mg of morphine equivalent / day
- Patients on high dose COT need more frequent monitoring and possible referral to pain specialist

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Thank You