

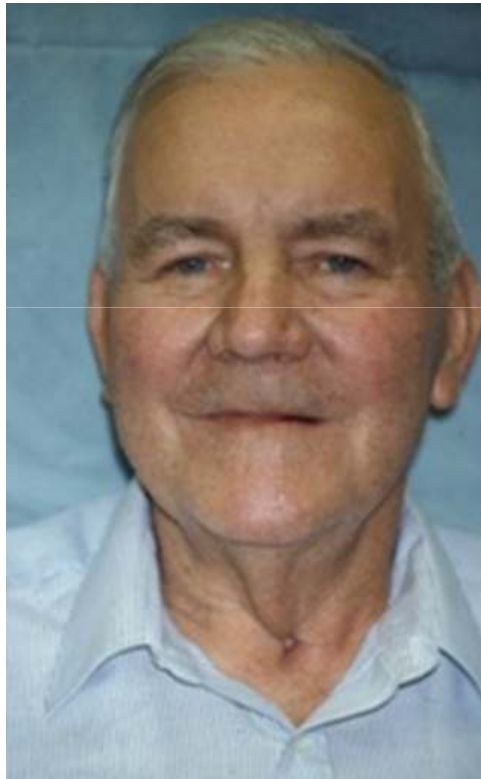


Challenges in Pain Management

Alan B. Douglass MD FAAFP
Director



Mr. Henderson



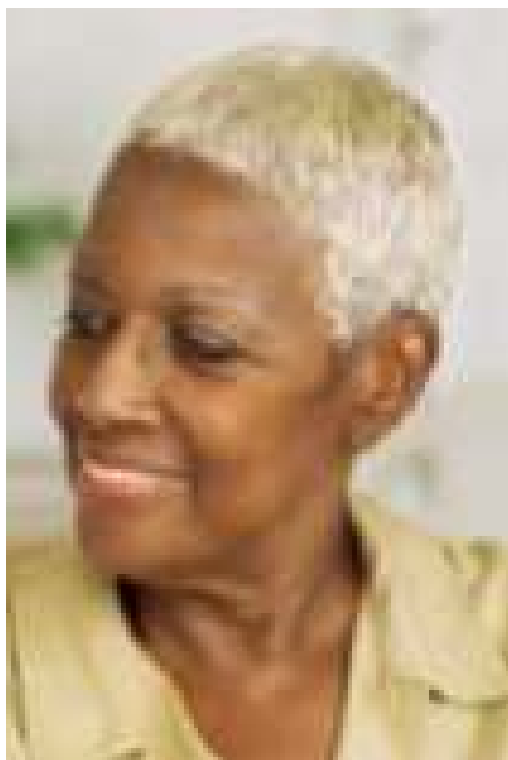
“Walking is getting tough”

- 79 y.o. retired construction worker
- PMH: CAD, hyperlipidemia
- OA of hips and knees
- Activities progressively limited by pain and stiffness
- Has declined surgery “I’m too old”
- Uses OTC ibuprofen intermittently with little effect

Take Home Messages

- Acetaminophen is effective but can be toxic
- NSAIDS need to be used judiciously in the elderly
- Opioids have a role in appropriate patients
- Physical therapy can make a big difference
- Non-pharmacologic therapies and integrative modalities are often helpful

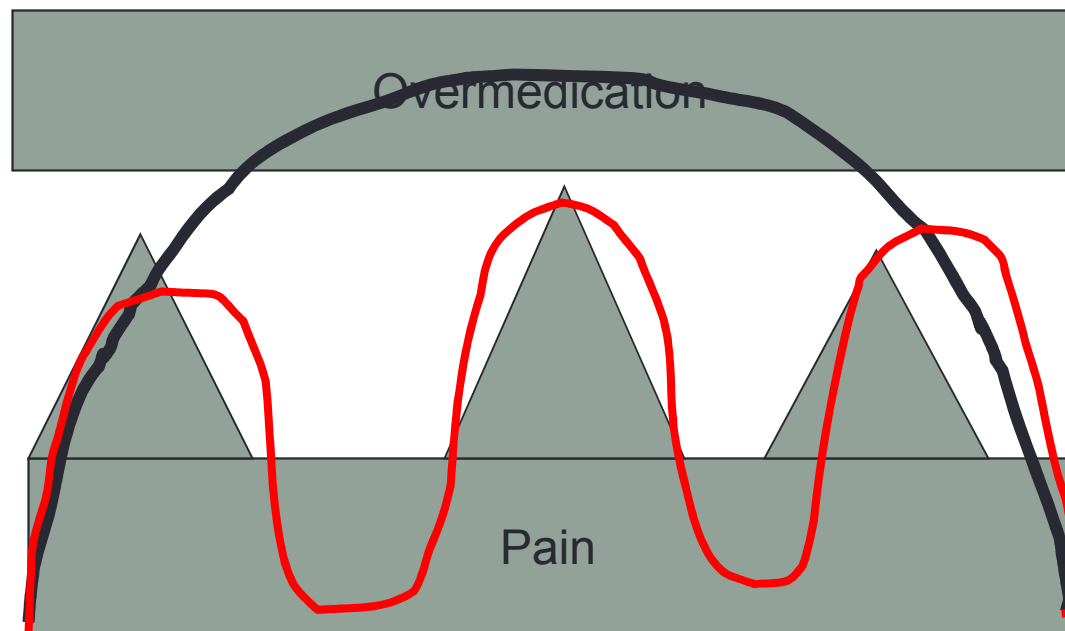
Mrs. Beasley



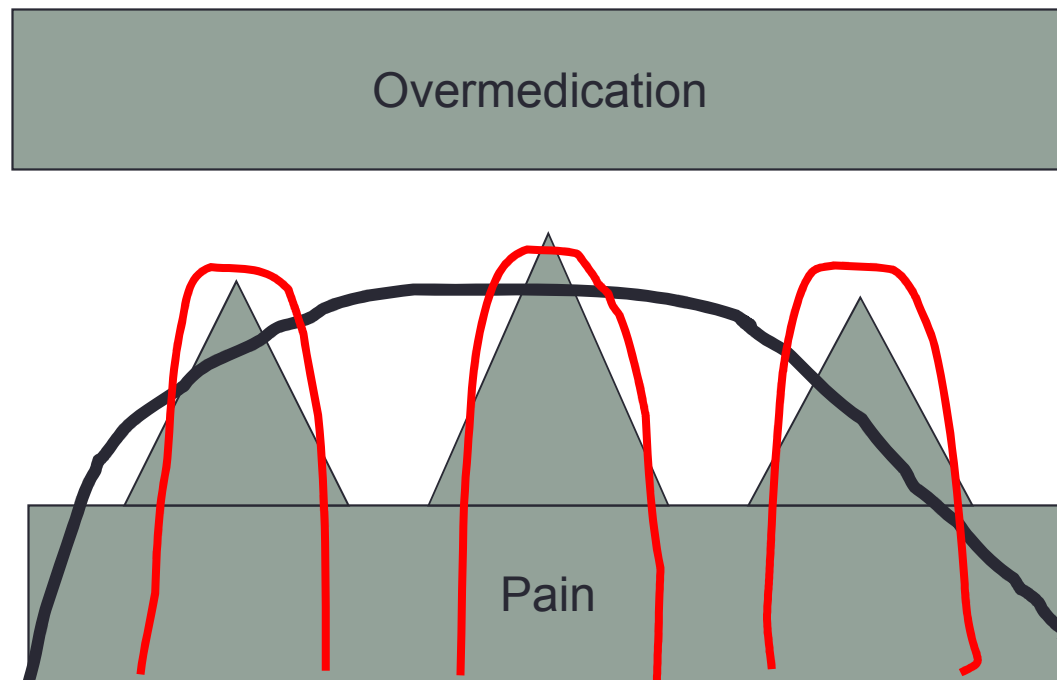
“I can’t take the pain anymore”

- 55 y.o. attorney
- Breast cancer metastatic to bone
- Enrolled in home hospice program
- Pain is baseline 6/10 with exacerbations to 8/10 2-3 times per day
- Takes two oxycodone 5 mg/acetaminophen 325 mg every 4 hours with 50% pain relief

Breakthrough Pain- incorrect mgt



Breakthrough Pain- correct mgt



OME = 1 mg oral MS

- Codeine/APAP (30/300) 1
- Hydrocodone/APAP (5/500) 2
- Oxycodone/APAP (5/325) 5
- Methodone 10
- Hydromorphone (4 mg) 15
- Meperidine 0.1

Take Home Messages

- Pain has both baseline and breakthrough components and both need to be treated
- Opioid side effects are common but usually transient
- Equianalgesia calculations are critical
- Consider incomplete cross-tolerance when changing agents
- Utilize adjuvants whenever possible

Mr. Jones



“I need a refill”

- 33 y.o. unemployed painter
- New patient with chronic low back pain
- Presents empty bottle of oxycodone/acetaminophen from local ER
- “Nothing else works”

Addiction

- A primary neurobiologic disease
- Genetic, psychosocial, and environmental factors influence its development and manifestations
- Characterized by:
 - Impaired control
 - Impulsive use
 - Continued use despite harm
 - Craving

Pseudoaddiction

- Patient behaviors that occur when pain is undertreated
- The behaviors resolve when pain is effectively treated



Physical Dependence

- A state of adaptation manifested by a drug class-specific withdrawal syndrome



Tolerance

- A state of adaptation in which exposure to a drug leads to diminution in effect over time.

A Challenge

- “The most irresponsible act a physician can make is to let fears of regulation interfere with appropriate care of patients.”
 - Lionel Roberge, RPh
 - Former Director, Drug Control, State of Connecticut

The Tenets of Lawful Prescribing

- The prescription for a controlled substance must be:
 - Issued for a legitimate medical purpose
 - Issued by a practitioner acting in the usual course of their professional practice
 - Documented in the medical record

This means you must have:

- Formal doctor-patient relationship
- History and exam appropriate to condition
- Clear diagnosis and treatment consistent with it
- Evidence that treatment improves functionality and decreases pain
- Regular follow-up visits
- Accurate and complete documentation
- Records of prescriptions and refills
- Monitoring for adherence with therapy- random testing, PMP data

Problem Circumstances

- Prescribing for yourself or family members
- Exchanging prescriptions for money, sex, etc
- Not documenting
- Failing to monitor progress and adherence with therapy
- Failing to investigate and verify concerning patient circumstances or behaviors

Take Home Messages

- Distinguish dependence, tolerance, and addiction
- Appropriate prescribing requires complete assessment, regular monitoring, and good documentation
- Be familiar with FSMB guidelines
- Be vigilant for diversion, but don't let fear or regulation stop you from doing the right thing
- If you use common sense and prescribe appropriately you have little to fear from regulators

Mr. O'Rourke



“My feet won’t stop burning”

- 66 y.o. retired shipyard worker
- PMH: 20 years of Type 2 Diabetes
- 6 months of slowly progressive peripheral neuropathy
- No response to naproxen

Take Home Messages

- Improve glycemic control!
- NSAIDS are usually ineffective
- Consider TCAs and anticonvulsants early
- Opioids have a role, but seldom as monotherapy
- Multi-modal therapy is usually required

