Peer Assistance Services
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OMNI

Clinical Challenges in Opioid Prescribing: Balancing Safety & Efficacy[1]

On July 11, 2014, Clinical Challenges in Opioid Prescribing was presented by the Colorado Prescription Drug Abuse Prevention Program of Peer Assistance Services, Inc. and the Colorado Medical Society, in cooperation with the Colorado Consortium for Prescription Drug Abuse Prevention, COPIC, the Colorado Nurses Association, the Colorado Dental Association, Colorado Pharmacists Society, and the Colorado Physician Health Program. Financial and technical support was provided by the Substance Abuse and Mental Health Services Administration and the Center for Health Services & Outcomes Research, JBS International, Inc.

Course Objectives – Learn how to:

- Identify patients who may be susceptible to prescription opioid misuse or abuse,
- Recognize signs and symptoms of potential misuse and/or addictive behaviors, and
- Provide appropriate opioid pain management while minimizing the risk of potential misuse or abuse.

The Rise of Prescription Opioid Abuse:

Nationally

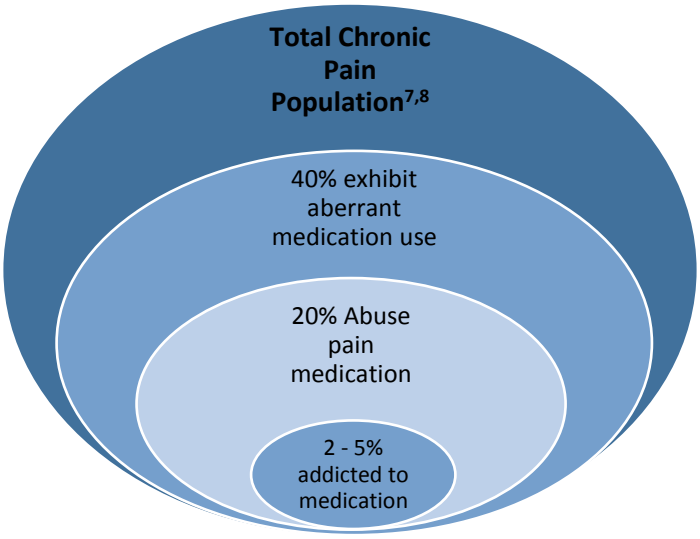
- ✓ In 2012, over 2.5 million people aged 12 or older reported developing an opioid use disorder in the past year related to prescription pain medication abuse or heroin abuse.[2]
- ✓ Opiate-Related treatment admission rates were 400% higher in 2010 than in 2000 and treatment admission rates increased every year within that 10-year time frame.[3]
- ✓ Deaths related to opioid analgesic use increased 313% over the past decade.[3]

In Colorado

- ✓ In 2011, Colorado ranked second highest in the nation of nonmedical use of prescription pain relievers in the past year among people aged 12 and older.[4]
- ✓ In 2012, more than twice as many people in Colorado died from poisoning due to opioid analgesics (n=295) than from drunk-driving related crashes (n=133).[5,6]
- ✓ In 2012, 36% of all drug poisoning deaths in Colorado involved prescription opioids.[5]
- ✓ In 2012, 21% of all drug poisoning hospitalizations in Colorado involved prescription opioids.[5]

About 20% of the General Population suffers from Chronic Nonmalignant Pain:

- Individual experiences of pain vary based on physiology, genetics, sociology, and acculturation.
- Opioid therapy should be considered on a case-by-case basis depending on how the patient experiences pain and responds to pharmacokinetics.

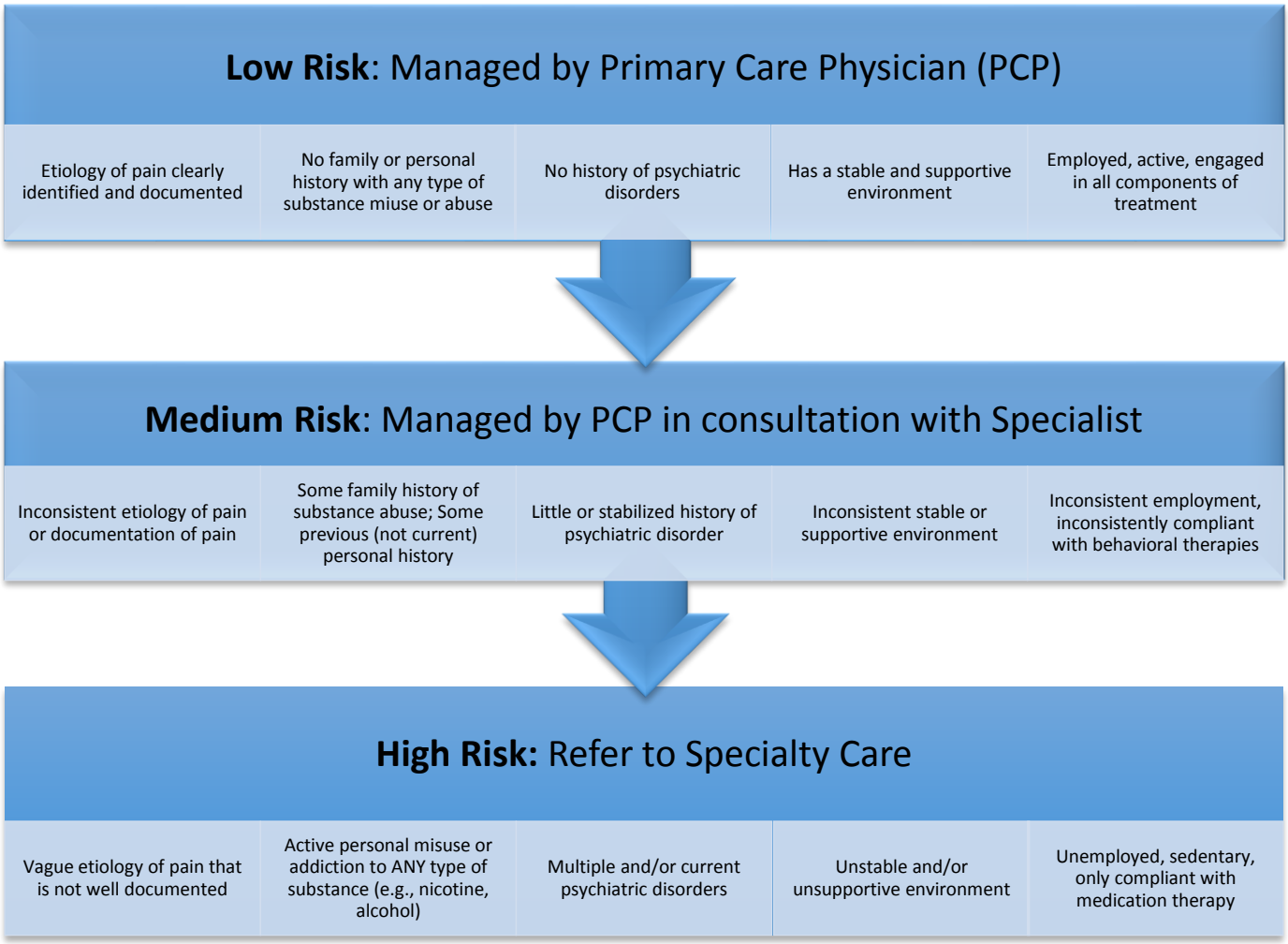


Assessment is Critical - Is the Patient Susceptible to Opioid Misuse, Abuse, or a Substance Use Disorder?

- Key questions to ask prior to treating chronic pain with opioid therapy:
  - ✓ Is there a clear diagnosis?
  - ✓ Does the patient have compromised functionality?
  - ✓ Have other therapeutic approaches been attempted and to what degree of success?
  - ✓ What contraindications for opioid treatment are present, as indicated by a patient risk assessment?
  - ✓ Is there clear documentation of these factors (i.e., diagnosis, functionality, other therapies attempted, risk assessment)?

- Use a biopsychosocial assessment to track individual factors affecting opioid therapy response, including:
  - ✓ Genetic predispositions to addictive behaviors
  - ✓ Gender
  - ✓ Degree of established pain pathways in the brain and spinal cord
  - ✓ Prior sensitization
  - ✓ Psycho-social factors (e.g. employment, trauma, social connectedness, compensation/litigation)
  - ✓ Clinician-patient interaction

Characteristics of Patient Level of Risk for Opioid Abuse & Associated Care Management:



Using Universal Precautions as Standard Components of Opioid Therapy Treatment Plans:

Step 1: Initial Assessment

Evaluate

- **Functional Activity**
- **Pain Rating**

Examine and evaluate all **co-morbid conditions**

Assess for both **indicators** and **contraindicators**

- **Indicators**
  - Pain assessment
  - Function assessment
- **Contraindicators**
  - Risk Assessment
  - Family history of ANY TYPE of substance use
  - Personal history of ANY TYPE of substance use

Any positive screen for any type of risky substance use behavior, including tobacco or alcohol, should be considered at risk for prescription opioid misuse

Make a **Proper Diagnosis**

Set Function-based goals for opioid therapy

DOCUMENT!

Step 2: Trial Opioid Therapy

Create an **entrance strategy** → initiate opioid therapy for a *trial period* to monitor the following:

- effectiveness of the opioid therapy
- safe and proper prescription opioid use

Review principles of **Universal Precautions** with the patient

Generate, review and sign **Treatment Agreement** and/or **Informed Consent** documents

DOCUMENT!

Step 3: Trial Therapy Monitoring

Frequently **review functional goals** set in Step 1

Frequently **review pain diagnosis** identified in Step 1

Conduct regular and **frequent assessments of the Four A's**:

- Analgesia/Affect
- Activity/Function
- Adverse Effects
- Aberrant Behavior

Administer drug tests and pill counts as indicated

Adjust treatment as indicated via trial monitoring, including discontinuing if ineffective

DOCUMENT!

Step 4: Reassessment

Questions to answer throught treatment:

1. Is there adequate evaluation and documentation to indicate continued opioid therapy?

2. Does the treatment plan include and document considered/attempted alternative approaches?

3. Is a thorough informed consent signed and adhered to?

4. Has there been a documented period of effectiveness or therapeutic adjustments?

5. Were specialists consulted as needed?

Create an **exit strategy** to discontinue opioid therapy

DOCUMENT!

- A thorough treatment plan includes the following:
  - ✓ Detailed treatment goals focused on functional improvement and reduced pain;
  - ✓ Multi-modal treatment components, including behavioral therapies, that work together;
  - ✓ Understood patient and physician responsibilities regarding treatment that are reviewed and adhered to;
  - ✓ A detailed informed consent;
  - ✓ Education and involvement of the patient and the family; and
  - ✓ Documented progression of an opioid trial and the recommended steps for opioid treatment.

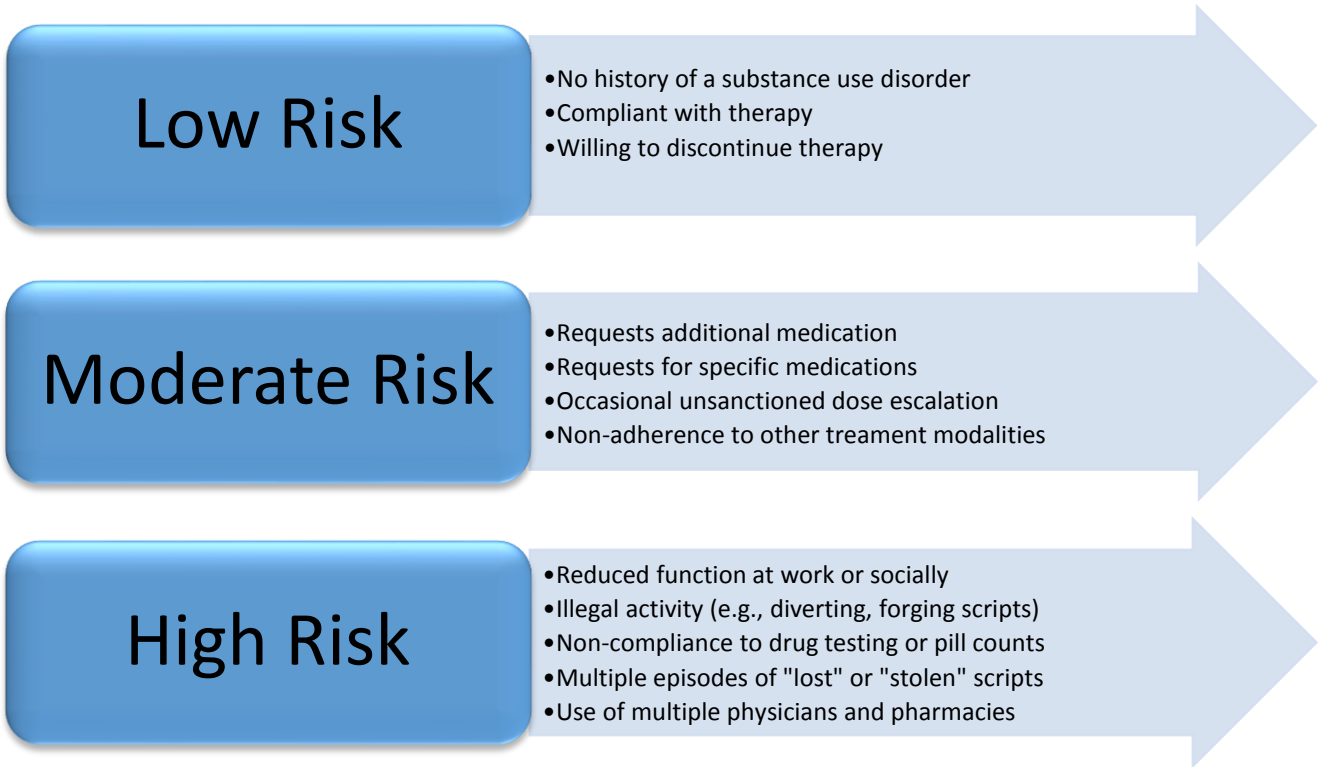
- Incorporate other therapeutic modalities to complement or replace opioid therapy, such as:
  - ✓ Non-controlled medications, including non-steroidal anti-inflammatory drugs, tricyclics, anti-depressants, anti-convulsants, muscle relaxants, topical preparations
  - ✓ Nerve blocks
  - ✓ TENS units
  - ✓ Movement-based therapies including exercise, physical therapy, and massage
  - ✓ Alternative therapies, such as acupuncture, yoga, meditation, biofeedback, and other relaxation techniques
  - ✓ Counseling, including family counseling, financial counseling, and spiritual counseling, as well as support groups for pain

Understanding Appropriate vs. Aberrant Opioid Medication Use:

- *Appropriate use* of opioids for therapy includes using opioid medication:
  - ✓ Only as prescribed
  - ✓ Only for the condition indicated
  - ✓ Only for the duration needed

- *Aberrant medication use* is any behavior, intentional or unintentional, associated with medication use other than as prescribed:
  - ✓ Misuse to gain symptom (i.e., pain) relief
  - ✓ Misuse due to cognitive or sensory impairment
  - ✓ Misuse to cope with other conditions or stressors
  - ✓ Misuse to divert (e.g. sell) medication for financial gain

Behavioral Indicators of a Substance Use Disorder:



Intervening when Misuse, Abuse, or a Substance Use Disorder is Suspected:

Express	Explore	Involve	Refer

• Concern over misuse behavior
• Concern that medication may not be safe to use
	• Specific details of drug misuse behavior
	• Any other history of substance use
	• Other therapeutic options
		• Staff in collecting additional assessment information
		• Family and caregivers in addressing misuse
			• As indicated for:
			  • psychological evaluation
			  • substance use evaluation
			  • therapy

Discontinuing Opioid Treatment for Pain:

- Understand the legal parameters:
  - Only specific licensed programs/physicians can detoxify an individual with an opioid use disorder using opioid medications
  - Any physician who can prescribe controlled substances may also taper the medication **if** there is a legitimate pain diagnosis and no opioid use disorder
- Discuss the lack of benefit for continuing opioid therapy
  - Focus on the patient's strengths
  - Encourage using other therapies to address pain
- Discuss any identified misuse, abuse, or substance use disorder
  - Discuss concerns over any breach of the treatment agreement
  - Explain that risks of misuse, abuse, or a substance use disorder outweigh benefits of pain management
- Withdraw the patient safely and comfortably:
  - Assess urgency of the need to withdraw
  - Understand process of tapers and weans
  - Recognize and manage withdrawal symptoms
  - Three phases of weaning:
    - Establish a baseline
    - Reduce the dose
    - Treat protracted/post-acute withdrawal

Prescription Drug Regulation and Monitoring in Colorado:

- The Prescription Drug Monitoring Program (PDMP) is a secure database of controlled substance prescriptions dispensed by in-state and non-resident pharmacies registered with the Colorado State Board of Pharmacy.
- The frequency with which data are updated is shifting from twice monthly to possibly daily by October 2014.
- The Colorado Department of Regulatory Agencies has drafted a policy for prescribing and dispensing opioids for generalist practitioners.
- Key elements of the 2014 PDMP law include the following:
  - Mandatory PDMP Registration for all Colorado Drug Enforcement Administration (DEA)-registered prescribing practitioners and all Colorado pharmacists
  - PDMP-registered prescribing practitioners and pharmacists may delegate access on their behalf
  - The PDMP will send "Push Notices" to affected prescribing practitioners and pharmacists
  - Out-of-state prescribing practitioners and pharmacists may obtain patient information from the PDMP

For more information about Peer Assistance Services' Prescription Drug Abuse Prevention Program, contact Laurie Lovedale, MPH, Program Manager at llovedale@peerassist.org, 303.369.0039 extension 203.

Presenters, References, and Resources

COURSE PRESENTERS

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- **Brett H. Kessler, DDS**, President, Colorado Dental Association, and Chair, Concerned Colorado Dentists
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- **Charles Smith, PhD**, Region VIII Administrator, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services

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COURSE RESOURCES

- Providers' Clinical Support System for Opioid Therapies, http://www.pcss-o.org/
- Boston University School of Medicine Continuing Medical Education, http://www.opioidprescribing.com/overview
- Providers' Clinical Support System for Medication Assisted Treatment, http://pcssmat.org/
- SAMHSA Opioid Overdose Toolkit, http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA13-4742
- Colorado Department of Regulatory Agencies, Prescription Drug Monitoring Program updates, http://cdn.colorado.gov/cs/Satellite/DORA-Reg/CBON/DORA/1251631994088
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