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Finding Balance: Optimizing the Treatment of Patients with Pain

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https://www.opioidanalgesicrems.com/Resources/Docs/List_of_RPC_Companies.pdf
for a listing of REMS Program Companies.

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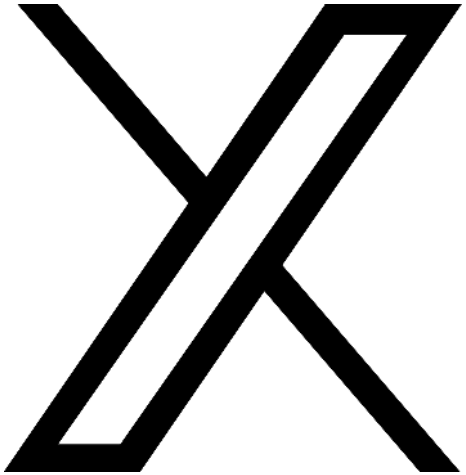

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Learning Objective 1

Utilize knowledge of acute and chronic pain pathways, underlying mechanisms and biopsychosocial factors to clinical assessment and appropriate management of pain.

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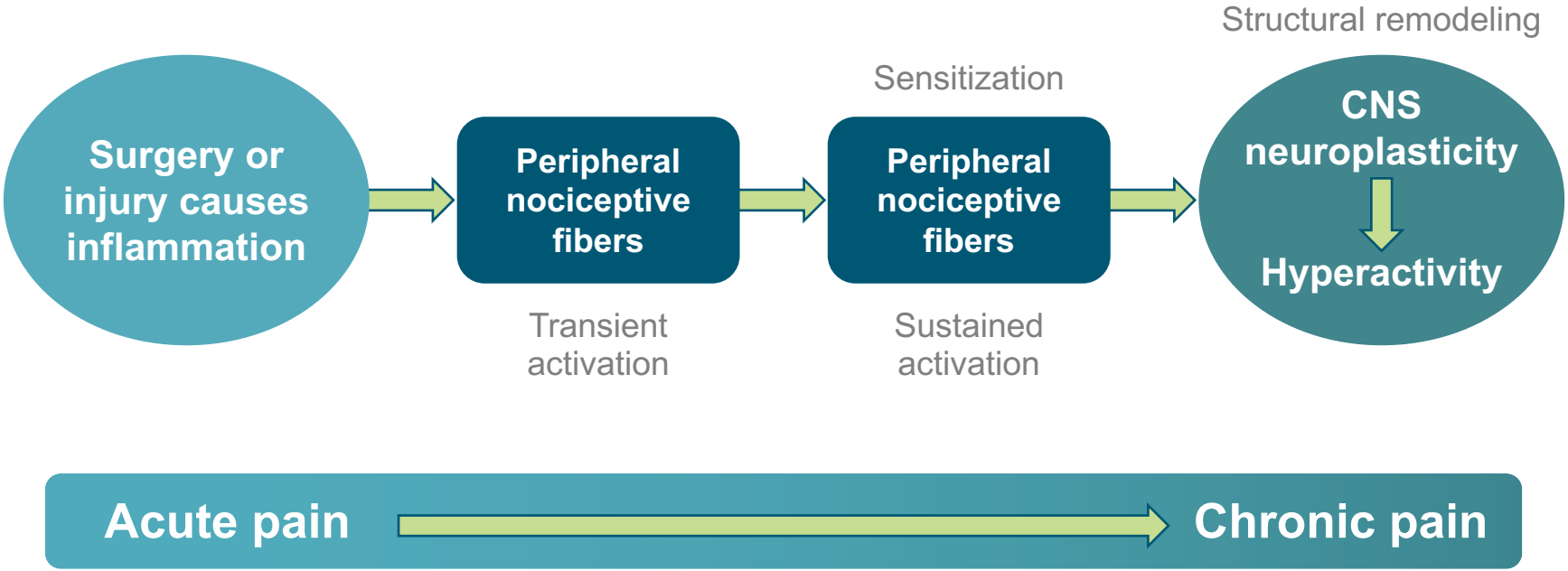
Learning Objective 2

Incorporate strategies from the 2022 CDC Guideline for Prescribing Opioids into the development of safe and effective pain management plans for patients with acute, subacute, and chronic pain.

Acute and Chronic Pain Pathways



Pozek JP, et al. *Med Clin North Am.* 2016;100(1):17-30.

Pain Classification by Duration

Acute

- Duration: < 4 weeks
- Due to acute injury, disease, or abnormal function
- Adaptive response eliciting motivation to minimize harm and allow healing

Subacute

- Duration: 4-12 weeks
- May be due to attempting to resume normal activities following healing or scar tissue development

Chronic

- Duration: > 12 weeks
- Maladaptive disorder of the somatosensory pain signaling pathways
- Due to chronic pathology or may occur after original insult has resolved

Centers for Disease Control and Prevention (CDC). National Archives Federal Register Website. 2022. https://www.federalregister.gov/d/2022-02802. King W. Acute Pain, Subacute Pain, and Chronic Pain. In: *Encyclopedia of Pain.* 2013:pp. 60-63. Chanda ML. *J Pain*. 2011;12(7):792-800.

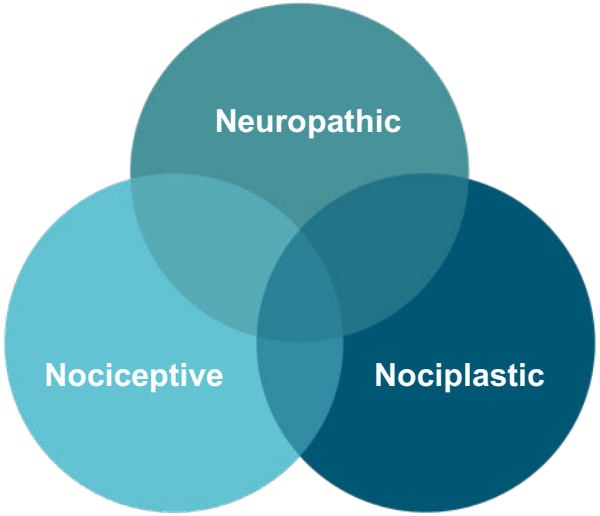
Pain Classification by Origin

Neuropathic

- Arises from lesion or disease of the somatosensory nervous system
- Examples: neuropathy, carpal tunnel, sciatica

Nociceptive

- Arises from actual or threatened damage to non-neural tissue and activation of nociceptors
- Occurs in the setting of normal somatosensory nerve functioning
- Examples: trauma, surgery, osteoarthritis



Mixed pain pathologies associated with development of chronic pain

Nociplastic (inflammatory)

- Arises from altered nociception despite no clear evidence of actual or threatened tissue damage
- Influenced by biopsychosocial factors
- Examples: fibromyalgia, complex pain syndromes

Stanos S, et al. *Postgrad Med.* 2016;128(5):502-515. International Association for the Study of Pain (IASP). IASP Website. 2021. https://www.iasp-pain.org/resources/terminology/. Fitzcharles MA, et al. *Lancet*. 2021;397(10289):2098-2110.

What increases the risk of developing chronic pain?

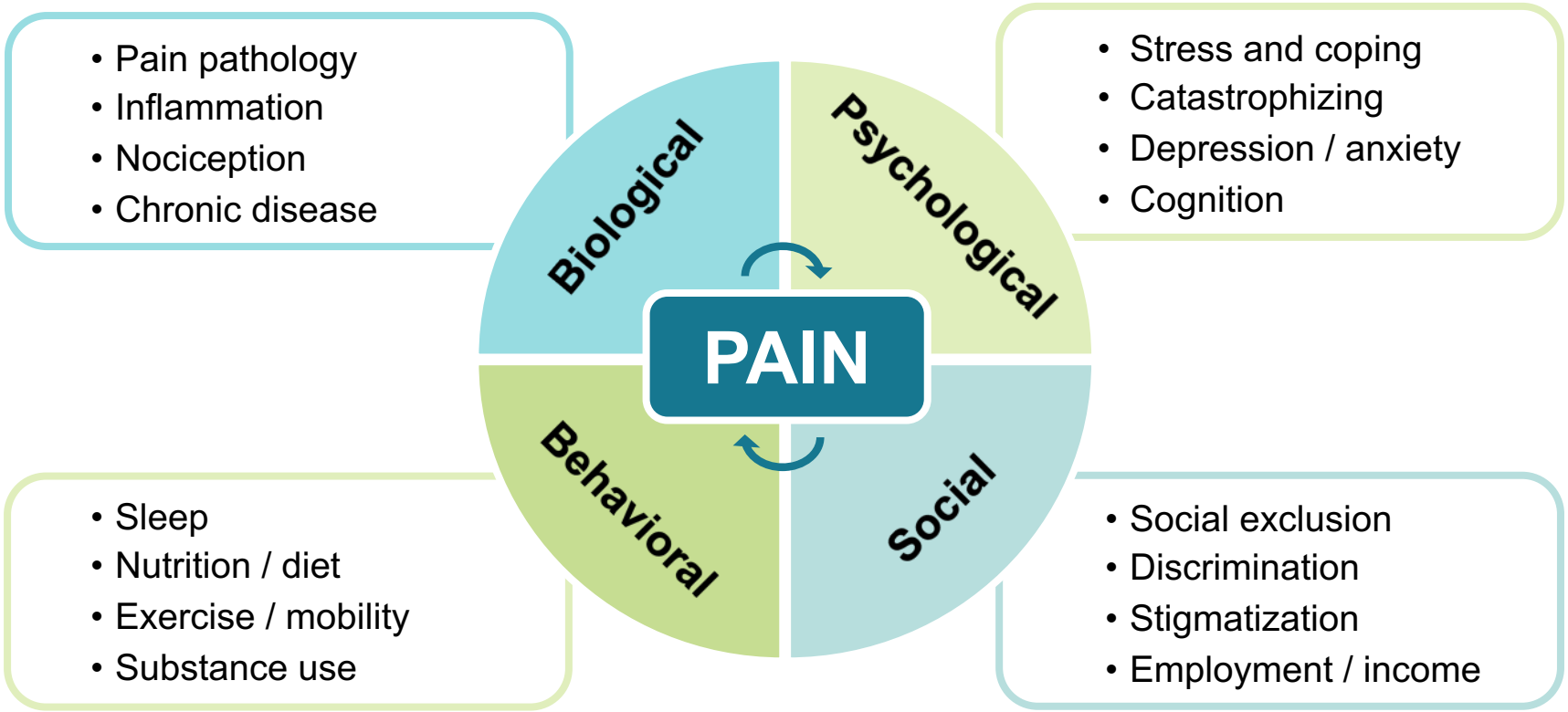
Mental and physical comorbidities	Tobacco or alcohol use	Physical activity	Sleep hygiene
Nutrition	Employment status and occupational factors	Age	Sex
History of trauma, interpersonal violence or ACEs	Cultural background	Socioeconomic background	Genetic factors

van Hecke O, et al. *Br J Pain.* 2013;7(4):209-217.

Faculty Discussion:

How do you assess patient function and identify goals of care when treating pain?

The Biopsychosocial Model of Pain

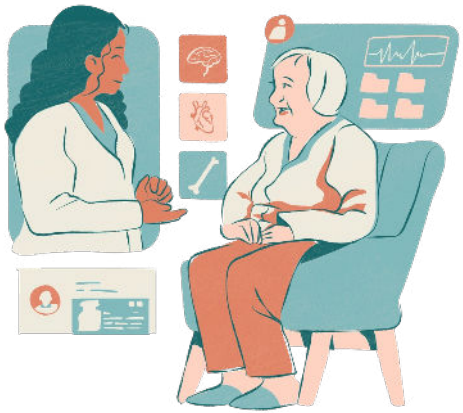


Adams LM, et al. *J Appl Behav Res*. 2018; 23:e12125. Darnall BD, et al. *Pain Med*. 2017;18(8):1413-1415. Robinson-Lane SG, et al. *J Gerontol Nurs*. 2017;1-8. McClendon J, et al. *Arthritis Care Res (Hoboken)*. 2021;73(1):11-17.

Comprehensive Pain Assessment

Shared Decision Making

- Patient History
- Physical Examination
- Diagnostic Studies



- Functional Pain Assessment
- Psychosocial Evaluation
- Risk Screening

Populations At Risk For Inaccurate Pain Assessment

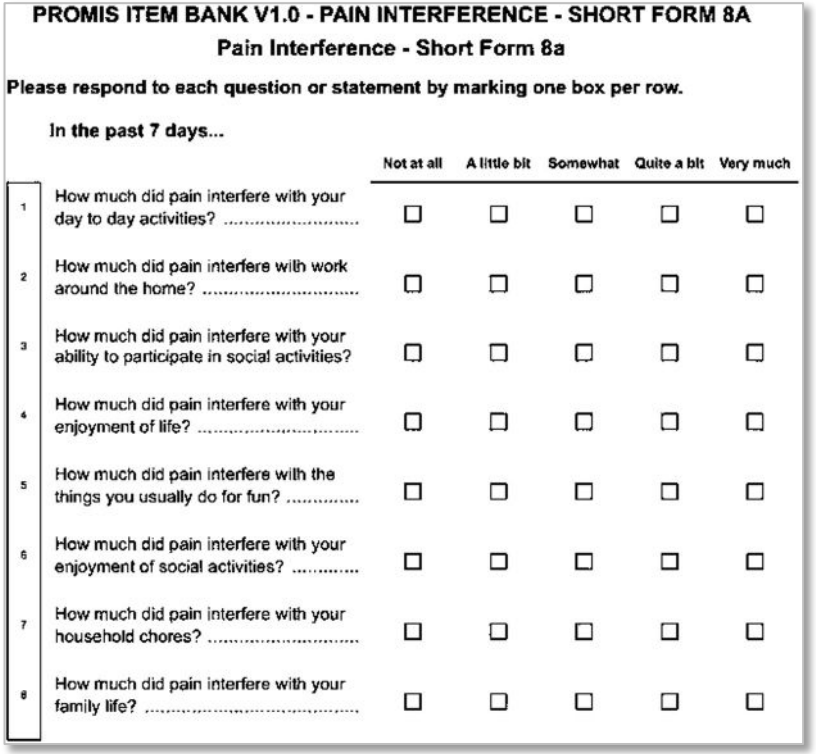
People of color - Women - LGBTQ+ - Elderly - End-of-life

Patients with: SUD, cognitive impairment, mental illness, cancer, sickle cell disease (SCD)

U.S. Department of Health and Human Services (HHS). *Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations.* HHS Website. 2019. https://www.hhs.gov/sites/default/files/pain-mgmt-best-practices-draft-final-report-05062019.pdf. Centers for Disease Control and Prevention (CDC). National Archives Federal Register Website. 2022. https://www.federalregister.gov/d/2022-02802.

Tools for Assessing Pain-Related Functionality

- Functional assessment more critical than numeric pain score (NPS)
  - Assess for impact of pain on function, daily activities, quality of life, mental health
  - Identify comorbidities and patient circumstances contributing to pain sensitivity
- Functional scoring tools
  - Patient Reported Outcome Measures Information System (PROMIS)
  - Short Form Health Survey (SF-36)
  - Pain intensity, Enjoyment of life, and General Activity (PEG)
- Assessing for depression or anxiety
  - PHQ-9 and GAD-7



PROMIS ITEM BANK V1.0 - PAIN INTERFERENCE - SHORT FORM 8A

Pain Interference - Short Form 8a

Please respond to each question or statement by marking one box per row.

In the past 7 days...

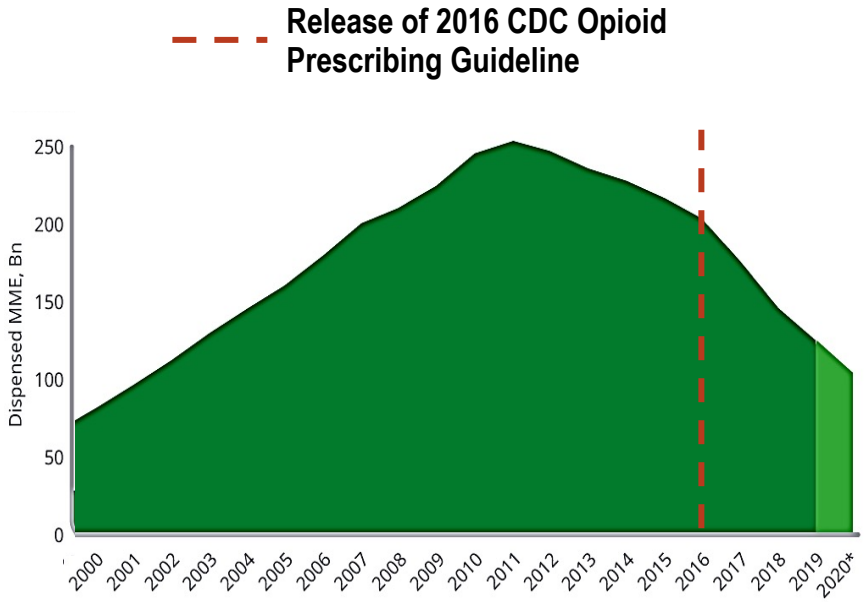
		Not at all	A little bit	Somewhat	Quite a bit	Very much
1	How much did pain interfere with your day to day activities?	☐	☐	☐	☐	☐
2	How much did pain interfere with work around the home?	☐	☐	☐	☐	☐
3	How much did pain interfere with your ability to participate in social activities?	☐	☐	☐	☐	☐
4	How much did pain interfere with your enjoyment of life?	☐	☐	☐	☐	☐
5	How much did pain interfere with the things you usually do for fun?	☐	☐	☐	☐	☐
6	How much did pain interfere with your enjoyment of social activities?	☐	☐	☐	☐	☐
7	How much did pain interfere with your household chores?	☐	☐	☐	☐	☐
8	How much did pain interfere with your family life?	☐	☐	☐	☐	☐

Remember: all standardized scoring systems have gaps and limitations

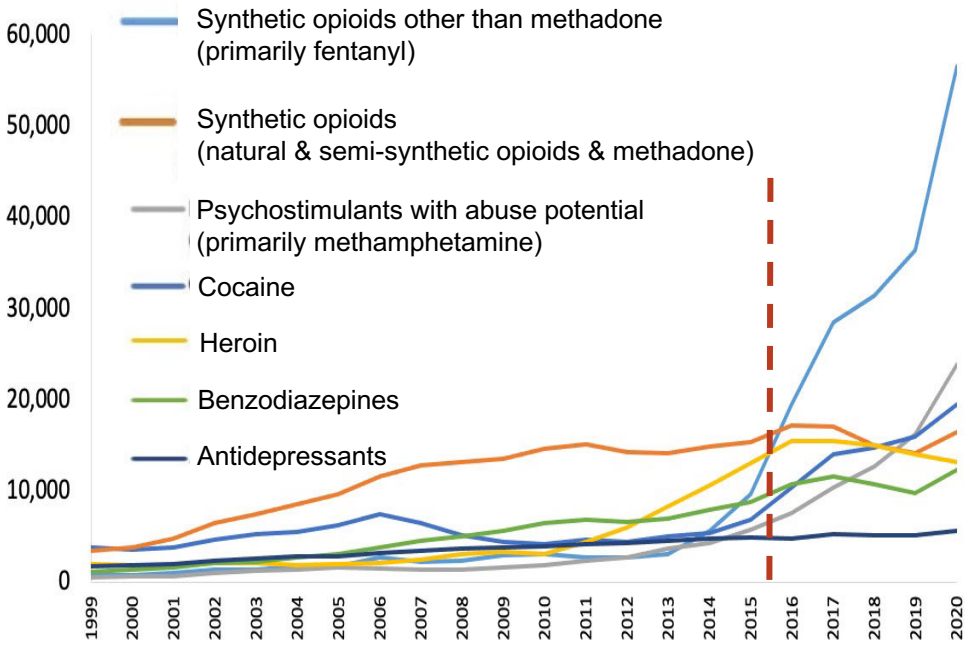
Amtmann D, et al. *Pain*. 2010;150(1):173-182. Practical Pain Management. Practical Pain Management Website. 2019; https://www.practicalpainmanagement.com/resource-centers/opioid-prescribing-monitoring/list-clinically-tested-validated-pain-scales.

Opioid Prescribing vs. Overdose Trends

U.S. Rx Opioid Use (MME)[1]



U.S. Drug-Involved Overdose Deaths[2]

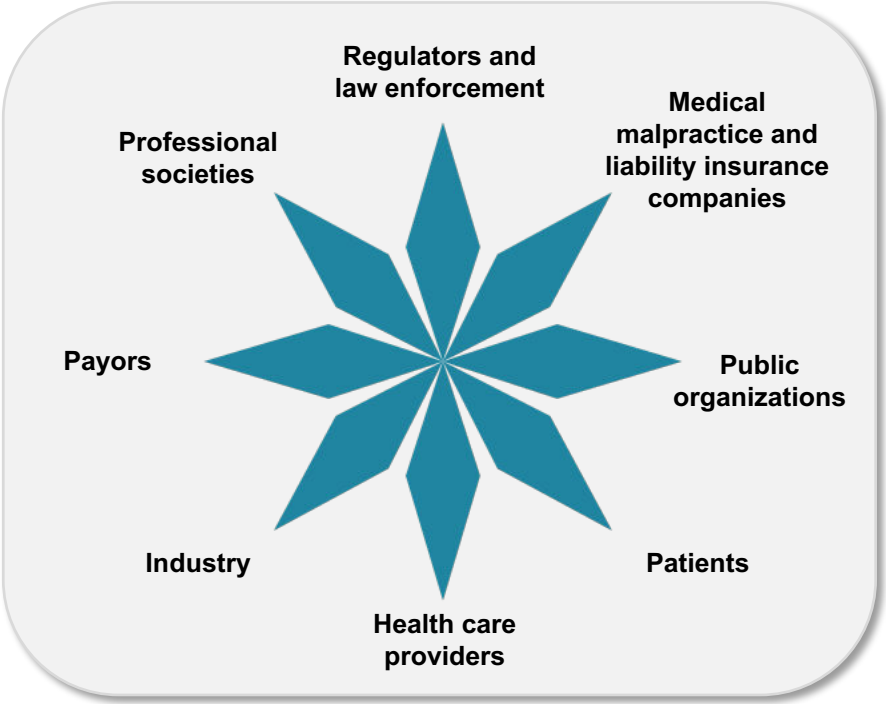


MME = morphine milligram equivalent

[1]IQVIA. *Prescription Opioid Trends in the United States.* IQVIA Website. 2020. https://www.iqvia.com/insights/the-iqvia-institute/reports/prescription-opioid-trends-in-the-united-states. [2]National Institute on Drug Abuse (NIDA). NIDA Website. 2023. https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates.

Misapplication of 2016 CDC Guideline

- HCPs policed themselves to avoid unwanted scrutiny and liability
- Interprofessional tension surfaced out of pressure to apply guidelines and avoid liability
- Subjective application of PDMPs neglected SDoH and cultivated discrimination against patients of color



HCP = healthcare professional; PDMP = prescription drug monitoring program; SDoH = social determinants of health.

Dowell D, et al. *N Engl J Med.* 2019;380(24):2285-2287. Ranapurwala SI, et al. *Am J Prev Med.* 2021;60(3):343-351. Human Rights Watch (HRW). HRW Website. 2018. https://www.hrw.org/report/2018/12/18/not-allowed-be-compassionate/chronic-pain-overdose-crisis-and-unintended-harms-us.

Key Changes In 2022 CDC Guidelines

Emphasis on evaluating pain origin(s) using a biopsychosocial model

Use of medical judgement to weigh risks and benefits of opioid use

Encourage opioid safety with patient education and harm-reduction tools

Screening and treatment recommended for OUD (instead of punishment)

Work toward safe management of patients on long-term opioids

OUD = opioid use disorder

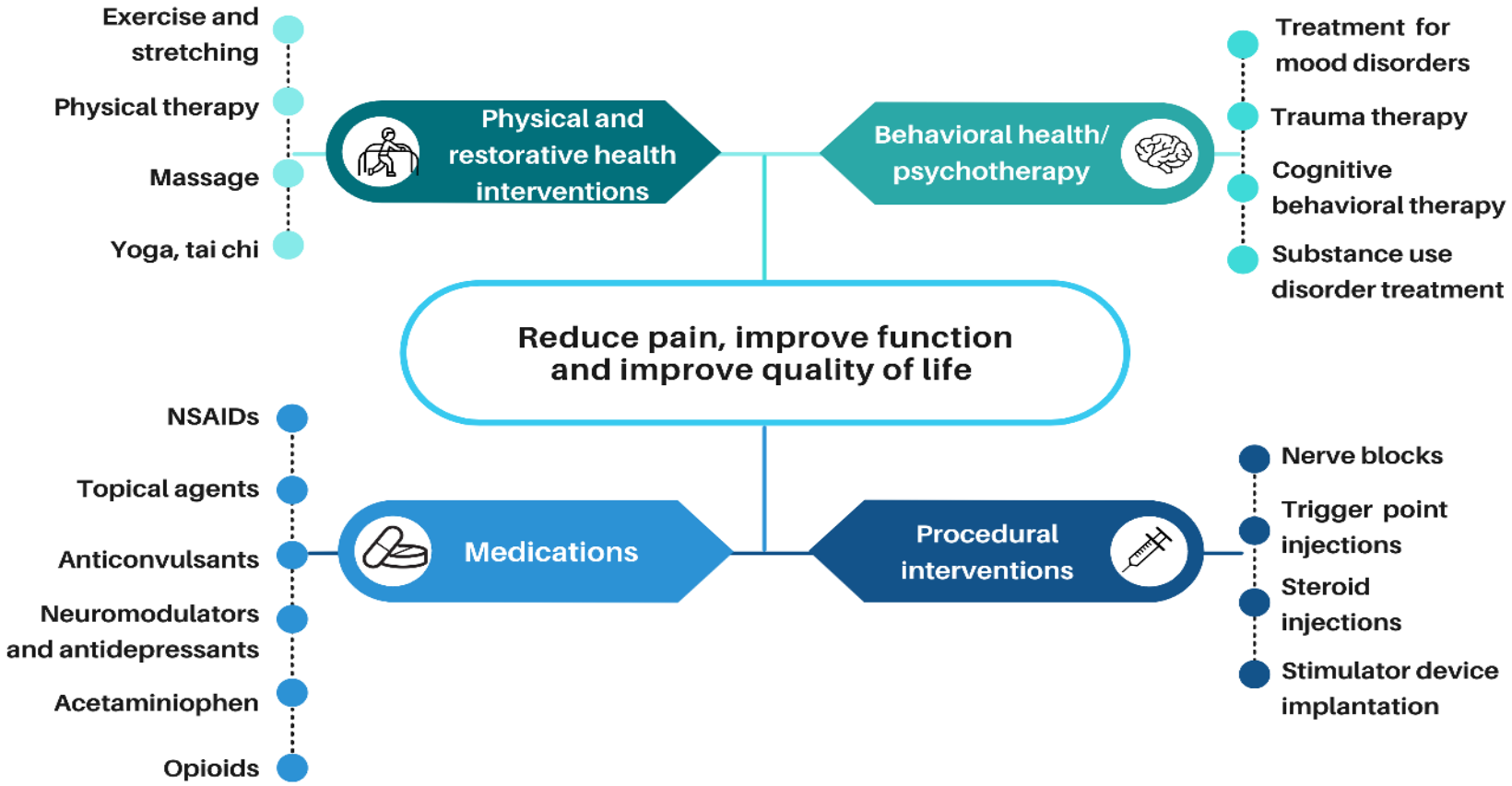
Centers for Disease Control and Prevention (CDC). National Archives Federal Register Website. 2022. https://www.federalregister.gov/d/2022-02802.

Pain Treatment

Faculty Discussion:

What new and emerging treatments are you excited about in pain management?

Multimodal Approach to Pain Care



Dale R, et al. *Med Clin North Am*. 2016;100(1):55-64. Centers for Disease Control and Prevention (CDC). National Archives Federal Register Website. 2022. https://www.federalregister.gov/d/2022-02802.

Non-Pharmacologic Therapies for Pain

Treatment Category	Treatment Options
Lifestyle	Exercise, weight loss, nutrition/diet, sleep hygiene
Physical rehabilitation	Thermal therapies, physical and occupational therapy, massage, yoga, tai chi, postural support
Mind–body	Cognitive–behavioral therapy, muscle relaxation, hypnosis, meditation, music/art therapy, pain reprocessing therapy (PRT)
Complementary and alternative medicine	Acupuncture/acupressure
Device- and procedure-based	Surgery, transcutaneous electrical nerve stimulation, laser therapy, electromyography, biofeedback

Ashar YK, et al. *JAMA Psychiatry*. 2022;79(1):13-23. U.S. Department of Health and Human Services (HHS). *Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations.* HHS Website. 2019. https://www.hhs.gov/sites/default/files/pain-mgmt-best-practices-draft-final-report-05062019.pdf.

Non-Opioid Pharmacotherapy for Pain

Medication or Drug Class	Condition for Use
Acetaminophen	Osteoarthritis (not recommended first line)
NSAIDs	Chronic low back pain, osteoarthritis
SNRI antidepressants (duloxetine and milnacipran)	Chronic low, back pain, neuropathic pain, osteoarthritis, fibromyalgia
Tricyclic antidepressants	Neuropathic pain
Gabapentinoids	Post-herpetic neuralgia, neuropathic pain, fibromyalgia
Anticonvulsants	Neuropathic pain
Topical lidocaine or capsaicin	Neuropathic pain
Antispasmodics / muscle relaxers	Spasticity

Ensure dose optimization for all medication treatments

NSAID = non-steroidal anti-inflammatory drug; SNRI = serotonin-norepinephrine reuptake inhibitor

Cheng J, et al . *Pain Med*. 2020;21(1):1-3. Centers for Disease Control and Prevention (CDC). National Archives Federal Register Website. 2022. https://www.federalregister.gov/d/2022-02802.

Acute Pain Management with Opioids

Opioids may be indicated for:

- Severe traumatic injuries (including crush injuries and burns)
- Invasive surgeries associated with moderate to severe postoperative pain
- Severe, acute pain when NSAIDs and other therapies are contraindicated or likely to be ineffective

If using opioids for acute pain:

- Use short acting agents
- Use as needed vs scheduled dosing
- Prescribe the lowest effective dose for the shortest duration
- Maximize non-opioid pharmacologic and nonpharmacologic treatments
- Include a taper if opioids are used around-the-clock for more than a few days

Centers for Disease Control and Prevention (CDC). National Archives Federal Register Website. 2022. https://www.federalregister.gov/d/2022-02802.

When to Avoid Opioids in Acute Pain

- Risks vs. benefits must be weighed
- Even with acute low dose opioids (1 – 36 mg/day MED), patients are at increased risk for developing OUD

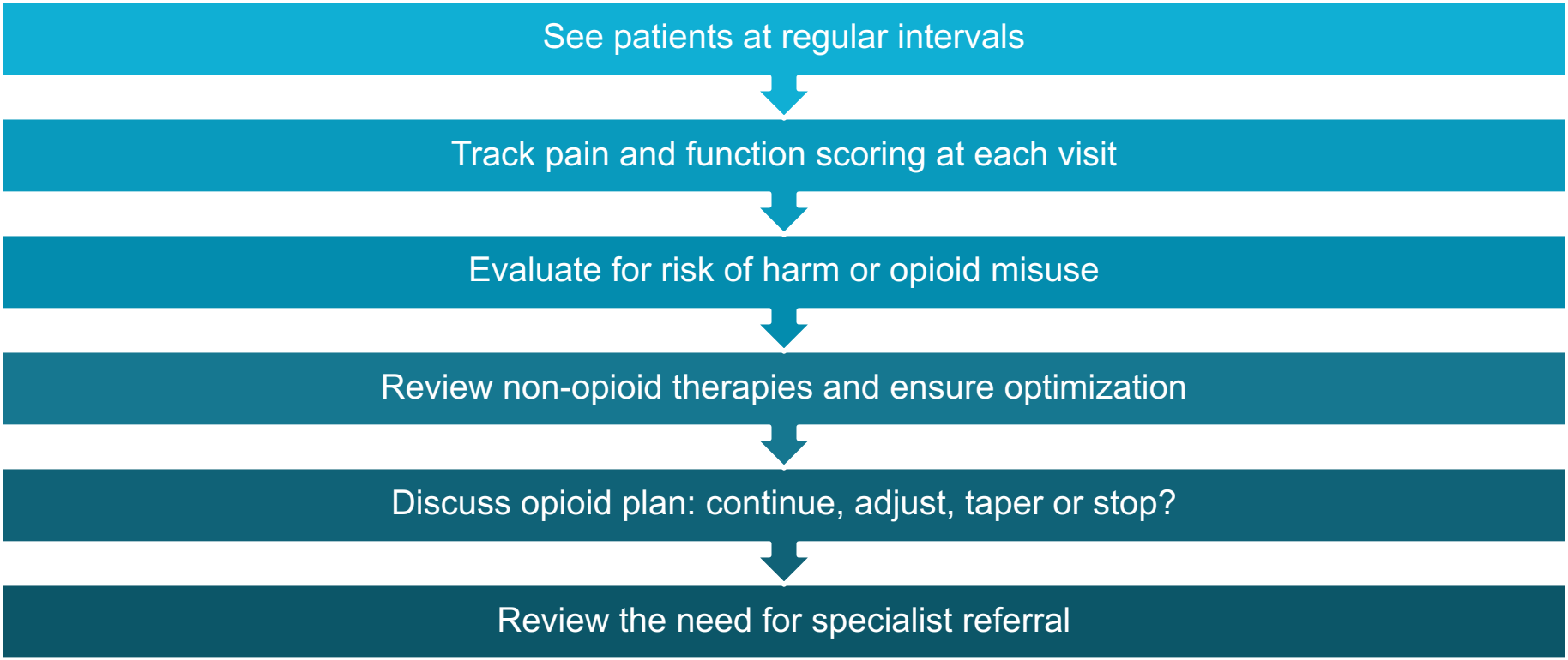
Opioids *not* recommended first-line

- LOW BACK PAIN
- NECK PAIN
- OTHER MUSCULOSKELETAL INJURIES
- MINOR SURGERY, MILD POST-OP PAIN
- DENTAL PAIN
- KIDNEY STONE PAIN
- HEADACHE OR MIGRAINE

MED = morphine equivalent dose

Centers for Disease Control and Prevention (CDC). National Archives Federal Register Website. 2022. https://www.federalregister.gov/d/2022-02802.

Opioids for Chronic Pain: Individualizing care



Centers for Disease Control and Prevention (CDC). National Archives Federal Register Website. 2022. https://www.federalregister.gov/d/2022-02802.

Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications

- DEA issued a temporary rule allowing for telemedicine prescribing of controlled substances to prevent lapses in care
- Telemedicine prescribing temporary rule has been extended until December 31, 2024 (previously set to expire November 11, 2023)

Drug Enforcement Agency (DEA) and U.S. Health and Human Services (HHS). National Archives Federal Register Website.2023. https://www.federalregister.gov/documents/2023/10/10/2023-22406/second-temporary-extension-of-covid-19-telemedicine-flexibilities-for-prescription-of-controlled.

Faculty Discussion:

How have you utilized telemedicine in your practice?

Monitoring in Opioid Use: Patient Education

Advise patients of PDMP monitoring that occurs at physician and pharmacy visits

- Check PDMP when starting opioids and with every new prescriptions or every 3 months

Advise patients of plans for urine drug screening

- Screening will be used to confirm adherence and identify use of illicit drugs or other medications that could interfere with treatment goals

Reinforce that monitoring strategies are designed to improve patient safety

- Patient should understand and agree to treatment and monitoring plans

PDMP = prescription drug monitoring program

Centers for Disease Control and Prevention (CDC). National Archives Federal Register Website. 2022. https://www.federalregister.gov/d/2022-02802.

When to Consider Tapering Opioids

New treatment is needed

- Dosage reduction or discontinuation requested
- No pain reduction or improvement in function with opioid use

Safety concerns are identified

- Starting a medication that increases risk of overdose (e.g., benzodiazepine)
- Non-adherence to treatment plan or engaging in unsafe behavior (e.g., early refills, buying or borrowing opioids, concerning UDT results)
- Reported overdose or another serious adverse event

Comorbidities increase opioid use risk

- Worsening medical comorbidities: renal disease, sleep apnea, liver disease, lung disease
- Mental health conditions that can worsen with opioid therapy (e.g., PTSD, depression, anxiety)

PTSD = post-traumatic stress disorder; UDT = urine drug test

Centers for Disease Control and Prevention (CDC). CDC Website. 2016. https://www.cdc.gov/drugoverdose/ pdf/clinical_pocket_guide _tapering-a.pdf.
U.S. Department of Veterans Affairs. U.S. Department of Veterans Affairs Pharmacy Benefits Management Services Website. 2016. https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/Pain_Opioid_Taper_Tool_IB_10_939_P96820.pdf.

Tapering Chronic Opioid Therapy

Go slow	• A decrease of 10% of the original dose per week is a reasonable starting point • Some patients who have taken opioids for a long time might find even slower tapers (e.g., 10% per month) easier • Discuss the risk of overdose if patients quickly return to a higher dose
Consult	• Coordinate with specialists and treatment experts as needed—especially for patients at high risk of harm (e.g., pregnant women or patients with an opioid use disorder)
Support	• Link patients to psychosocial support • Offer naloxone for overdose prevention • Watch for signs of anxiety, depression, and opioid use disorder during the taper
Encourage	• Let patients know that most people have improved function without worse pain after tapering opioids • Some patients have improved pain after a taper, even though pain might briefly get worse at first

Centers for Disease Control and Prevention (CDC). CDC Website. 2016. https://www.cdc.gov/drugoverdose/ pdf/clinical_pocket_guide _tapering-a.pdf.

Referral to Another Specialist

Consider your expertise and comfort level in managing specific chronic pain patients

- Refer if current management is outside of your scope or comfort zone to manage

In patients requiring high opioid dosage or lack of response to high dose opioids

- Consider referral with high daily dose of opioids (> 90 mme/day) and lack of progress toward pain/function goals

Patients with chronic pain and no readily identified cause (e.g., fibromyalgia, chronic daily headaches)

- Refer to confirm or establish a diagnosis of the suspected condition and obtain suggestions for management

Referral options

- Pain specialist
- Addiction specialist
- Psychiatry
- Palliative Care

American Academy of Pain Medicine (AAPM). AAPM Website. 2016. https://painmed.org/for-the-primary-care-provider-when-to-refer-to-a-pain-specialist/#:~:text=If%20the%20cause%20of%20the, pain%20specialist%20should%20be%20considered.

SMART Goals

Specific, Measurable, Attainable, Relevant, Timely

- Incorporate biopsychosocial and behavioral factors into comprehensive pain assessment to reduce bias and increase understanding of functional impairments
- Align treatment choice to pain origin—nociceptive, neuropathic, nociplastic—to maximize multi-modal treatment plans for patients with pain
- Limit new opioid prescribing to patients with acute and severe pain; Use short-acting agents at the lowest effective dose for the shortest duration possible
- Routinely assess and monitor the risks and benefits of opioid treatment and initiate individualized tapers when indicated
- Integrate the updated **2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain** into the assessment and management of patients with pain

To Ask a Question

Please select the *Ask Question* tab below the slide viewer.

Please include the faculty member's name if the question is specifically for them.

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AFTER THE SHOW

Questions & Answers

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Visit the

Opioid Education Hub

Free resources and education for health care professionals and patients on pain management

https://www.cmeoutfitters.com/rx4pain/

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