# Chronic Pain and Addiction:

# How We Missed the Boat

**Mel Pohl, MD, DFASAM**

Chief Medical Officer

Las Vegas Recovery Center

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# The Truth:

- All pain is real
- Emotions drive the experience of chronic pain
- Opioids often make pain worse
- Treat to improve function
- Expectations influence outcomes

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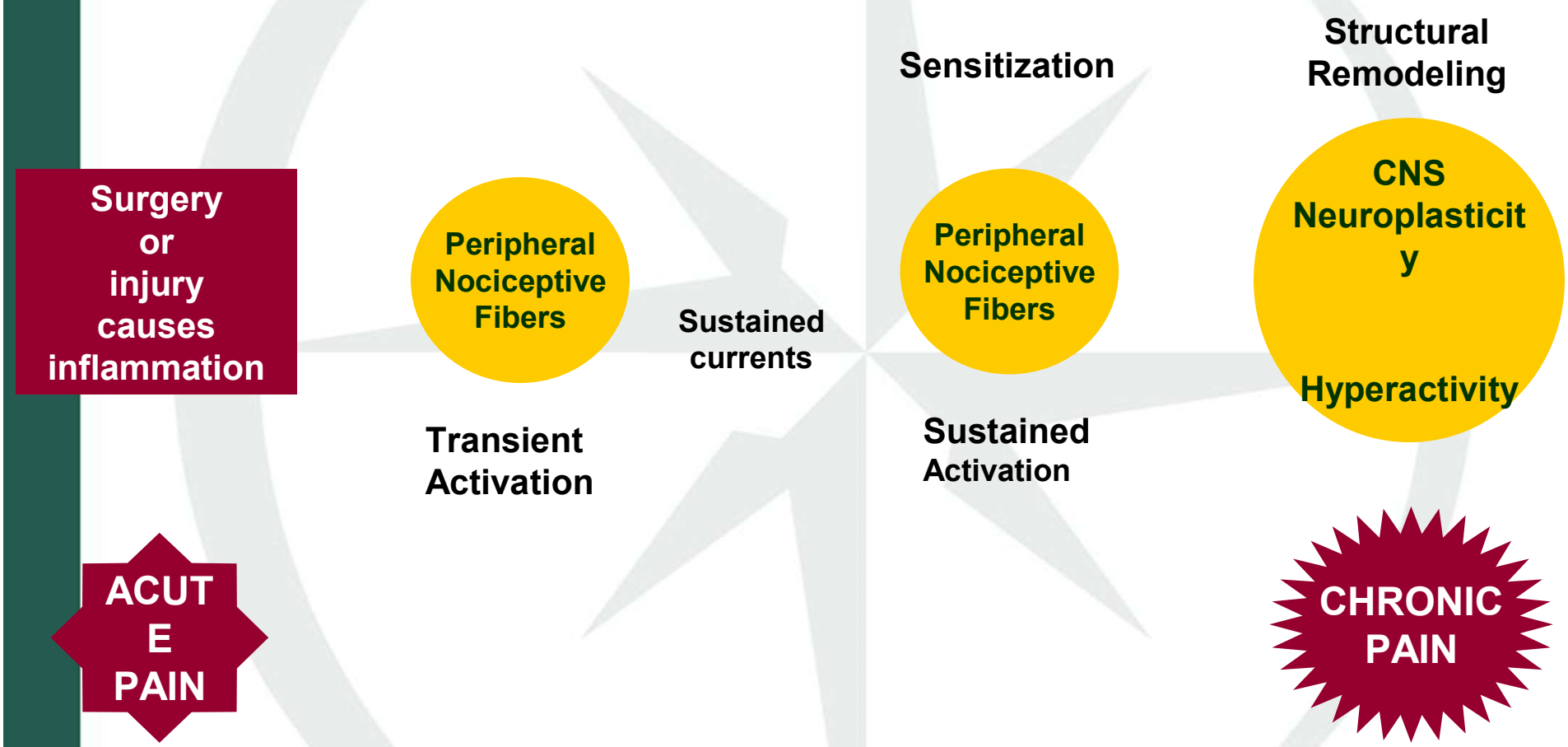
# How does acute pain become chronic pain?




Woolf CJ, et al. *Ann Intern Med*. 2004;140:441-451. Petersen-Felix S, et al. *Swiss Med Weekly*. 2002;132:273-278. Woolf CJ. *Nature.* 1983;306:686-688. Woolf CJ, et al. *Nature*. 1992;355:75-78.

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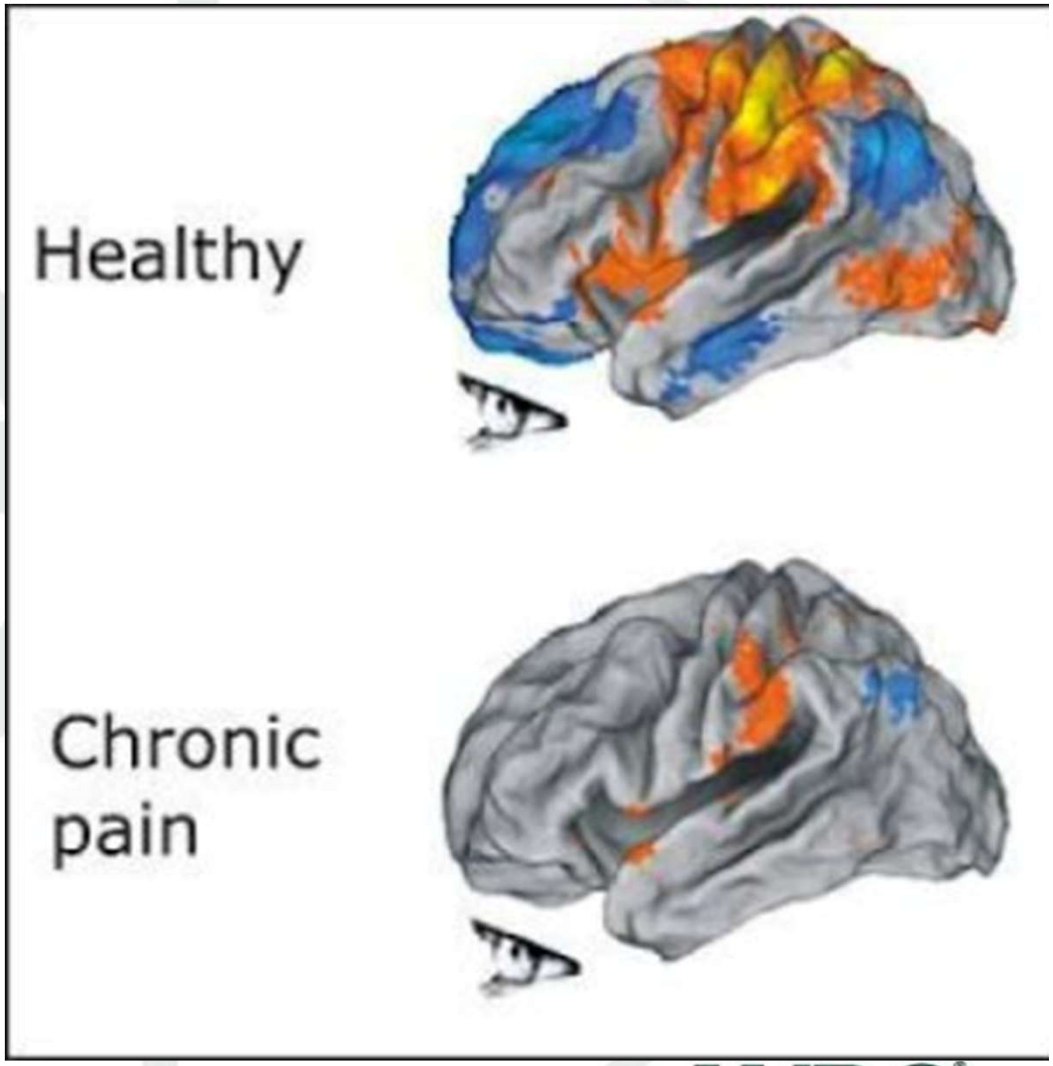
Chronic pain is associated
With decreased prefrontal
And thalamic gray matter
density.

**Baliki, M. N., & Apkarian, A. V. (2007). Neurological Effects of Chronic Pain.** ***Journal of Pain & Palliative Care Pharmacotherapy, 21*****(1), 59-61.**

**Hashmi, J. A., Baliki, M. N., Huang, L., Baria, A. T., Torbey, S.,**
**Hermann, K. M., Apkarian, A. V. (2013). Shape shifting pain:**
**Chronification of back pain shifts brain representation from nociceptive to emotional circuits.** ***Brain, 136*****(9), 2751-2768.**

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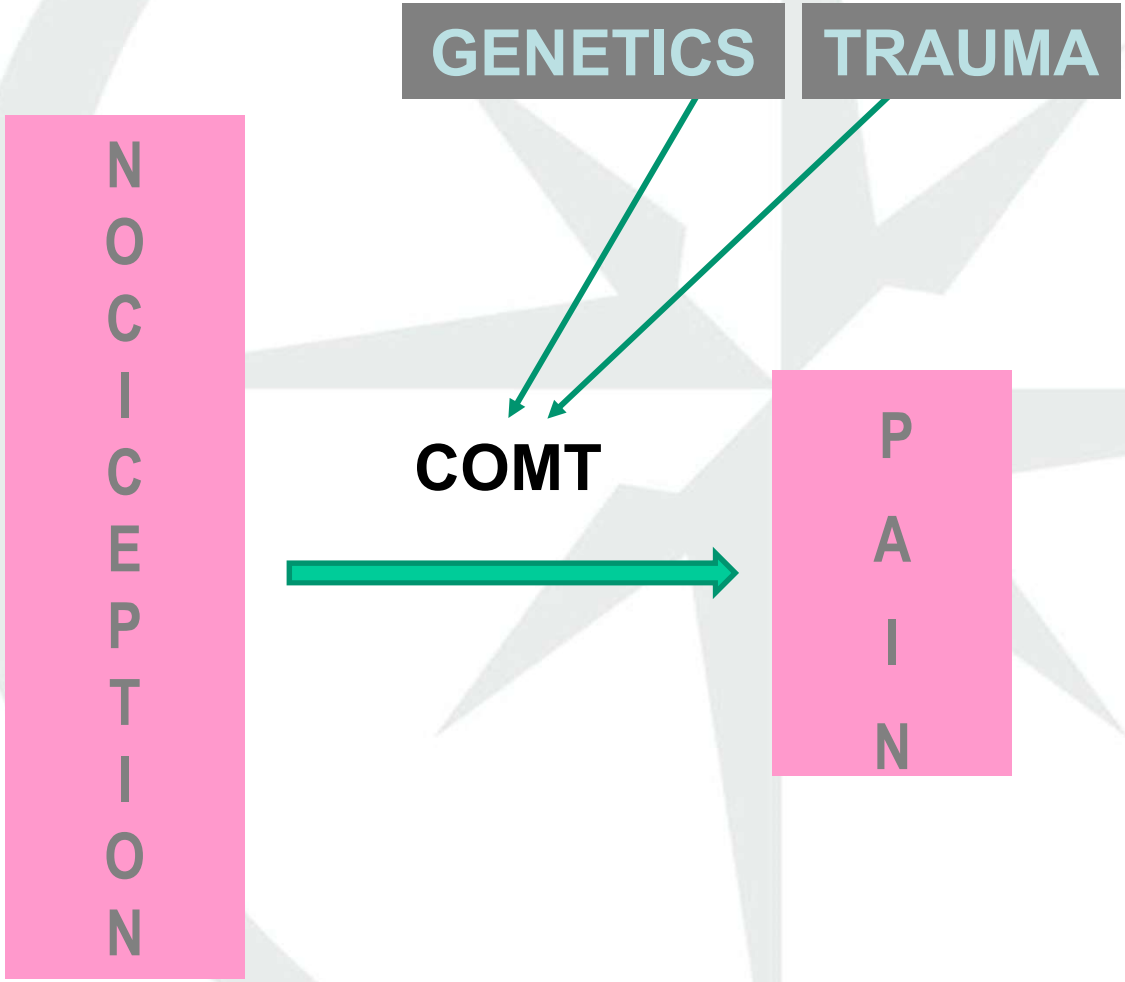
# Pain Switchboard – Lower Threshold

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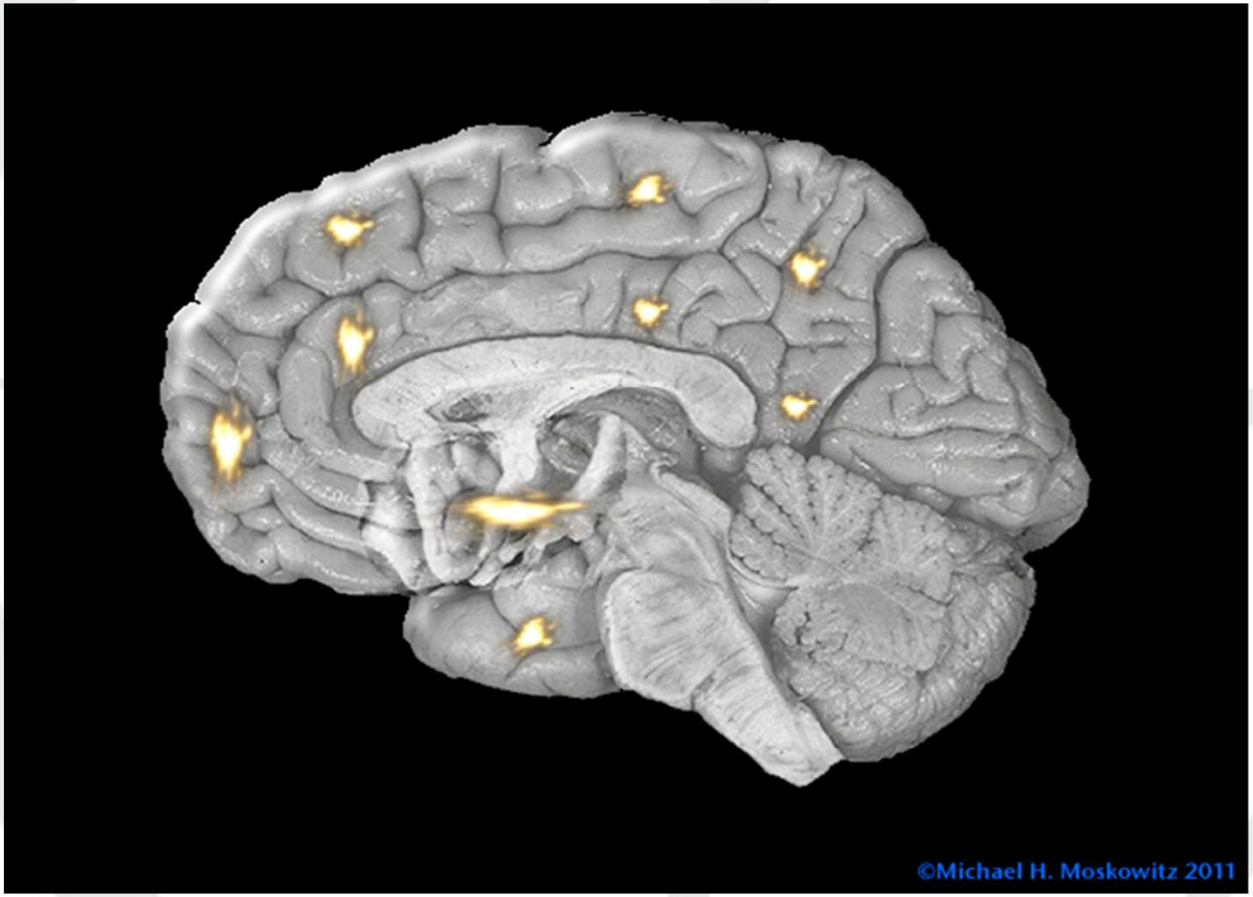
# Normal Pain Response

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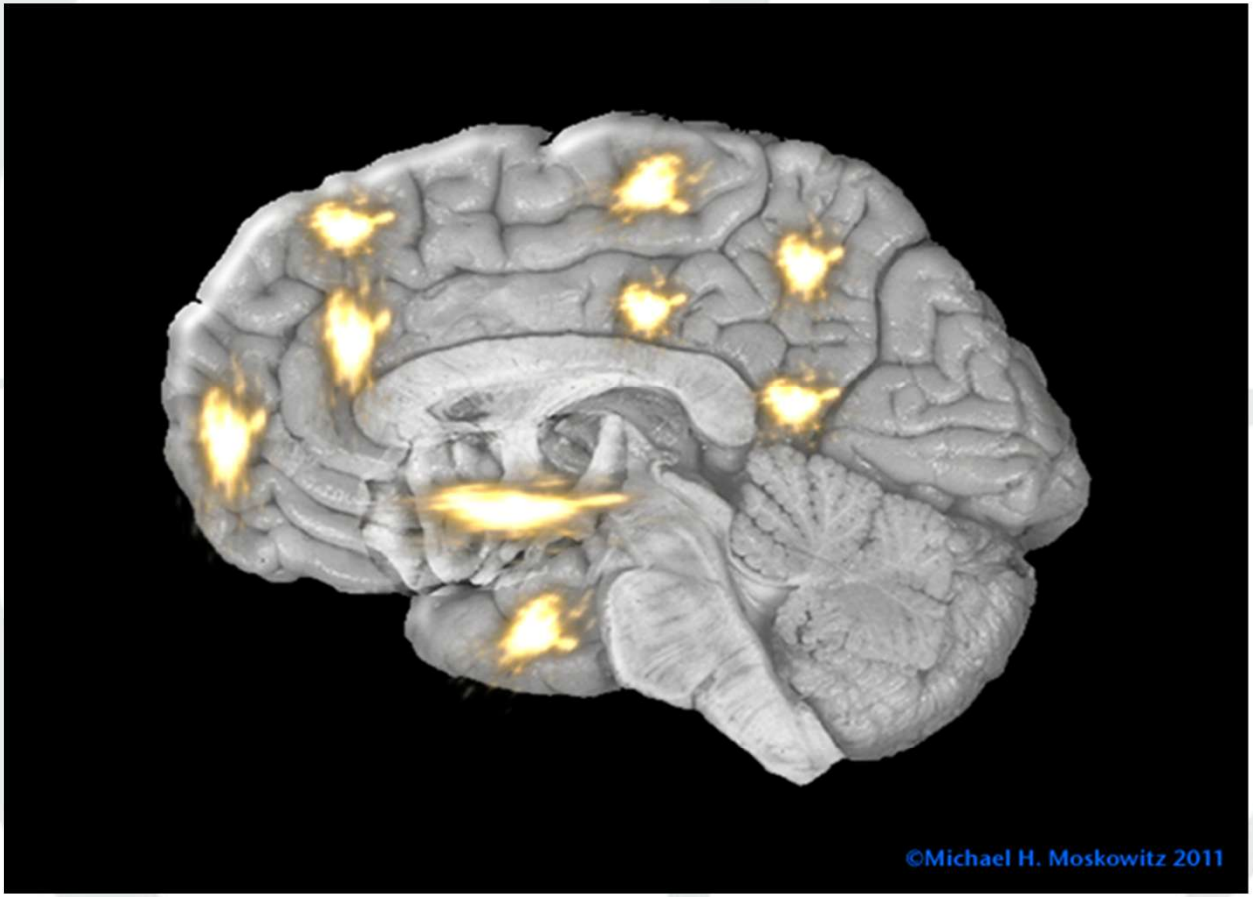
# Central Sensitization

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# Chronic Pain Syndrome

- Pain > 6 months
- Depression, anxiety, anger, fear
- Restriction in daily activities
- Excessive use of medications and medical services
- Multiple, *non-productive* tests, treatment, surgeries
- No clear relationship to organic disorder

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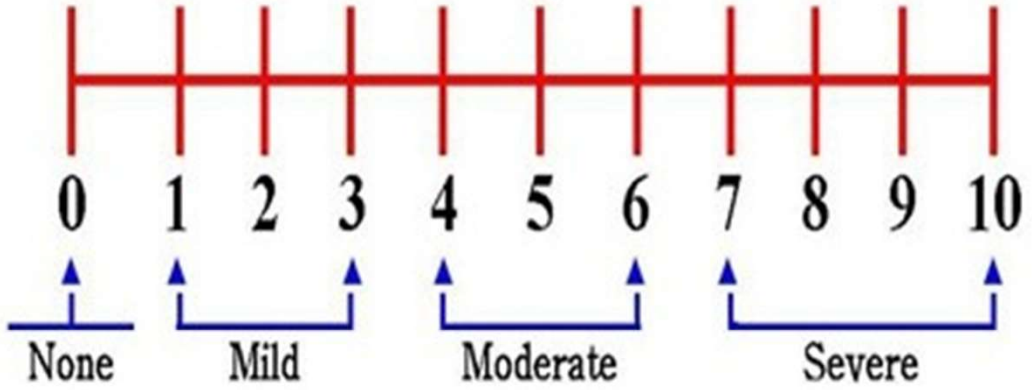
# Pain Assessment Scale: Clinical definition of pain: "Whatever the patient says it is… unless proven otherwise"





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# Reasonable Goals of Pain Management: Enhance Quality of Life!!

- Maintain function
- Improve function
- Reduce discomfort by 50%

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# Pharmacologic Non-Opioid

- NSAIDs
- Tricyclics and SNRIs
- Anti-convulsants
- Muscle Relaxants— (**AVOID SOMA/carisoprodol**)
- Topicals

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# Simple Approach to Treating Non-Malignant Pain

| | |
|---|---|
| If it hurts….. | • Give ibuprofen |
| If it hurts a lot… | • Give hydrocodone |
| If it REALLY hurts… | • Give oxycodone |
| If it still REALLY hurts… | • Give more |
| If it REALLY hurts for a long time…. | • Keep giving more |
| If it's getting worse no matter what I prescribe… | • Discharge patient |

***" Hmmm. Something is just not right."***

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# Treating Chronic Pain with Opioids

- Clinical Trial
- Ongoing Assessment
- Need exit strategy

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# Appropriate Opioid Prescribing – Utilizing CDC Guidelines

Never vs Always vs It depends?
Should be part of a larger, comprehensive management program based on assessment, trust, relationship, and verification.

- Conscientious, judicious use
- Balance risks and benefits
- Informed consent and agreement
- Communicate and connect
- Assess and Document 5 A's — Analgesia, ADL's, Adverse Side Effects, Aberrancy, Addiction

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# CDC: #5 Use lowest effective dosage

- carefully reassess dosed of ≥ 50 morphine milligram equivalents (MME)/day,
    - avoid increasing dosage to ≥ 90 MME/day
    - or carefully justify a decision to titrate dosage to ≥ 90 MME/day

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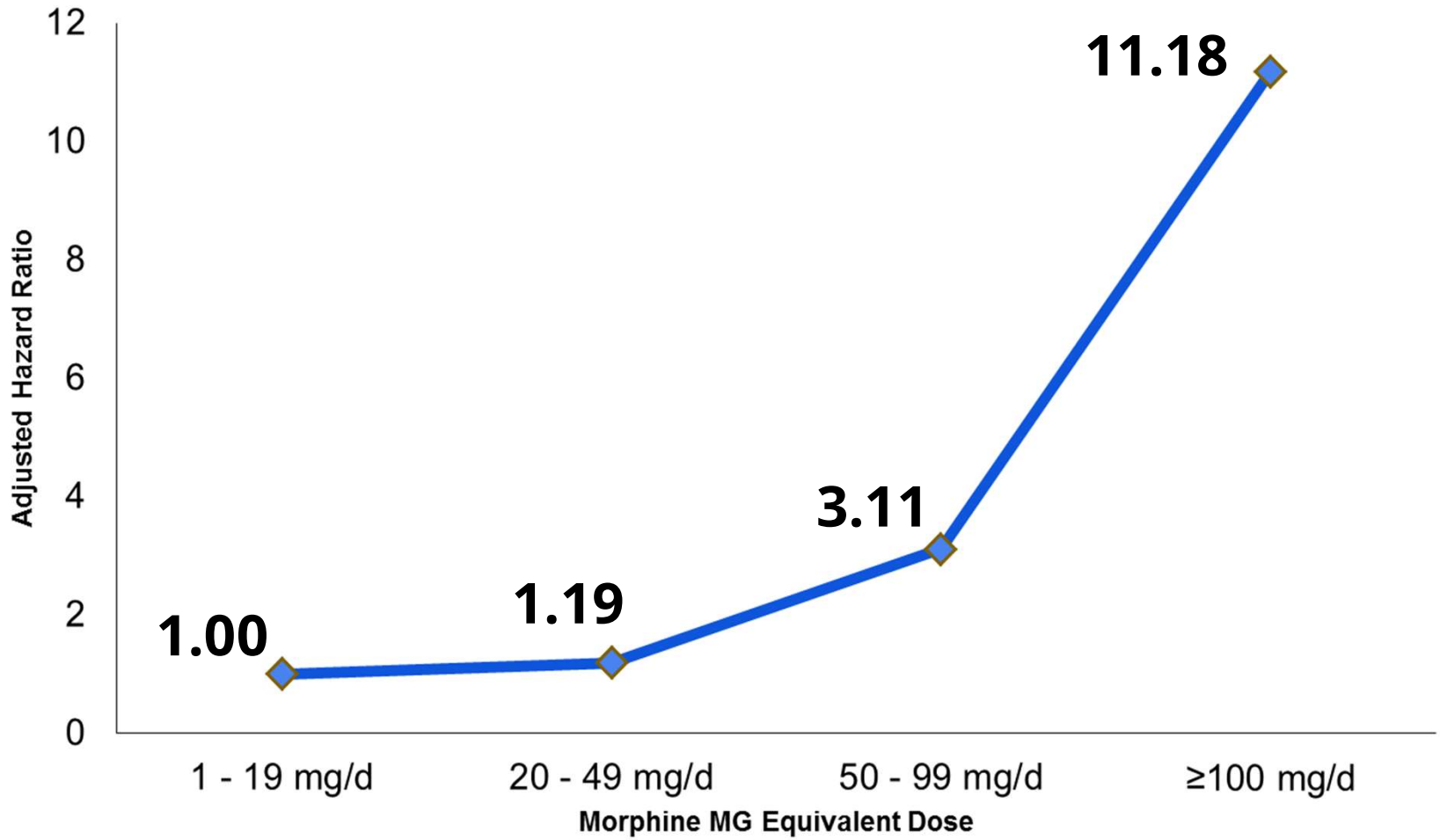
# High Opioid Dose and Overdose Risk




* Overdose defined as death, hospitalization, unconsciousness, or respiratory failure.

Dunn KM, et al. *Ann Intern Med*. 2010;152(2):85-92.

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# CDC: #6 3–7 Day Guideline

**Long-term opioid use often begins with treatment of acute pain.**

Clinicians should prescribe the ***lowest effective dose***

of **immediate-release opioids** …

***3 days or less will often be sufficient***;

more than 7 days will rarely be needed.

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# Eyes Open to the Risks:  Slippery Slope

The longer you use opioids, the greater the risks– and the risks seem to rise fast

**Shah A, et al. *MMWR Morb Mortal Wkly Rep*. 2017;66(10):265-269.**

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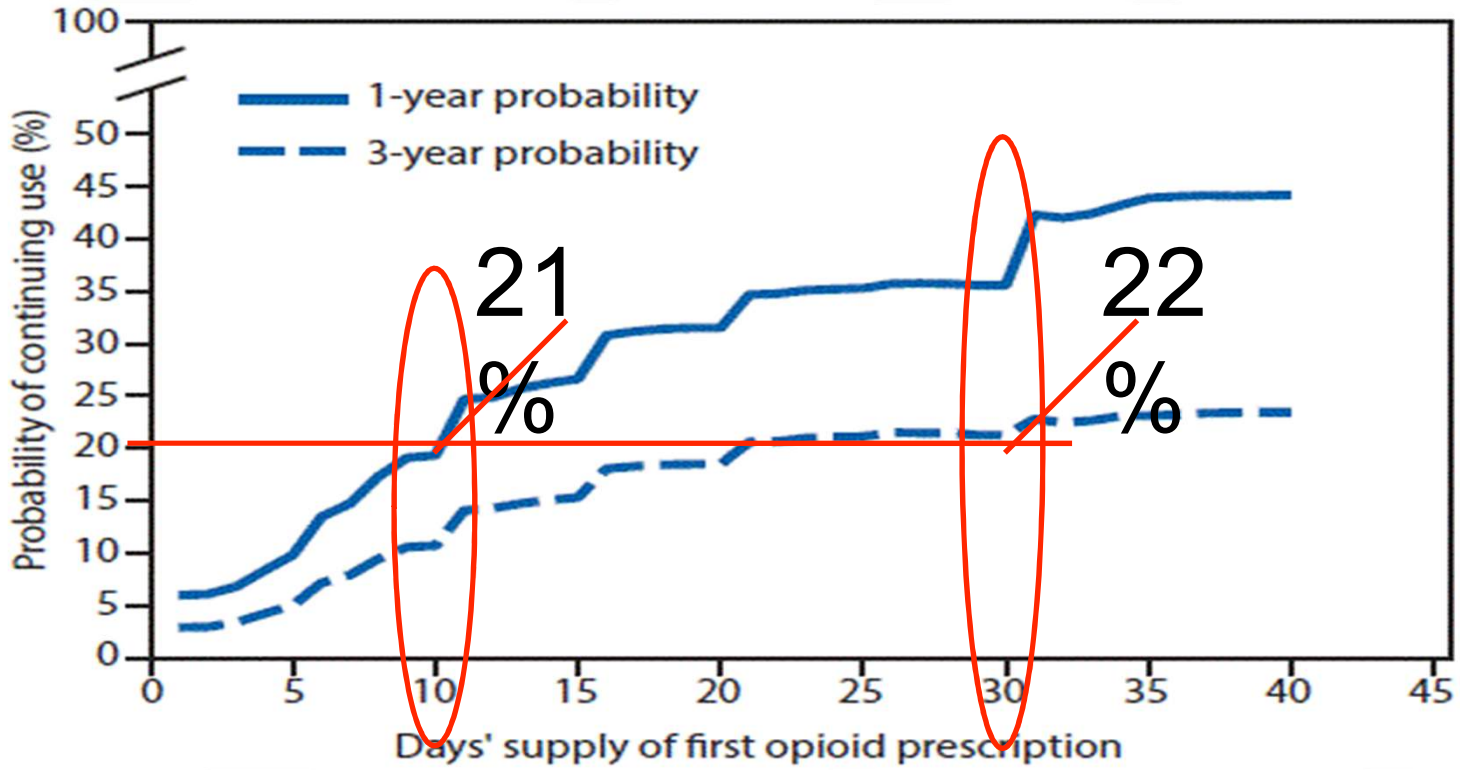
# 1- and 3-Year Probabilities of Continued Opioid Use among Opioid-naïve Patients, By Number of Days' Supply* of the First Opioid Prescription — United States, 2006–2015




Shah A, et al. *MMWR Morb Mortal Wkly Rep*. 2017;66(10):265-269.

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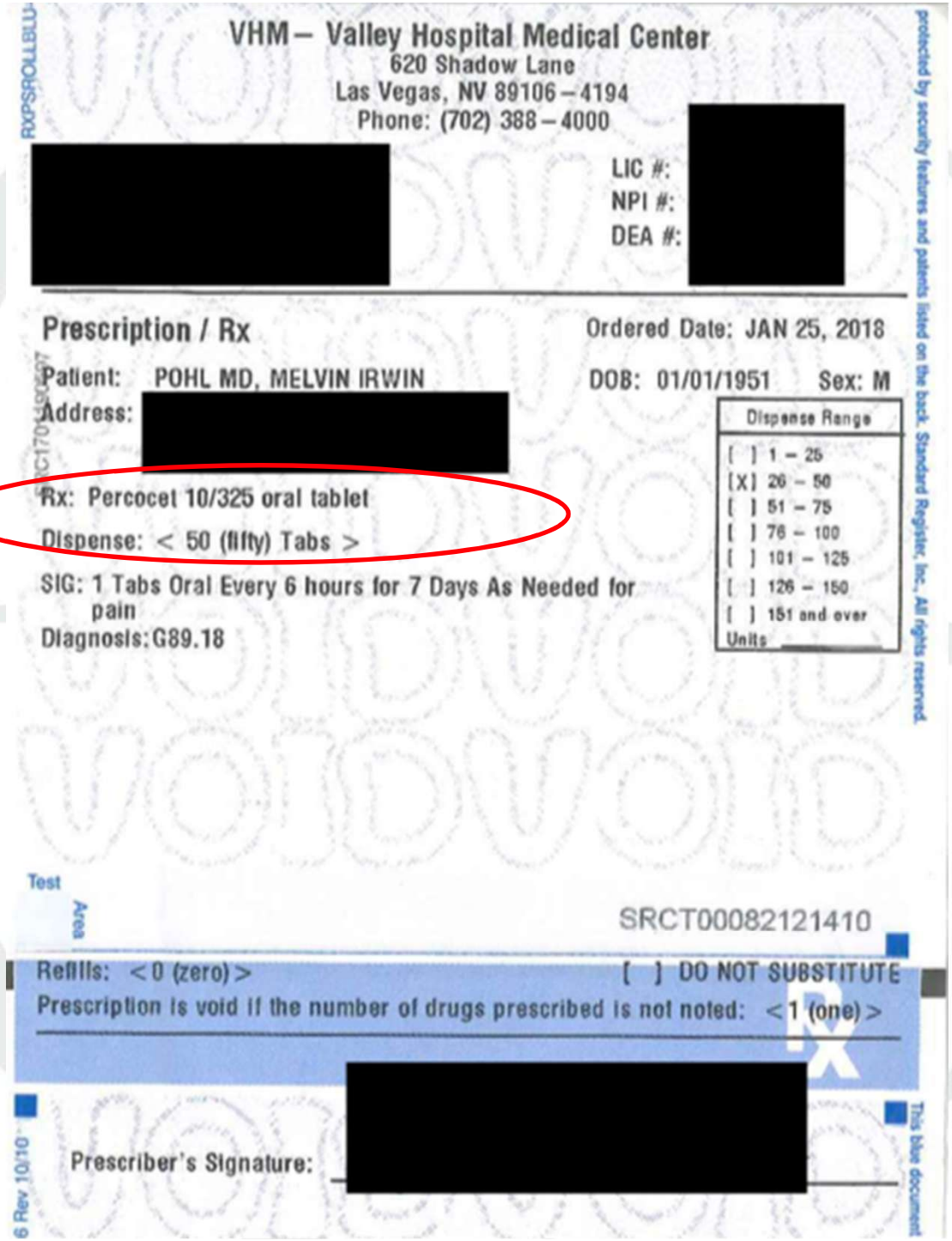

VHM – Valley Hospital Medical Center
620 Shadow Lane
Las Vegas, NV 89106 – 4194
Phone: (702) 388 – 4000

[redacted]

LIC #:
NPI #:
DEA #:

Prescription / Rx

Ordered Date: JAN 25, 2018

Patient: POHL MD, MELVIN IRWIN

DOB: 01/01/1951 Sex: M

Address: [redacted]

Dispense Range
[ ] 1 – 25
[X] 26 – 50
[ ] 51 – 75
[ ] 76 – 100
[ ] 101 – 125
[ ] 126 – 150
[ ] 151 and over
Units

Rx: Percocet 10/325 oral tablet

Dispense: < 50 (fifty) Tabs >

SIG: 1 Tabs Oral Every 6 hours for 7 Days As Needed for pain

Diagnosis: G89.18

Test Area

SRCT00082121410

Refills: < 0 (zero) > [ ] DO NOT SUBSTITUTE

Prescription is void if the number of drugs prescribed is not noted: < 1 (one) >

Prescriber's Signature: [redacted]







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# Problems with Opioids

- Side effects

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# OPIOID INDUCED CONSTIPATION

**WEDNESDAY**
**SEPTEMBER 5, 2018**
**8:30 AM-9:30 AM**

BREAKFAST WILL BE PROVIDED

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THE COSMOPOLITAN OF LAS VEGAS
LAS VEGAS, NV

JEFFREY GUDIN, MD, DIRECTOR
PAIN MANAGEMENT AND PALLIATIVE CARE
ENGLEWOOD HOSPITAL AND MEDICAL CENTER
ENGLEWOOD, NJ

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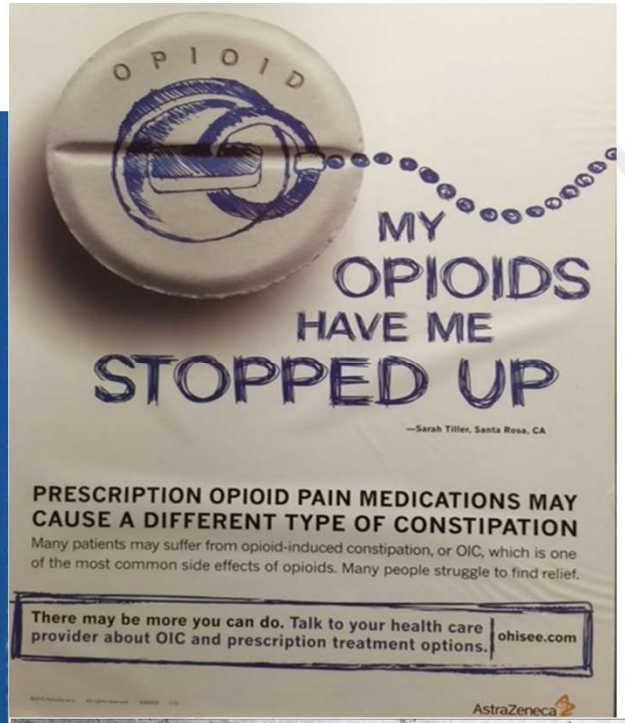


# Problems with Opioids

- Side effects
- Tolerance and physical dependence
- Loss of function
- Perceive emotional pain as physical pain (chemical copers)
- Hyperalgesia

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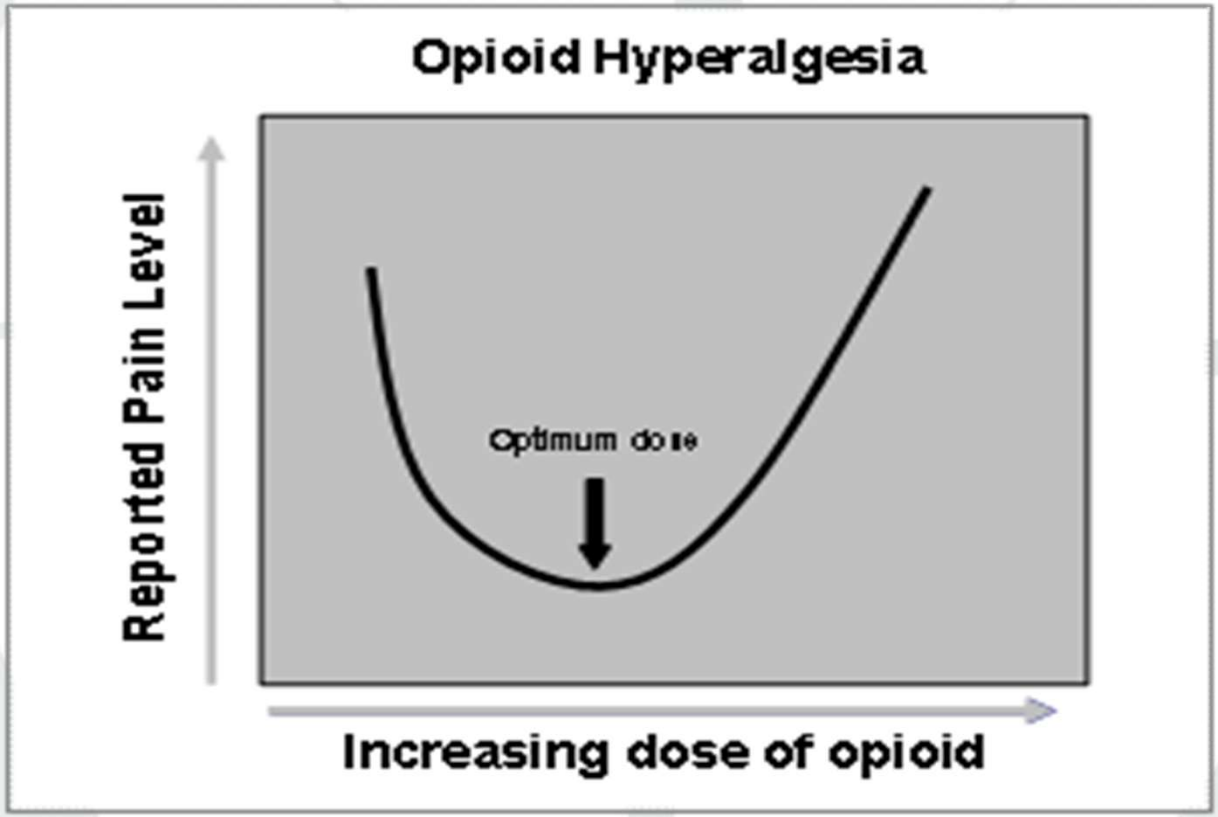


Ballantyne JC, et al. *N Engl J Med*. 2003;349(20):1943-1953.

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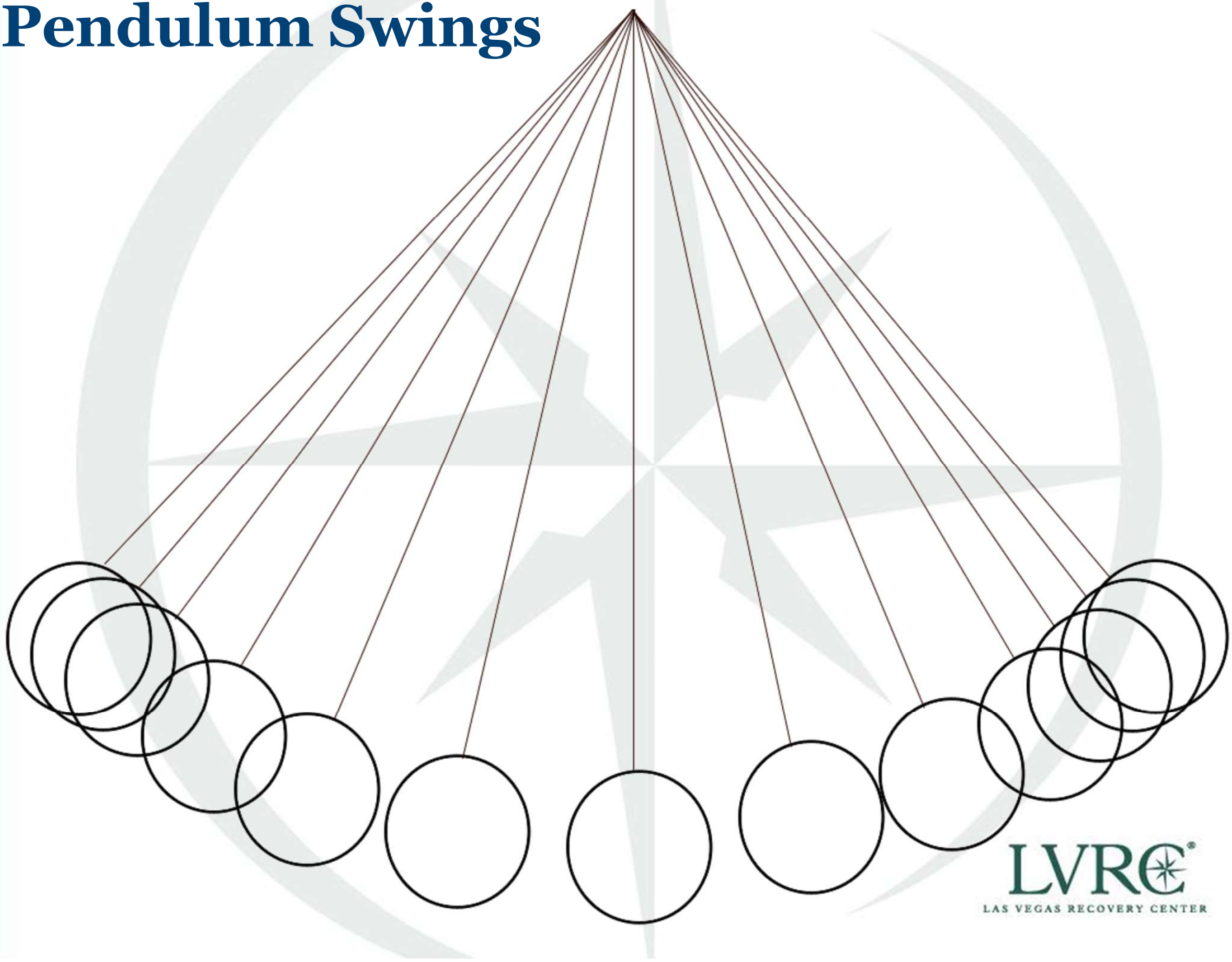
# Pendulum Swings



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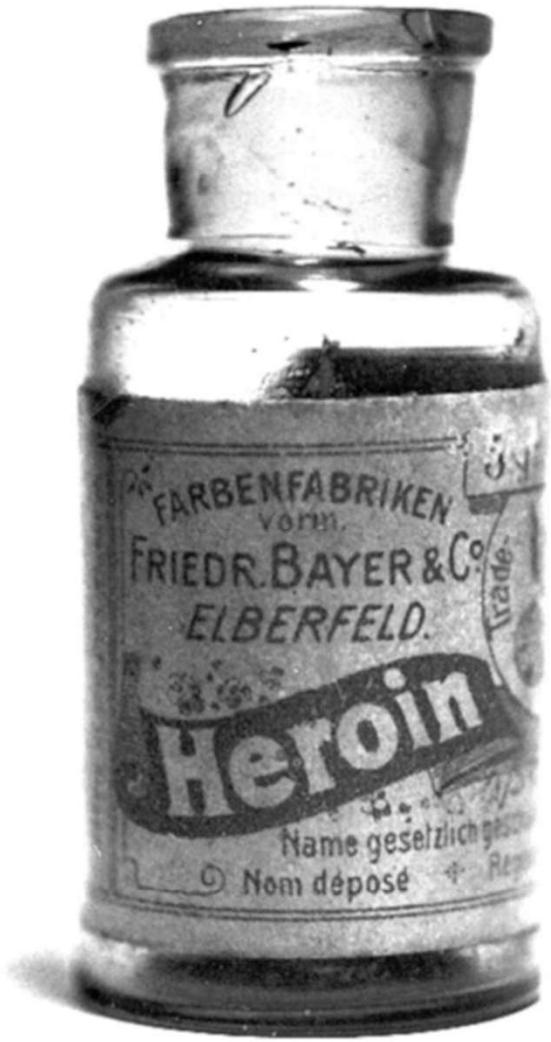


**Brand names are included in this slide for participant clarification purposes only.**

**No product promotion should be inferred.**

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# New Oxycodone Formulation to Mitigate Abuse April 2010


## Oxycodone


**Brand names are included in this slide for participant clarification purposes only. No product promotion should be inferred.**

## So, by 2012:

1. **Freeze Oxy** or
2. **Opana®**


## Oxymorphone

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# Emergence of an Epidemic

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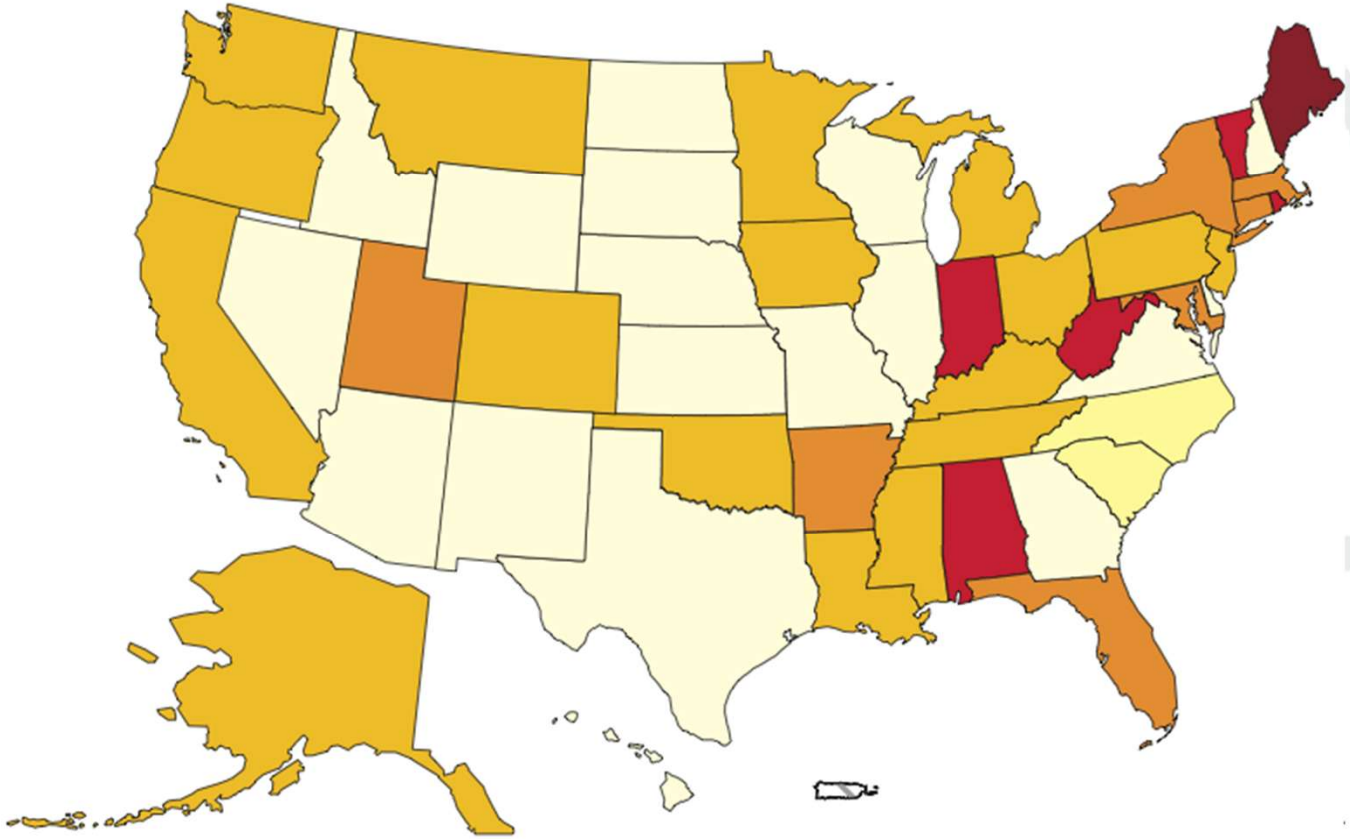
# Primary Non-heroin Opiates/Synthetics Admission Rates, by State (per 100,000 population aged 12 and over)

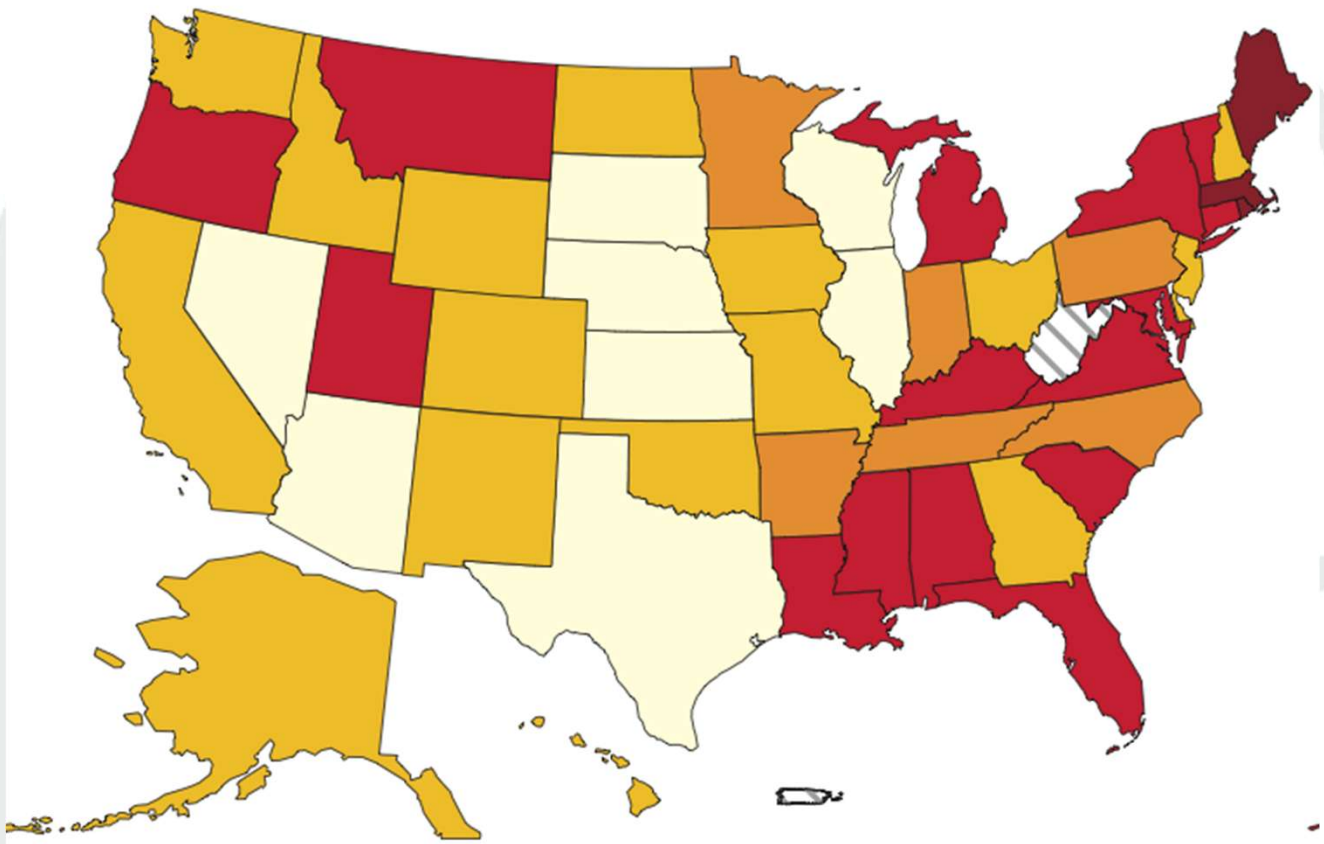


**1999**
**(range 1 - 50)**

| | | |
|---|---|---|
| < 8 | 15 - 18 | 45 or more |
| 8 - 14 | 19 - 44 | Incomplete data |

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

# Primary Non-heroin Opiates/Synthetics Admission Rates, by State (per 100,000 population aged 12 and over)



**2001**
**(range 1 – 71)**

| | | |
|---|---|---|
| < 8 | 15 - 18 | 45 or more |
| 8 - 14 | 19 - 44 | Incomplete data |

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

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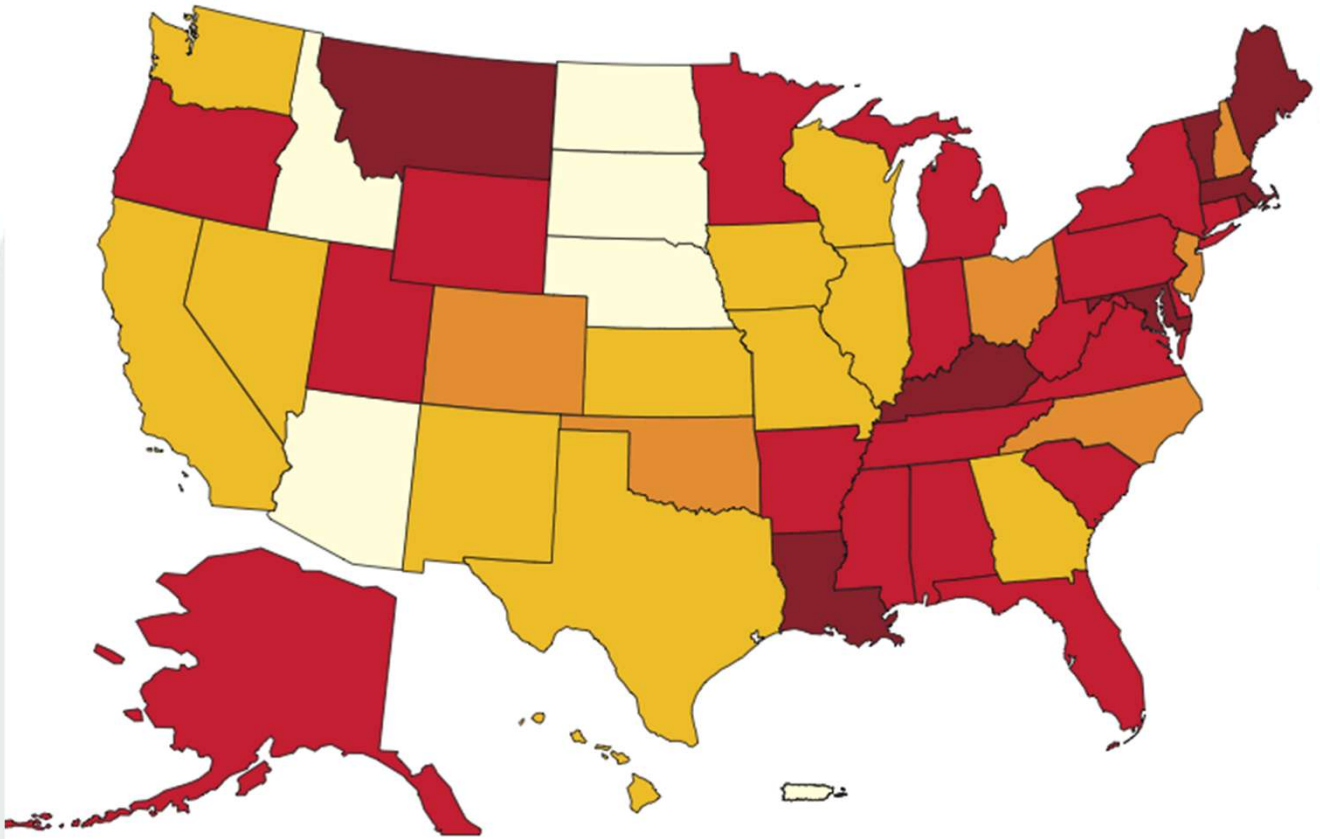

**2003**

**(range 2 – 139)**

| | | |
|---|---|---|
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| 8 - 14 | 19 - 44 | Incomplete data |

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

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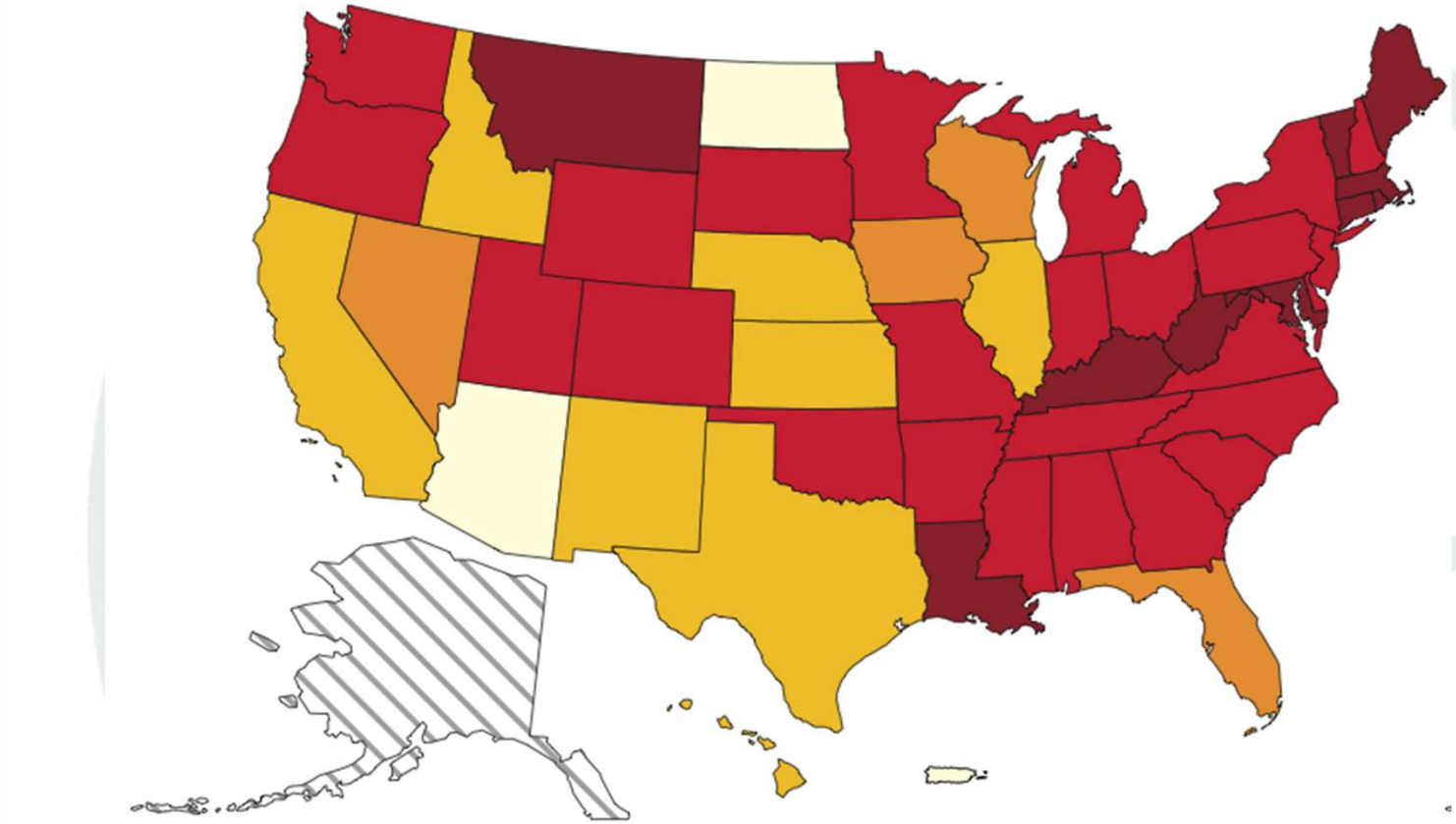


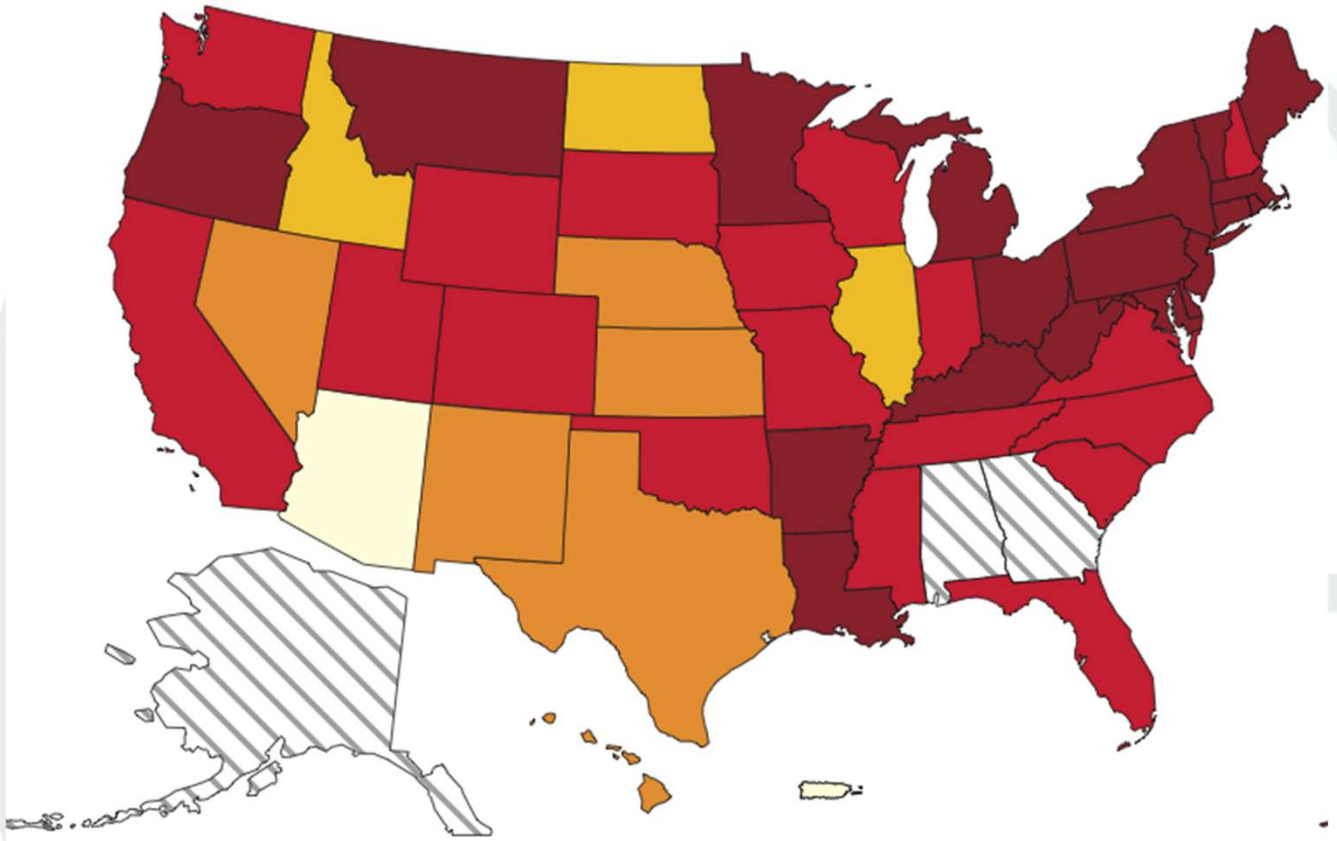
**2005**

**(range 0 – 214)**

| | | |
|---|---|---|
| < 8 | 15 - 18 | 45 or more |
| 8 - 14 | 19 - 44 | Incomplete data |

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

# Primary Non-heroin Opiates/Synthetics Admission Rates, by State (per 100,000 population aged 12 and over)



**2007**
**(range 1 – 340)**

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SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

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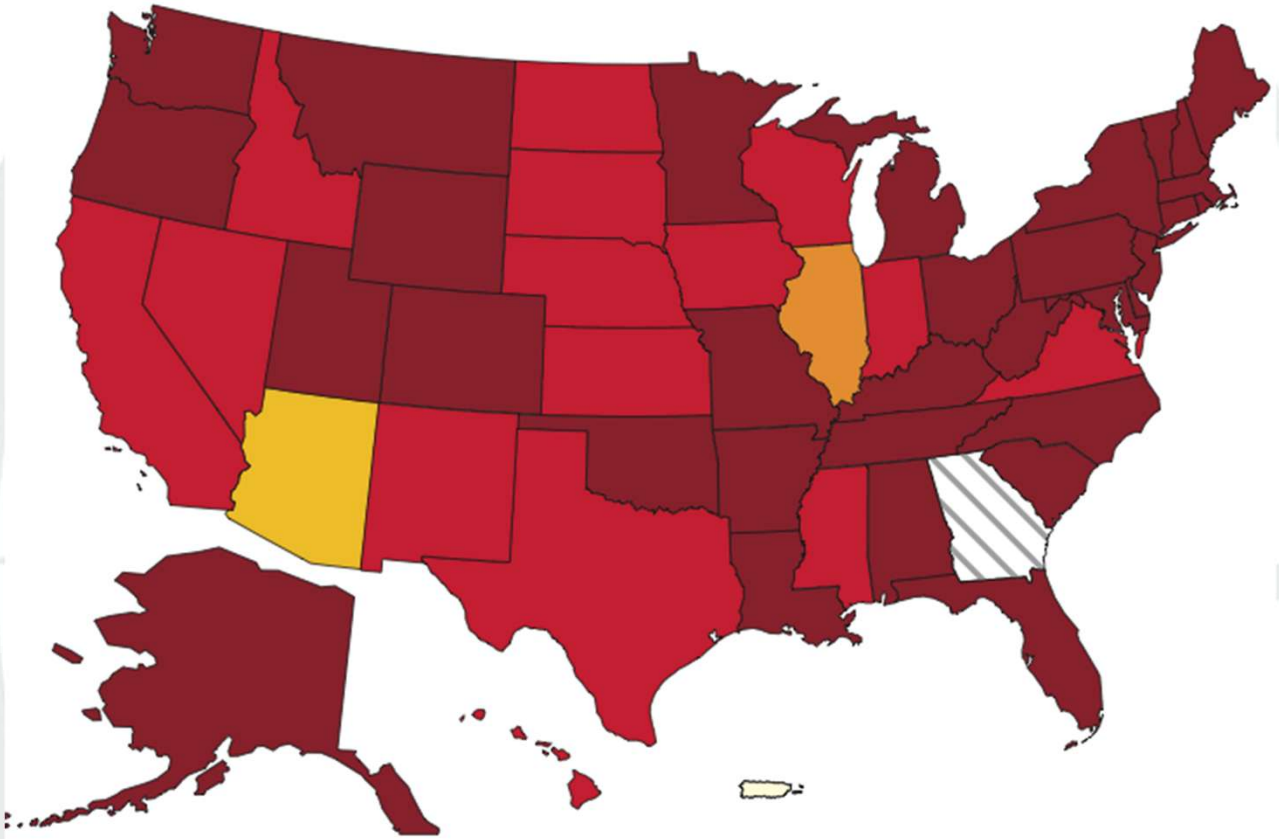

**2009**

**(range 1 – 379)**

| | | |
|---|---|---|
| < 8 | 15 - 18 | 45 or more |
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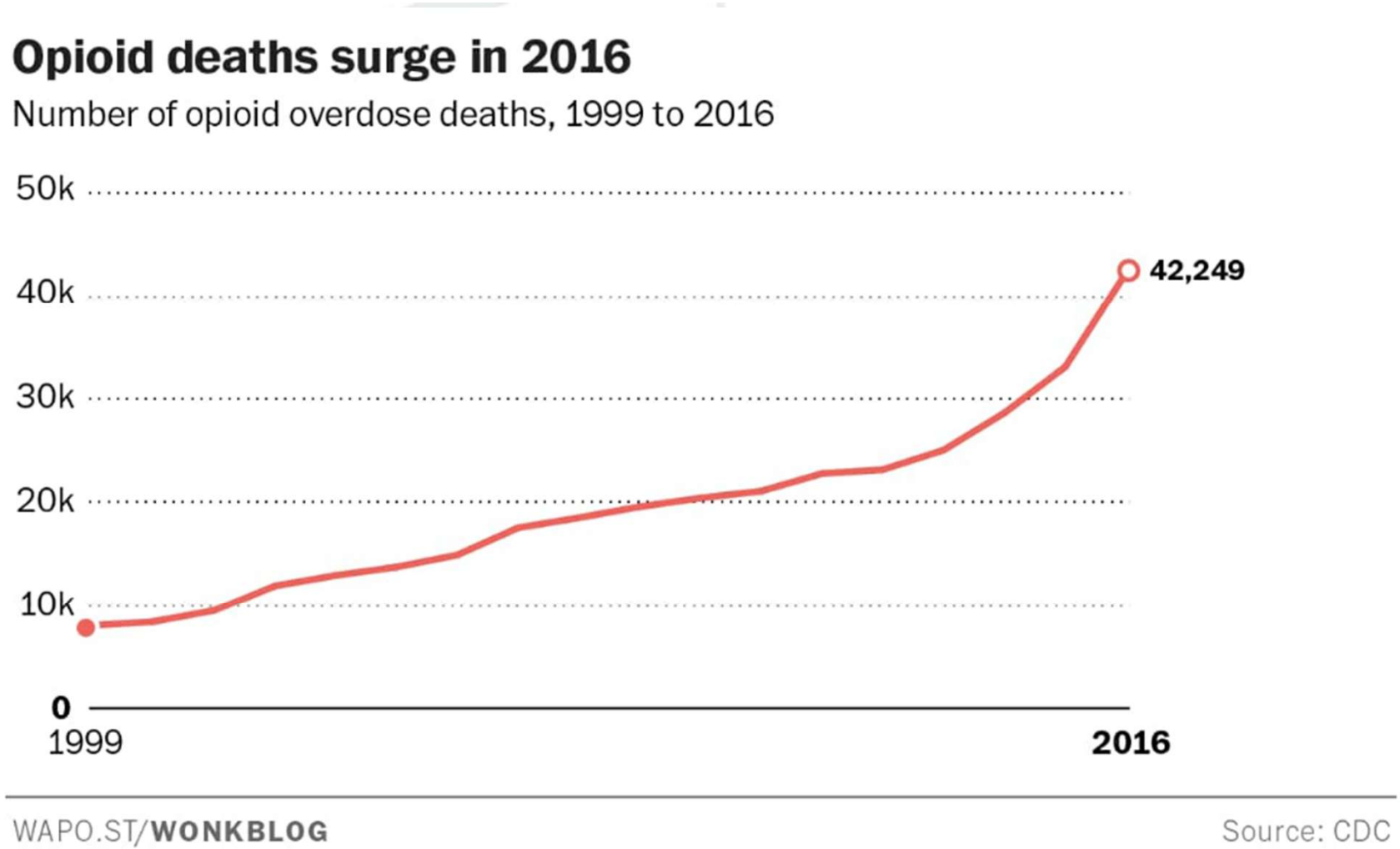
SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.




Source:
CDC

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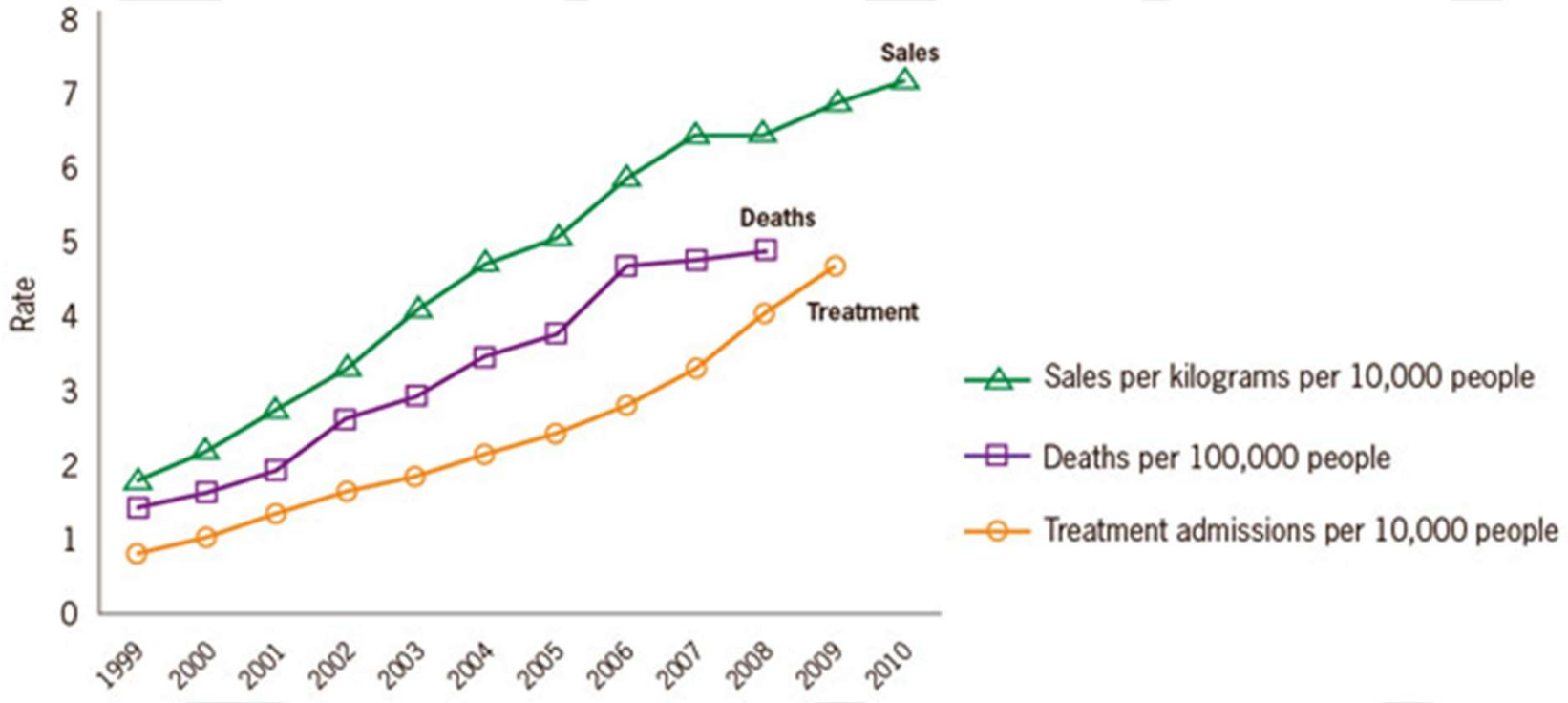
# Rates of Prescription Painkiller Sales, Deaths and Substance Abuse Treatment Admissions (1999–2010)




SOURCES: National Vital Statistics System, 1999-2008; Automation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 1999-2010; Treatment Episode Data Set, 1999-2009

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# Industry-influenced "Education" on Opioids for Chronic Non-Cancer Pain Emphasizes:

- Physicians are needlessly allowing patients to suffer because of "opiophobia"
- Opioids are safe and effective for chronic pain
- Opioid therapy can be easily discontinued
- Opioid addiction is rare in pain patients

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*"Only four cases of addiction among 11,882 patients treated with opioids."*

Porter J, et al. *Addiction rare in patients treated with narcotics*. *N Engl J Med*. 1980;302(2):123.

Cited 693 times (Google Scholar)

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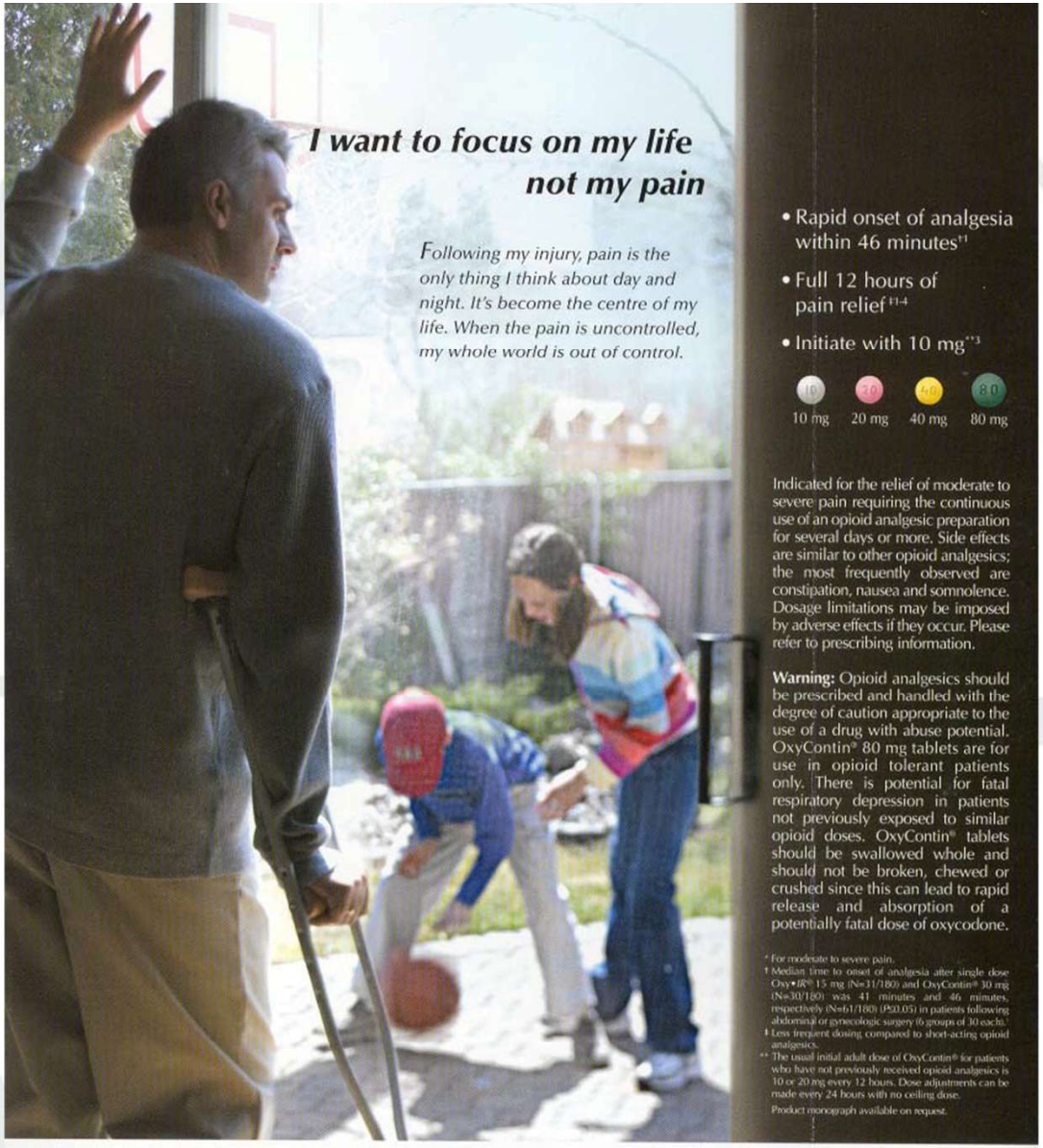
# *N Engl J Med*. 1980;302(2):123.

## ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

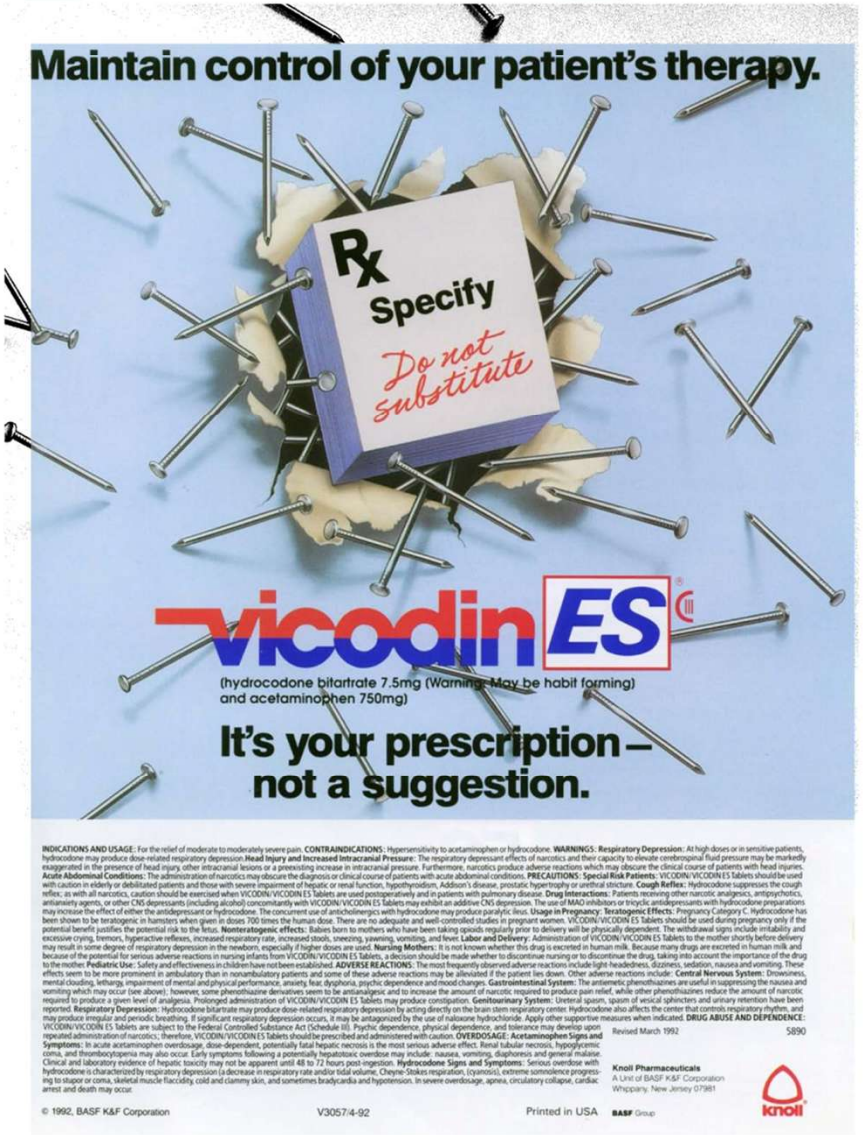
*To the Editor:* Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients[1] who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients,[2] Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

JANE PORTER
HERSHEL JICK, M.D.
Boston Collaborative Drug Surveillance Program
Waltham, MA 02154 Boston University Medical Center

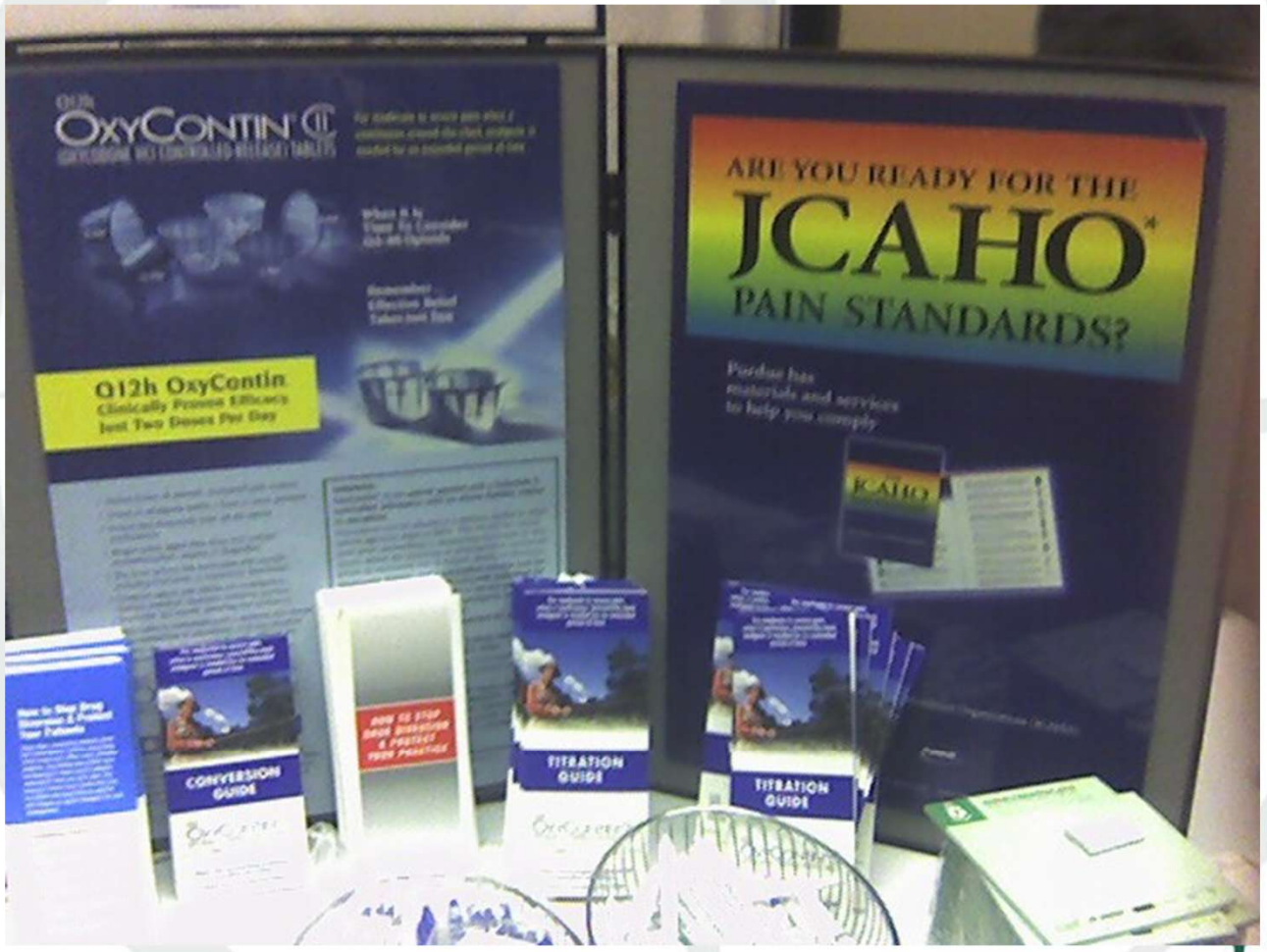
1. Jick H, Miettinen OS, Shapiro S, Lewis GP, Siskind Y, Slone D. Comprehensive drug surveillance. JAMA. 1970; 213:1455-60.
2. Miller RR, Jick H. Clinical effects of meperidine in hospitalized medical patients. J Clin Pharmacol. 1978; 18:180-8.



# FDA used to permit drug manufacturers to advertise opioids as safe and effective for chronic pain.

# Photo taken at the7th International Conference on Pain and Chemical Dependency, June 2007

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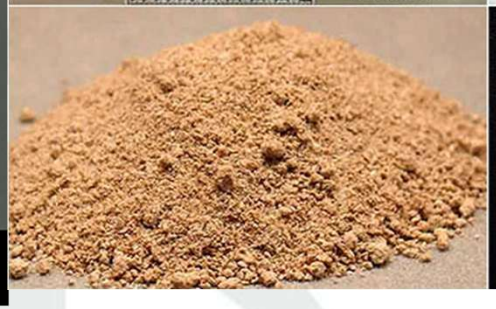
# Heroin: Making a Big Comeback Since 2010!

**Texas “Cheese Heroin”:**
**Black Tar Mixed with Tylenol PM**

Black Tar heroin

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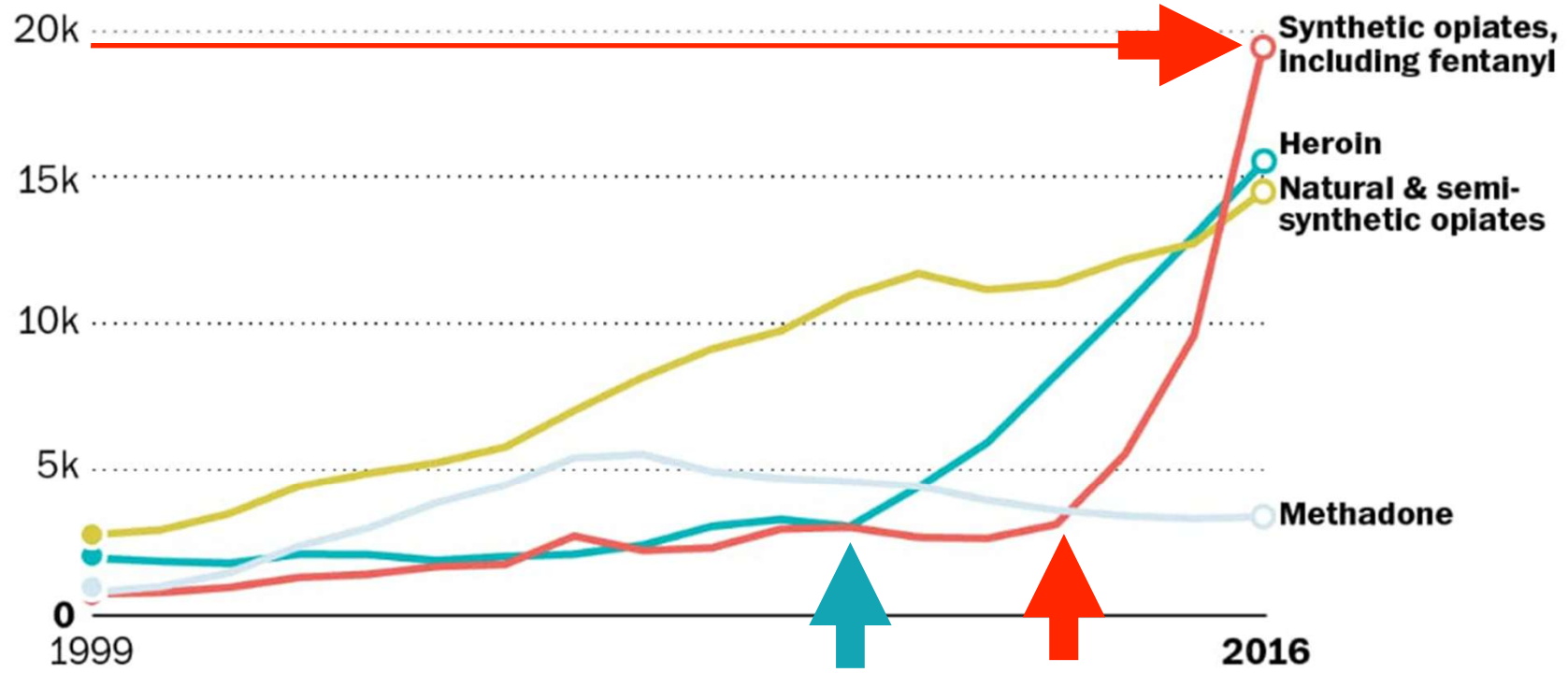
## Opioid deaths surge in 2016

Number of opioid overdose deaths by category, 1999 to 2016




WAPO.ST/**WONKBLOG**

Source: CDC

Source:
CDC

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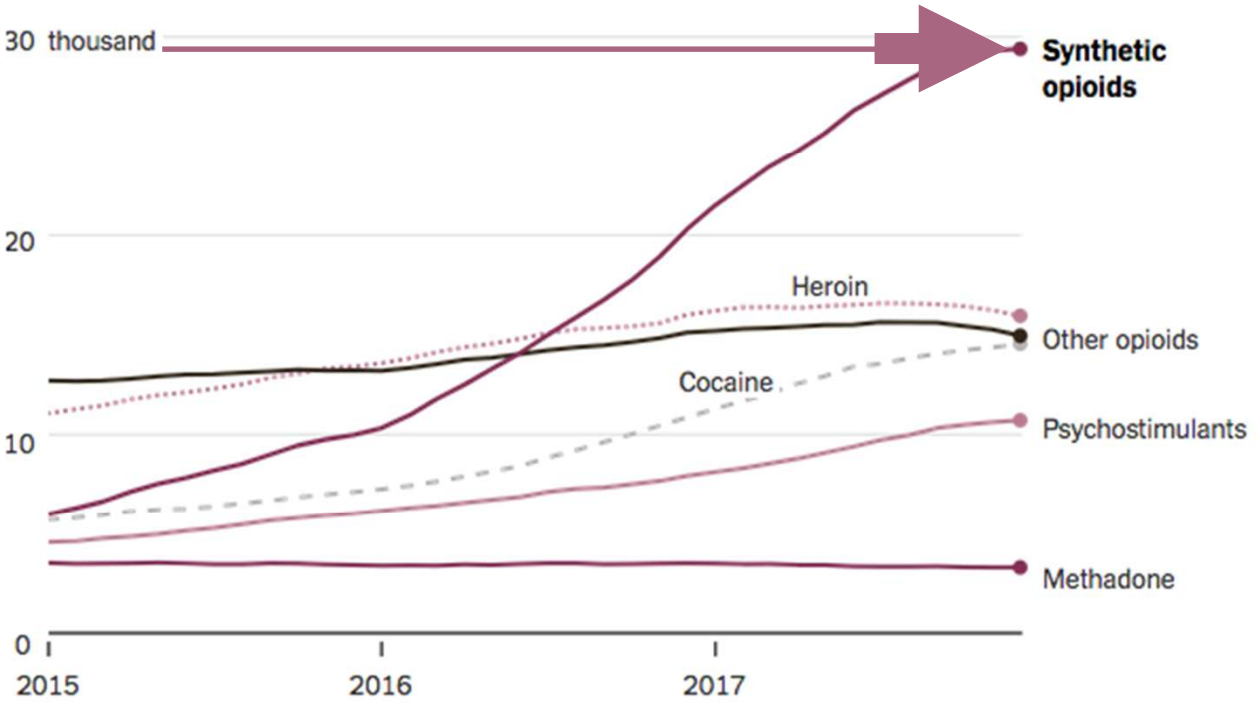
# Synthetic Opioids Are Driving Up the Overdose Rate

Overdose deaths in thousands in preceding 12 months




Note: These numbers are adjusted to account for some death investigations that are not completed. Some deaths involve more than one drug.

By The New York Times | Source: The Centers for Disease Control and Prevention

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# Medication-Assisted Treatment

- Methadone
- Buprenorphine
- Naltrexone
- Naloxone

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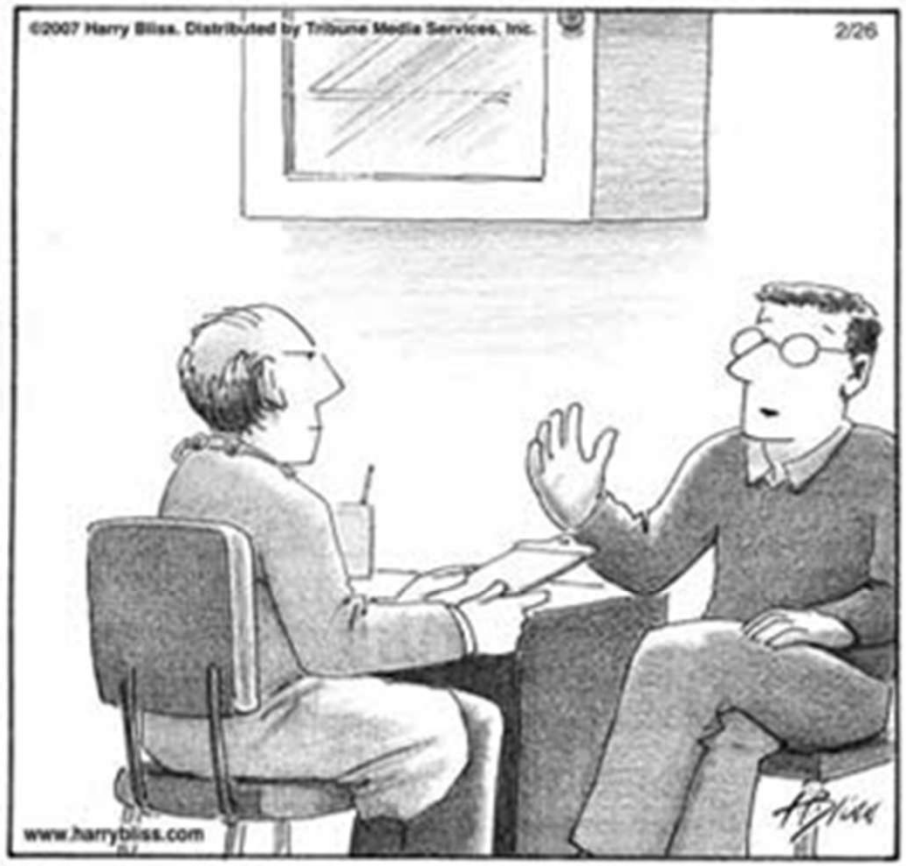


"What's the difference between being addicted to painkillers and just really, really liking them a lot?"

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# ASAM Short Definition of Addiction

Addiction …

is reflected in an individual
**pathologically pursuing reward and/or relief**
by substance use and other behaviors...

asam.org

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# Ways to Reduce Pain Intensity

- Cognitive-Behavioral Therapy (CBT)
- Dialectical Behavioral Therapy (DBT)/Acceptance and Commitment Therapy (ACT)
- Attention/Distraction
- Control/Placebo effect
- Fear reduction

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# CDC: Non-opioid Therapies

Use alone or combined with opioids, as indicated:

- Non-opioid medications (eg, NSAIDs, TCAs, SNRIs, anticonvulsants, topicals)
- Physical treatments (eg, exercise therapy, weight loss)
- Behavioral treatment (eg, CBT, DBT, ACT, mindfulness)

And don’t forget to talk to your patients and believe them…

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# Non-Medication Treatments at LVRC

- Exercise – Physical Therapy
- Chiropractic Treatments
- Therapeutic Massage
- Reiki
- Acupuncture
- Nutrition
- EMDR, hypnotherapy, alpha stim, biomat
- Individual + group therapy
- Mindfulness-Based Stress Reduction (Kabat-Zinn)
- Yoga - Chi Gong
- EMDR, Hypnotherapy, and Biofeedback

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# Research confirms that drugs give the same benefits as *yoga* !!!

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# Halasana

## Excellent for back pain and insomnia.

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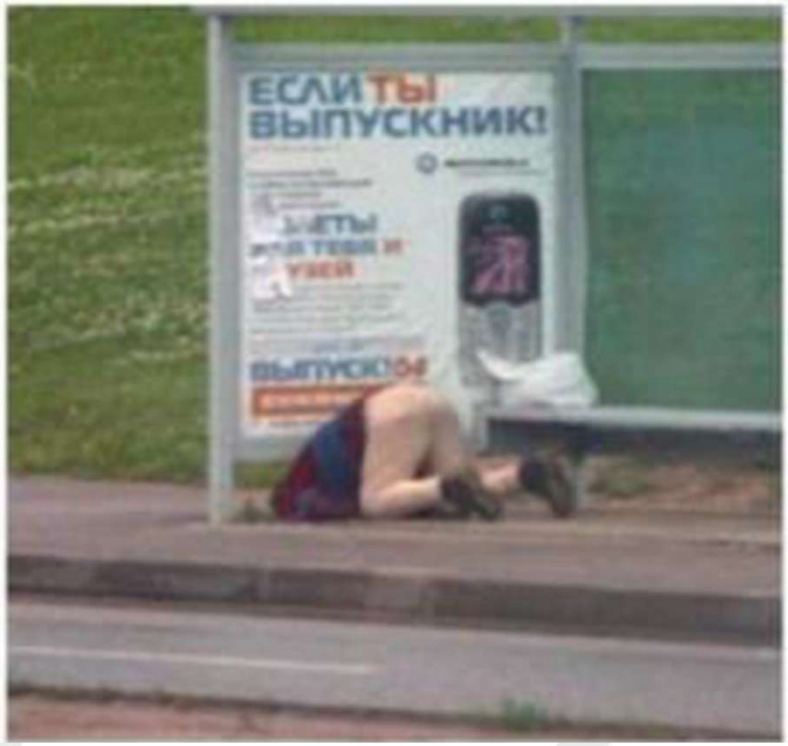
# Balasana

Position that brings the sensation of peace and calm.

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# Savasana

## Position of total relaxation.

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# QUESTIONS?

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# Key Points:

- All pain is real
- Emotions drive the experience of chronic pain
- Opioids often make pain worse
- Treat to improve function
- Expectations influence outcomes

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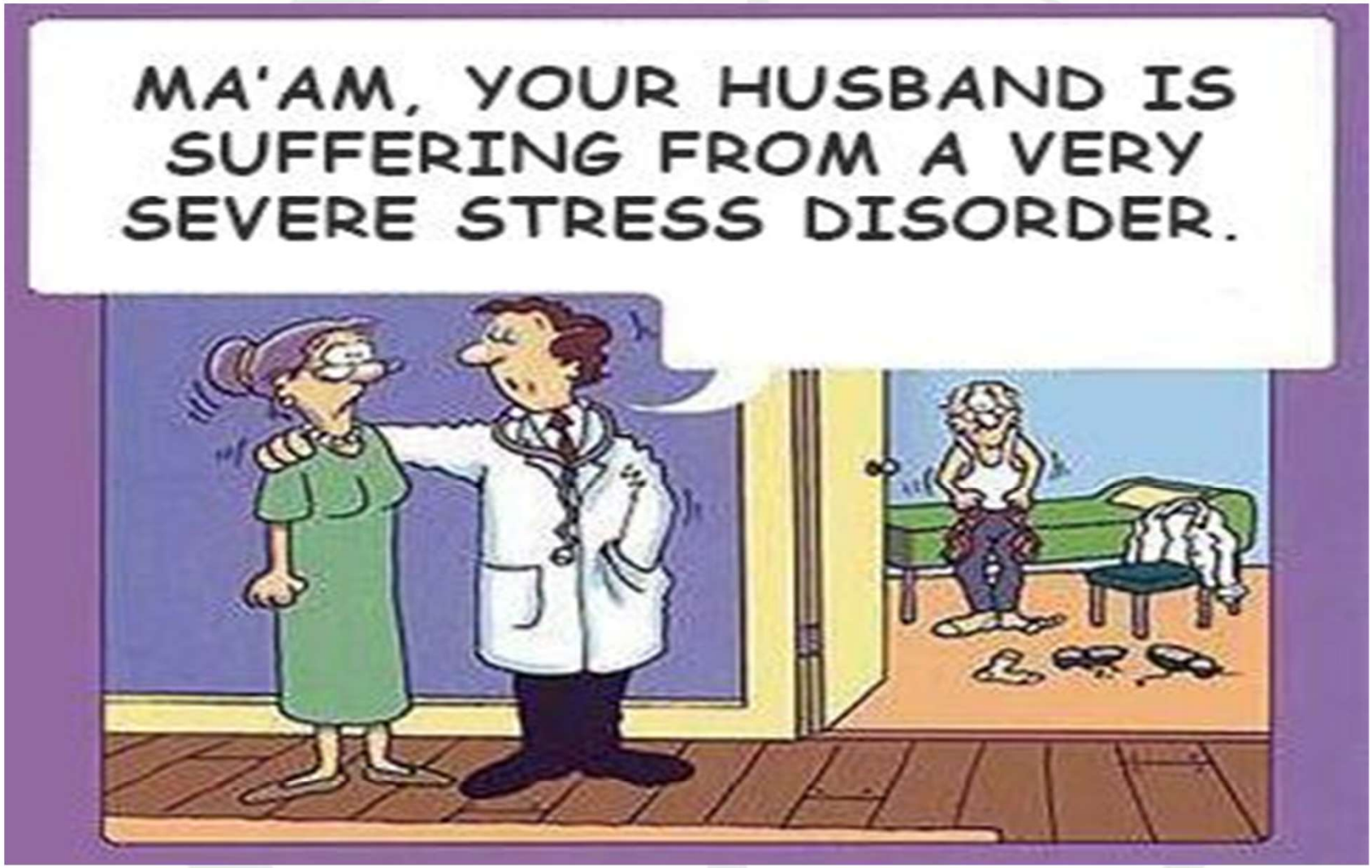


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# Thank You!

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