Pain Management

for

Patients in OTPs
Pain Prevalence

• Study of (2) populations\(^1\)
  – (390) pts in MMT
  – (531) pts in short term residential
  – Prevalence of chronic severe pain, defined as pain that persisted > 6 months and was moderate to severe intensity or that significantly interfered with daily activities
  – Brief Pain Inventory (BPI)

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Pain Prevalence

- Higher prevalence of chronic pain in MMT population compared with residential
  - 37% vs 24%, higher than general population
  - Compared with surveys of cancer patients
- Great variability in experience of pain
  - Relatively high scores on items of BPI pain interference scale, 55% to 73% for pts in MMT
- In MMT pts chronic pain was associated with both physical and psychiatric illness
- Less evidence of an association between substance use and chronic pain among inpatients than among MMTP patients

Pain Prevalence

• Patient Characteristics (MMT)
  – Mean age 43
  – 38% female
  – 25% white
  – 35% black
  – 33% hispanic

Pain Prevalence

• Under treatment of pain is a significant concern in populations with substance use disorders

• Barriers as potential reasons for inadequate pain management
  – Institutional practices
  – Inadequate training and skills of clinicians
  – Lack of access to health care, pain management care
  – Reluctance of physicians to prescribe opioids, treat
  – Reluctance of patients to seek medical care, stigma and fear of relapse

Pain Prevalence

- MMTP patients have been shown to have lower pain thresholds compared with matched controls\(^1,\ 2\)

Principles

• Distinction between opioid tolerance and physical dependence and opioid addiction

• Pain patients without addiction should not be treated in OMTPs

• Addiction patients without pain disorder should not be treated in pain clinics

• Chronic pain patients with addictive disease may be treated in both
Opioid Addiction

• Opioid tolerance and physical dependence
  AND

• Loss of Control Indices:
  – Continued use despite adverse consequences
  – Illicit or inappropriate drug seeking behavior

• In response to craving or drug hunger
• In the absence of pain or withdrawal
Spectrum of Pain Disorders

- Acute Pain
- Chronic Pain
- Neuropathic pain
- Non-cancer / non-malignant pain
Acute Pain

• Caused by soft tissue damage, infection and/or inflammation among other causes

• “Restorative” nature, serving as signal of injury or malfunction of the body

• Treated simultaneously with analgesics and appropriate techniques

• Failure to treat acute pain properly may lead to chronic pain\(^1\)

Neuropathic pain

• According to the most widely accepted definition, neuropathic pain is "initiated or caused by a primary lesion or dysfunction in the nervous system.
  – Disorders of the peripheral and central nervous system

• Common disorders, diabetes, HIV-related neuropathy, cancer
Chronic Pain Disorder

• Opioid Tolerance

• Opioid Physical Dependence

• Absence of illicit drug use and aberrant drug seeking behavior
  – No drug hunger in absence of pain
  – No loss of control
  – No “doctor shopping”
  – Little tendency to escalate doses over time
Chronic Pain

- Chronic pain is defined as pain that persists longer than the temporal course of natural healing, associated with a particular type of injury or disease process.

- May be psychosomatic or psychogenic in etiology.¹

- May have no apparent cause or may be caused by a developing illness or imbalance

- May trigger multiple psychological problems that are confounding, leading to various differential diagnoses

- Chronic pain is sometimes referred to as the "disease of pain"

¹ Sarno, John E., MD, et al., The Divided Mind: The Epidemic of Mindbody Disorders 2006
Pseudo-Addiction

- Chronic Pain Patient
  - Inadequate pain treatment
  - “Apparent” drug seeking behavior
    - Effort to achieve adequate analgesia
    - Early refill, doctor shopping, etc.
    - Manipulation seen as “addictive behavior”
    - Viewed as non-compliant
  - “Cured” by adequate treatment of pain
Non-cancer / non-malignant pain

- Other diseases as stated
- “non-malignant”, unassociated with life threatening events or consequences
- Typically thought of in the context of acute or chronic conditions
Program Guidelines for Hospitalized Maintenance Patients

• Discuss methadone treatment prior to admission

• Have a clear understanding regarding:
  – Uninterrupted maintenance treatment
  – Adequate treatment for pain
    • Note: The recovery room is not the place to negotiate pain management
  – Program physician should be available to hospital staff
Pain Management During Maintenance Pharmacotherapy

- Continue maintenance without interruption
- Provide short-acting opioid analgesics as needed
- Higher doses may be required at increased frequency-titrated for relief of pain
- Do not use Mixed Agonists/Antagonists or partial or weak agonists
- Monitor prescriptions closely
Universal Precautions

• Gourlay D, Heit H, Almahrezi A

  – (Infectious disease model)

  • Biopsychosocial model for risk assessment, 3 categories
  
  • Appropriate boundary setting within the clinician-patient relationship, respectful approach
  
  • Recommendations for management and referral
  
  • Stigma can be reduced, patient care improved, and overall risk contained.

Pain Disorders Spotlight

This section provides access to pain management resources addressing common painful disorders or conditions of special interest and importance. The informational and educational needs of all healthcare providers who treat these disorders are addressed; including physicians, pharmacists, dentists, nurses, nurse practitioners (NPs), physician's assistants (PAs), and others.

Register for e-Notifications to be alerted via e-mail of when this section is updated.

- Low-Back Pain (LBP)
- Pain Treatment in Palliative Care
- Cancer-Related Pain
- Fibromyalgia Pain
- Other Sections are in Development
This year’s 8th Annual International Conference on Pain and Chemical Dependency (ICPCD) will be held October 29 – November 1, 2008 at the Loews Philadelphia Hotel in Philadelphia, PA.

ICPCD, the conference, has been held seven times over the past 10 years. Attendees return year after year to meet and learn with others involved in managing care at the interface of pain and chemical dependency – and it was around these convocations that an international community of practitioners formed. Over time, that community organized, establishing the International Association for Pain and Chemical Dependency (IAPCD), the association. Now, appropriately, the ICPCD is the annual meeting of the rapidly growing IAPCD.

The 8th Annual ICPCD conference will feature:
- Expanded content
- 18.0 continuing education hours
- Concurrent tracks for those interested in pain, addiction, or an array of related topics
- Breakfasts and luncheons included in program
- Pre-conference workshops and training sessions
- Satellite symposia
- Discounted hotel rates
- Discounted registration fees for IAPCD members