STRIKING THE BALANCE:

opioid analgesia in chronic pain management

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Disclosure

This speaker has no actual or potential conflict of interest to report in relation to this presentation

Abbreviations

AHRQ – Agency for Healthcare Research & Quality

BSC/NCIPC – Board of Scientific Counselors of the National Center for Injury Prevention and Control

CDC – Centers for Disease Control and Prevention

FRN – Federal Register Notice

HHS – U.S. Department of Health and Human Services

OUD – Opioid use disorder

OWG – Opioid workgroup

PCP – Primary care provider

PDMP – Prescription Drug Monitoring Program

Objectives

Review current data regarding the opioid crisis

Evaluate CDC's Clinical Practice Guideline for Prescribing Opioids for Pain

Discuss best practices for opioid use in chronic pain management

Compare and contrast patterns concerning opioid prescribing

Patient Scenario #1

37-year-old male with history of ulcerative colitis

- Pain management referral from PCP: poorly controlled abdominal pain
- Past analgesic medications:
  - tramadol 100 mg 4 times daily – “ineffective”
  - hydrocodone acetaminophen 5/325 mg up to 5 per day – “took the edge off”
- Current analgesic regimen:
  - oxycodone acetaminophen 7.5/325 mg up to 4 per day – “pain intolerable most days”
  - Patient taking 4 doses/day each day, pill count appropriate, requesting increase dose or quantity

Pain Management Scenario: toxicology screens

COMPOUND	*7/15/2021*	*3/15/2021*	*9/15/2020*	*3/15/2020*
6-acetylmorphine	-	-	-	-
codeine	-	-	-	-
hydrocodone	-	-	-	+
hydromorphone	-	-	-	-
morphine	-	-	-	-
norhydrocodone	-	-	-	-
noroxycodone	-	-	-	-
oxycodone	+	+	-	-
oxymorphone	-	-	-	-
tramadol	-	-	-	-
o-desmethyltramadol	-	-	-	-
fentanyl	-	-	-	-
norfentanyl	-	-	-	-
methadone	-	-	-	-
EDDP	-	-	-	-

Pain clinic visit: 10/15/2020 changed

hydrocodone acetaminophen 5/325 mg up to 5 per day

to

oxycodone acetaminophen 7.5/325 mg up to 4 per day

Patient Scenario #1

Pharmacogenetic testing:

• CYP1A2 *1A/*1A	Normal Metabolizer
• CYP2B6 *1/*1	Normal Metabolizer
• CYP2C19 *1/*1	Normal Metabolizer
• CYP2C9 *1/*1	Normal Metabolizer
• CYP2D6 *1/*1	Normal Metabolizer
• CYP3A4 *1/*1	Normal Metabolizer
• OPRM1 *1/*1	Normal Function

Patient Scenario #1

Objective information:

- No metabolites in toxicology screen for oxycodone
- Genetic testing indicates normal metabolizer
- Opioid pill counts appropriate

Subjective information:

- Patient states uses 4 doses per day, each day
- Patient denies efficacy of non-opioid treatment modalities, disease-modifying therapy
- Patient is not satisfied with current regimen

State of the Opioid Crisis

RISE IN OPIOID OVERDOSE DEATHS IN AMERICA

MORE THAN

564,000

PEOPLE DIED FROM AN OPIOID OVERDOSE (1990-2020)

A Multi-Layered Problem in Three Distinct Waves

1990s

mark a rise in prescription opioid overdose deaths

Rx OPIOIDS

includes natural, semi-synthetic, methadone

2010

marks a rise in heroin overdose deaths

HEROIN

includes natural, semi-synthetic, methadone

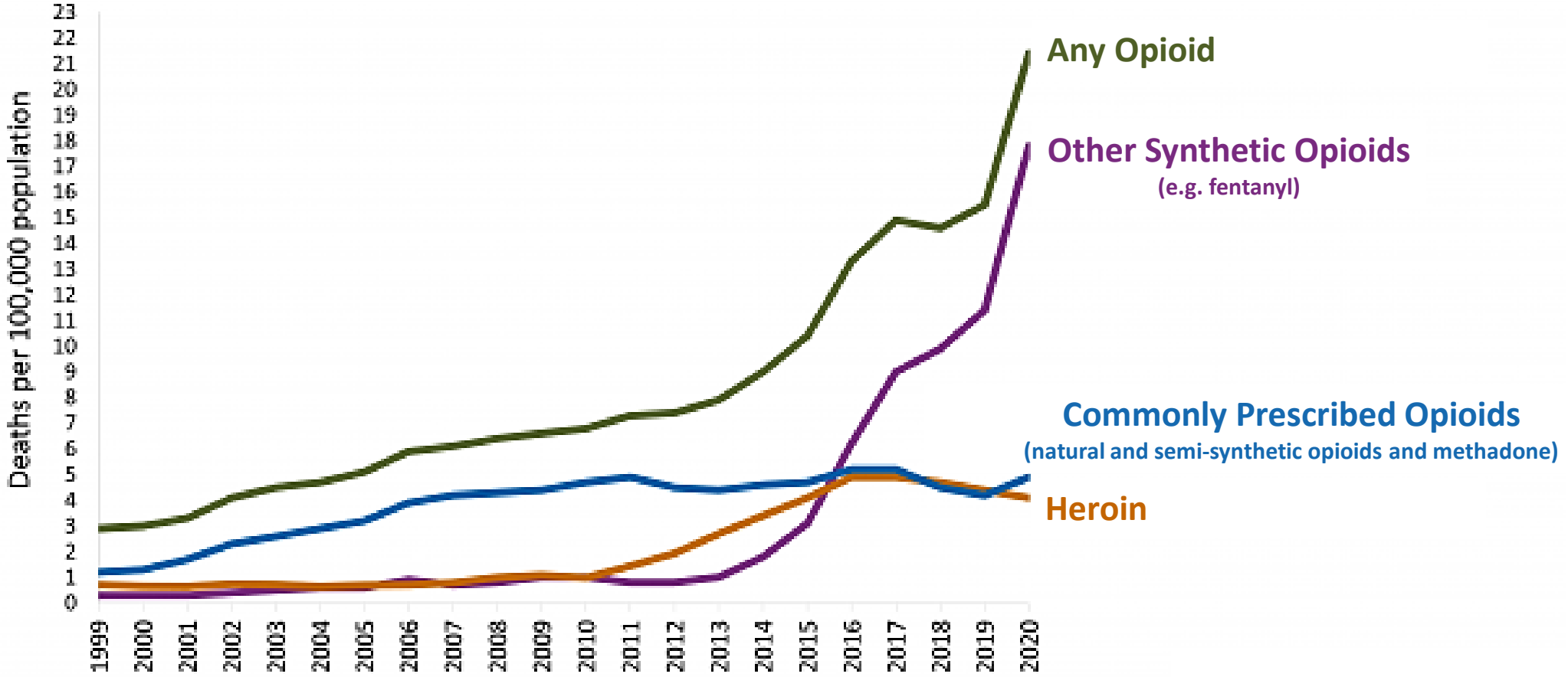
2013

marks a rise in synthetic opioid overdose deaths

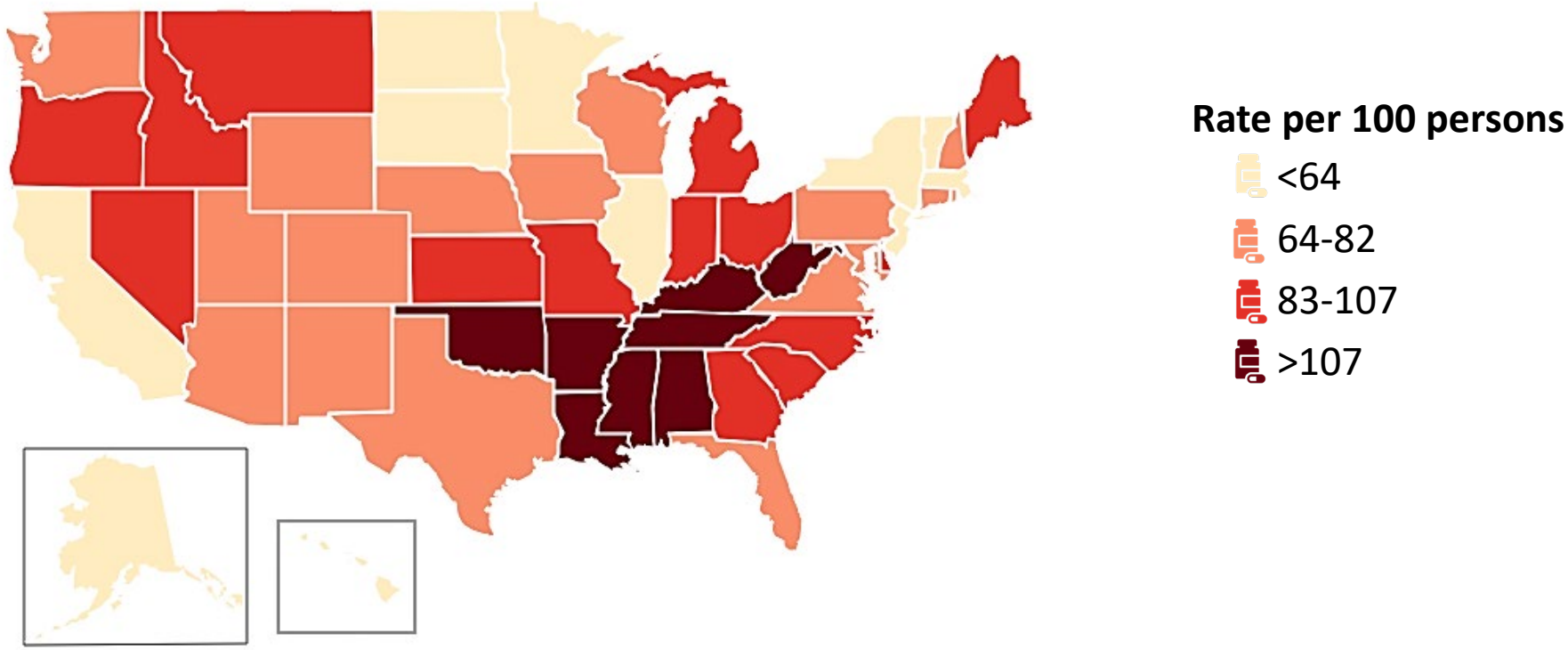
SYNTHETIC OPIOIDS

includes illicitly made fentanyl

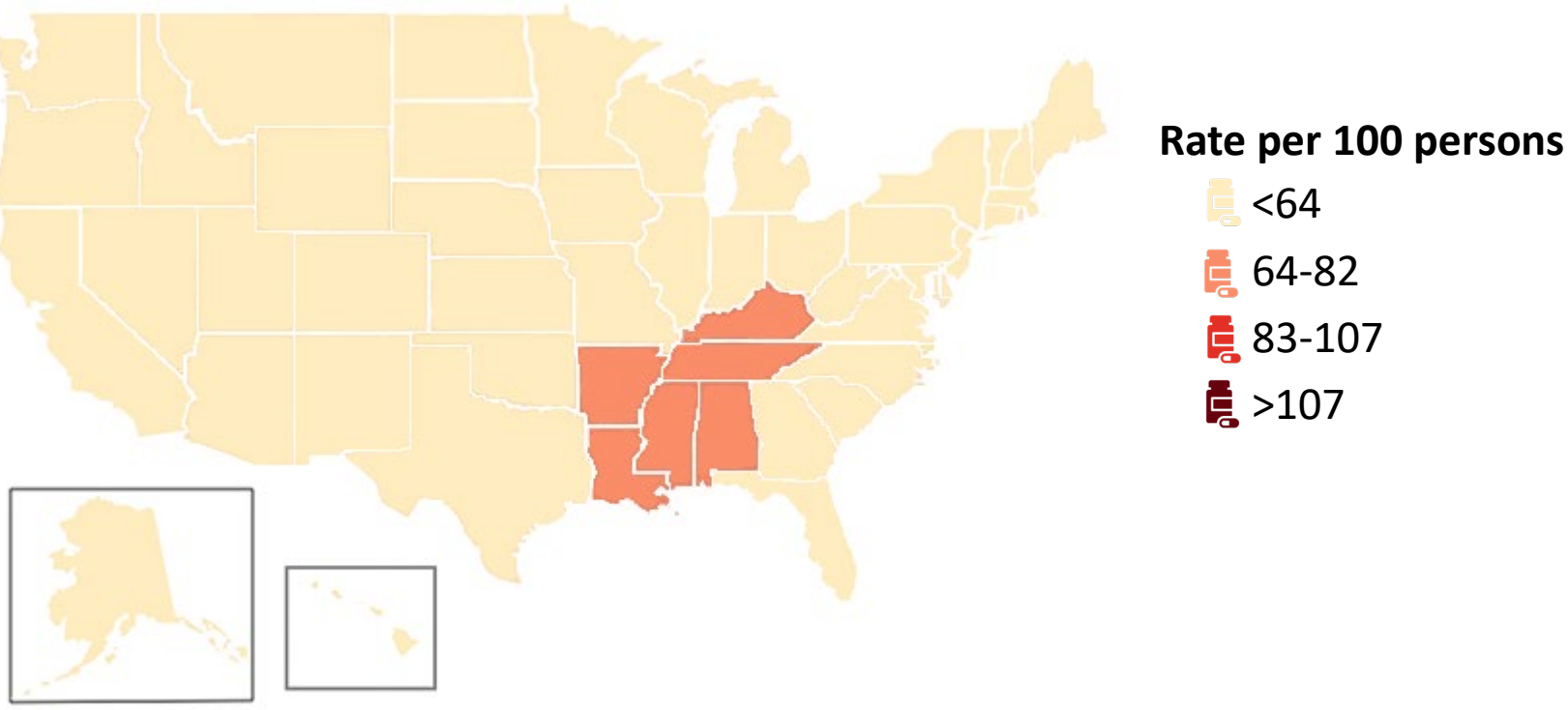
Overdose Death Rates Involving Opioids – United States, 1999-2020



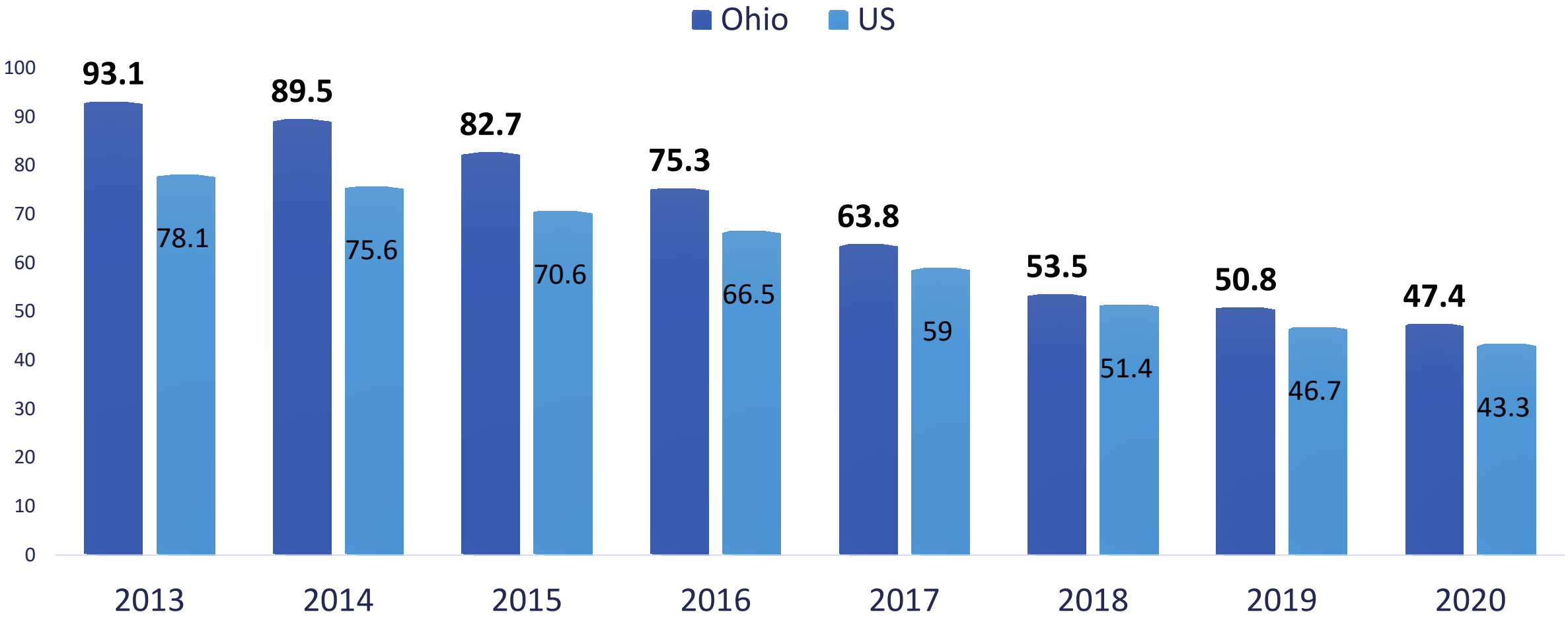
Opioid Dispensing Rates: 2013



Opioid Dispensing Rates: 2020



Ohio and US Opioid Dispensing Rates



CDC.gov

Clinical Practice Guideline

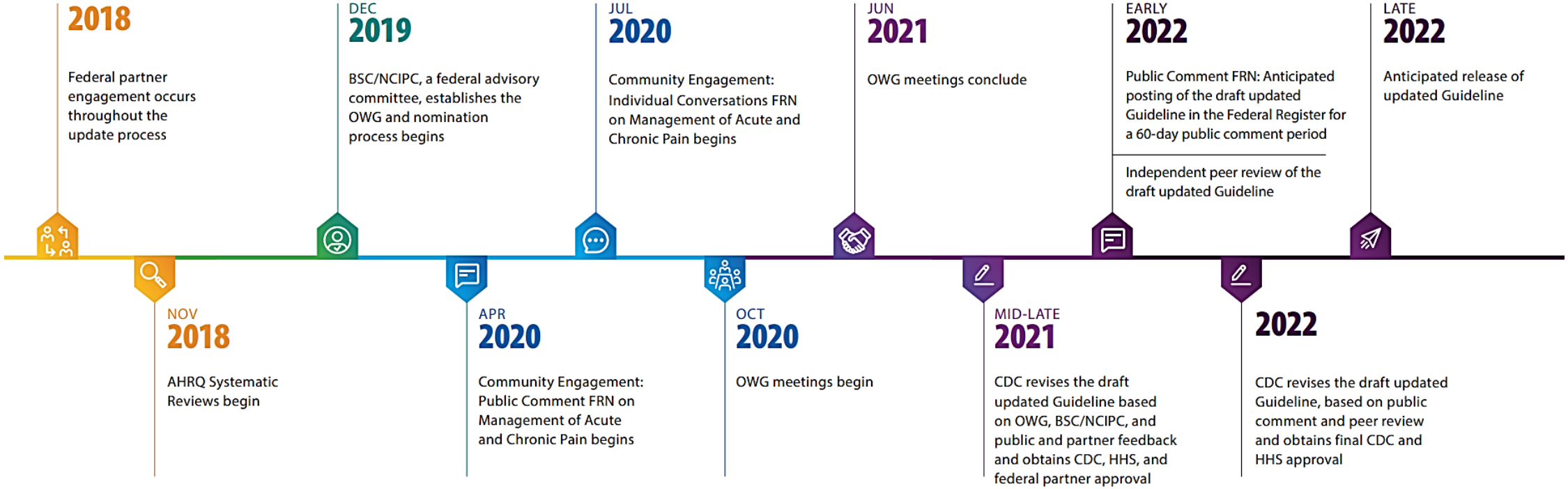
CDC Clinical Practice Guideline

CDC Guideline for Prescribing Opioids for Chronic Pain— United States, 2016

- Encourage clinicians and patients to consider safer and more effective treatment
- Improve patient outcomes such as reduced pain and improved function
- Reduce incidence of opioid use disorder, overdose, or opioid adverse events

CDC Clinical Practice Guideline

Guideline revision timeline



Guideline Comparison

	2016 CDC Guidelines	2022 CDC Guidelines
Excluded populations	Patients < 18 years, cancer pain, end-of-life-care, and hospice/palliative care	Patients < 18 years, sickle cell disease, cancer pain, end-of-life-care, and hospice/palliative care
Target audience	Primary care providers	Primary care providers Dentistry, physical medicine and rehabilitation, surgery, neurology, obstetrics/gynecology, emergency medicine Emphasis on interprofessional collaboration: mental health specialists, pharmacists, and registered nurses

Guideline Comparison

	2016 CDC Guidelines	2022 CDC Guidelines
Patient care settings	Outpatient practices	Outpatient practices, urgent care facilities, discharges from inpatient or emergency departments
Guideline authors	Physicians, public health experts	Physicians, public health, pharmacist
Pain classifications	Chronic pain	Acute, subacute, and chronic pain

Guideline Comparison

	2016 CDC Guidelines	2022 CDC Guidelines
Additional areas of emphasis	Specific MME threshold and treatment duration Offering naloxone to patients at increased risk of opioid overdose	Addressing health inequities that limit access Distinguishing between initiating opioids versus chronic opioid utilization Guidance on non-opioid and non-pharmacologic recommendations for specific pain conditions Emphasizing shared decision making, benefit versus risk of starting and continuing opioid therapy, the appropriateness and goals of opioid tapering Avoiding patient abandonment due to guideline misapplication

CDC Clinical Practice Guideline

Prescribing Opioids for Pain

- Intended to help:
  - Improve communication about the benefits and risks of pain treatments
  - Improve the safety and effectiveness of pain treatment, mitigate pain
  - Improve function and quality of life for patients with pain
  - Reduce risks associated with opioid pain therapy

CDC Clinical Practice Guideline

Prescribing Opioids for Pain

- Flexible recommendation to enable person-centered decision-making
- Considers individual's expected health outcomes and well-being
- Intended for clinicians providing pain care for outpatients 18 years or older:
  - acute pain - duration less than 1 month
  - subacute pain - duration of 1-3 months
  - chronic pain - duration of more than 3 months

CDC Clinical Practice Guideline

Prescribing Opioids for Pain

- Not applicable to:
  - Management of pain related to sickle cell disease
  - Management of cancer-related pain
  - Palliative care
  - End-of-life care
- Not meant to be used as inflexible standard of care across patient populations
- Should not lead to the rapid tapering or abrupt discontinuation of opioids for patients
- Not intended as a law, regulation, policy that dictates clinical practice
- Not a substitute for FDA-approved labeling

CDC Clinical Practice Guideline

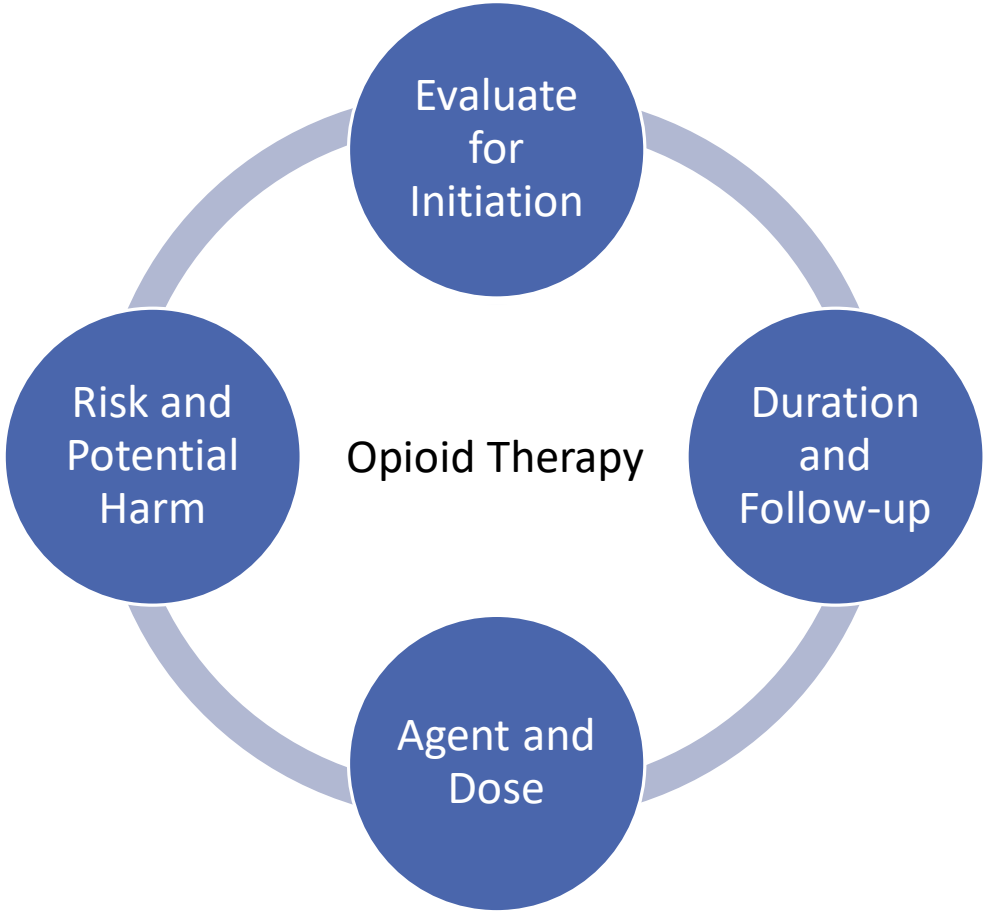
Prescribing Opioids for Pain

- Integrated pain management
  - Collaborative working relationships among clinicians
  - Behavioral health, social work, pharmacists, nursing, physical and occupational therapists

- All patients with pain should receive treatment that provides the greatest benefits
  - Consideration of nonopioid and opioid therapies

CDC Clinical Practice Guideline

Prescribing Opioids for Pain



CDC Clinical Practice Guideline

Guiding Principles

1. Appropriately assess and treat pain regardless of whether opioids are part of a treatment regimen
2. Recommendations are voluntary and intended to support individualized person-centered care
3. A multimodal and multidisciplinary approach is critical
4. Avoid misapplying guideline beyond intended use - lead to unintended and harmful consequences
5. Attend to health inequities; provide culturally and linguistically appropriate communication, ensure access to an appropriate, affordable, diversified, coordinated, and effective nonpharmacologic and pharmacologic pain management regimen for all persons

CDC Clinical Practice Guideline

Recommendations

1. Non-opioid therapies are effective, maximize non-pharm, discuss realistic benefits and known risks of opioids
2. Consider initiating opioid therapy if expected benefits for pain and function outweigh risks
3. Use immediate release when starting opioid therapy
4. Use lowest effective dose for opioid-naïve patients
5. Carefully weigh benefits and risks and exercise care when changing opioid dosage

CDC Clinical Practice Guideline

Recommendations

6. Prescribe opioid quantity no greater than amount needed
7. Evaluate opioid therapy within 1-4 weeks of initiation
8. Periodically evaluate harms and discuss risk with patients – implement mitigation strategies
9. Review PDMP data
10. Consider toxicology testing
11. Caution concurrent use of opioids and benzodiazepines
12. Offer and arrange treatment for patients with OUD

Best Practice for Opioid Use in Chronic Pain Management

Best practices: opioids in chronic pain

Chronic Pain Treatment Principles

1. Assessment
2. Build Patient-Clinician Partnership
3. Use Non-Opioid Therapies
4. Opioid Consideration If Non-Opioid Therapies Are Ineffective
5. Deprescribing

Best practices: opioids in chronic pain

Opioid risk and benefit analysis is patient specific

- All pain medications (including non-opioids) carry risk of harm
- Opioids risks:
  - Death
  - Falls
  - Motor vehicle accidents
  - Opioid Use Disorder

Best practices: opioids in chronic pain

Opioid risk and benefit analysis is patient specific

- Opioids can be part of multi-modal analgesia
  - Incorporate safety measures
  - Implement universal screening precautions

- Goal is to improve function and minimize the risk

Best practices: opioids in chronic pain

Opioid risk and benefit analysis is patient specific

- Factors in risk-benefit analysis:
  - Medical, social, and substance use histories
  - Caregiving support
  - Impact of previous pain management strategies on pain and function
  - Risk of opioid use disorder

Best practices: opioids in chronic pain

Universal Precautions for Managing Risk in ALL Patients

- Regular Visits
- Opioid Treatment Agreement
- Urine Drug Testing
- Prescription Drug Monitoring Programs
- Naloxone Training and Provision

Every patient considered for opioid therapy should be assessed for OUD risk

Best practices: opioids in chronic pain

Barriers to Effective Pain Management

- Inadequate knowledge and education on the part of clinicians
- Over-reliance on pain scales in clinical assessment
- Not exploring the characteristics of the pain
- Failure to evaluate impact on social and physical function, quality of life
- Negative attitudes and stereotyping that affect clinical decision-making
- Lack of cultural sensitivity
- Unequally distributed insurance coverage and underinsurance
- Low health literacy

Patient Scenario #2

30-year-old female receiving care from pain management

- Pain diagnosis: chronic pain, chronic post-operative pain
- Pain regimen: hydrocodone acetaminophen 7.5/325 mg #120/30 days
  - Diagnosis associated with prescription: chronic pain
  - Initiated 9/8/2022 by surgeon, continued by endocrinology, then pain management
  - Filled every 30 days since initiation per PDMP

Opioid Utilization and Characteristics of a *Comprehensive* Pain Practice

Resources

Veterans Affairs Use of Opioids in the Managementof Chronic Pain
https://www.healthquality.va.gov/guidelines/pain/cot/

Centers for Disease Control and Prevention (CDC) Prescription Opioids: Guideline at -a-Glance
https://www.cdc.gov/opioids/healthcare-professionals/prescribing/guideline/at-a-glance.html

Food and Drug Administration (FDA) Where and How to Dispose of Unused Medicines
www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm

Ohio Opioid Curriculum
https://www.ebasedacademy.org/learn/public/catalog/view/3

SAMHSA Opioid Use Disorder Resources
www.samhsa.gov/find-help

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