OPIOID CRISIS: A PERSPECTIVE

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LEARNING OBJECTIVES

- Summarize the history behind the opioid epidemic in America
- Identify the issues surrounding the treatment of chronic pain
- Demonstrate an understanding of the CDC’s new opioid prescribing guidelines for chronic pain
DEFINITION OF PAIN

• A sensory and emotional experience associated with actual and potential tissue damage

*International Association for the Study of Pain*
TIMELINE

• How did we get to where we are now?
TREATMENT STRATEGY

• Treat to a pain score

• Pain pill = pain treatment
TIMELINE

• 1986: Portenoy- opioid maintenance can used safely and effectively without fear of addiction in patients with non-malignant pain
  • study based on 38 cases
  • no history of drug abuse
TIMELINE

• 1992: Agency for Health Care Policy and Research- pain should be assessed

• 1996: Consensus statement from American Pain Society regarding use of pain medications in non-malignant pain
  • “Pain is the 5th Vital Sign”

• 1996: Purdue reformulates oxycodone into a long acting form and OxyContin goes on sale

• 1998: Federation of State Medical Boards policy change reassuring physicians about prescribing pain medications
TIMELINE

- 2000: Congress passed a bill, signed by President Clinton declaring the 2000’s the decade of pain control and research
- 2000: The Joint Commission sets standards regarding assessment and management of pain
  - Widespread use of “Pain is the 5th vital sign”
  - Published a guide- “no evidence that addiction is a significant issue”
TIMELINE

• 2007: Fraud cases against some in the pharmaceutical industry

• 2010: State of Washington legislature mandates prescribing guidelines

• 2011: Institute of Medicine issues report on relieving pain in America—“Moral imperative to treat pain.”
TIMELINE

• 2012: The U.S. Senate gets involved
  • “The problem of opioid abuse is bad and getting worse,” Sen. Chuck Grassley, Iowa
  • Letters to 5 organizations from Senate Finance Committee
  • The nation’s largest organization for pain patients, American Pain Foundation, ceased operations
• 2012: Dr. Portenoy in Wall Street Journal: “second thoughts”
  • Overestimation of benefits, understatement of risks
TIMELINE

- 2015: Washington updates guidelines after getting data based upon original guidelines
- 2015: All states (except for Missouri) have prescription drug monitoring programs
- 2016: CDC declares pain prescriptions an epidemic and publishes opioid prescribing guidelines
- 2016: Both AMA and AAFP pass resolutions to drop “pain as the 5th vital sign”
PAIN & OPIOIDS

- Numbers of prescriptions of hydrocodone and oxycodone products filled in US pharmacies rose significantly from 1991 to 2009.
STATISTICS

• 259 million opioid prescriptions in 2012, three times as many as 1992

• Since 1999, opioid deaths have quadrupled

• By 2014, more likely to die from an opioid overdose than a car accident

• By 2015, Purdue had earned $35 billion from OxyContin

• In 2016, 44% of Americans know a pain pill addict (Kaiser study)
TREATING CHRONIC PAIN

- More is not necessarily better
- High dosages = danger
- Concurrent medication risks

“Take two tons of aspirin and call me in the morning.”
ISSUES

• Pain has always been part of the human existence

• There are distinct differences between acute and chronic pain

• So much we don’t know about why pain persists

• According to AFP: opioids for as little as two weeks can cause tolerance
ISSUES

- Chronic pain and mental illness
- Psychological/psychiatric illness and opioids
ISSUES

• Patients with pain are perceived and judged in certain ways, many times negatively

• Pressure to say yes and prescribe medications that may not be appropriate or indicated

• Over the last 10 years treatment of pain has equaled the prescribing of pain medications
ISSUES

• Patient Screening

• Short term benefit versus long term risk
ISSUES

• Patients who use opioids for at least 90 days were greater than 60% more likely to still be on chronic opioids in 5 years

Martin, 2011
ISSUES

- Uncertain long-term efficacy, clear evidence of harm
- Long term opioid use leads to new onset depression (Scherr, 2016)
PROGRESS

- Integrated care/care coordination/health homes
- Training and education of physicians but also staff, leadership teams, administration
- Project ECHO
- State guidelines
- CDC Guidelines
STATE GUIDELINES

- Washington is most commonly referenced

- Data from Washington shows it works
  - Death rate declined
  - Average morphine equivalent dose declined
CDC GUIDELINES

- Public comment until January of this year
- Guidelines published March 2016
- Complete guidelines available on CDC website
PURPOSE

• Help providers make informed decisions

• Only in the setting of chronic pain

• Improve safety and effectiveness of pain treatment

• Not for patients in the palliative care setting
THREE KEY ASPECTS

• Determine when to initiate or continue opioids for chronic pain

• Opioid selection, dosage, duration, follow-up, and discontinuation

• Assess risk and address harms of opioid use
WHEN TO INITIATE

- Benefits outweigh risks to patients with chronic pain
- Combined with nonpharmacologic treatments (even if they may have previously failed)
- After treatment goals have been established
WHEN TO CONTINUE

- Only if there is clinical, meaningful improvement
- Continually addressing risks and realistic benefits
OPIOID SELECTION

• Use immediate release first, then switch to long-acting

• Lowest effective dose (avoiding dose above 90 MME/day)

• Remember that more than seven days for acute pain is rarely needed

• Frequent evaluations by physician when changing dose, no less than every 3 months even if stable
ASSESSING RISK

• History is key
• Drug monitoring programs
• Urine drug screening
• Avoid opioids and benzodiazepines
• Opioid use disorder treatment strategy
PAIN AND OPIOIDS

- Acute pain to chronic pain
- Who is susceptible to chronic pain?
- Reassurance vs. prescribing
- Patient satisfaction
- Patient, family, and provider education
PAIN AND OPIOIDS

- Treating to a pain score
- Realistic expectations
- Hurt vs. harm
- Suffering as a component
TREATMENT OPTIONS

• Pharmacological Options
  • Anti-depressants
  • Anticonvulsants
  • Corticosteroids
  • NSAIDs
TREATMENT OPTIONS

- Interventional Options
  - Surgical
  - Interventional pain management
  - Physical medicine/rehabilitation
TREATMENT OPTIONS

- Non-traditional
  - Self-management
  - Patient education
  - Lifestyle adjustments
WHERE TO GO

- [http://www.cdc.gov/drugoverdose/prescribing/guideline.html](http://www.cdc.gov/drugoverdose/prescribing/guideline.html)
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