

The Science and Practice of Treating Patients with Pain and Opioid Use Disorders (OUD)

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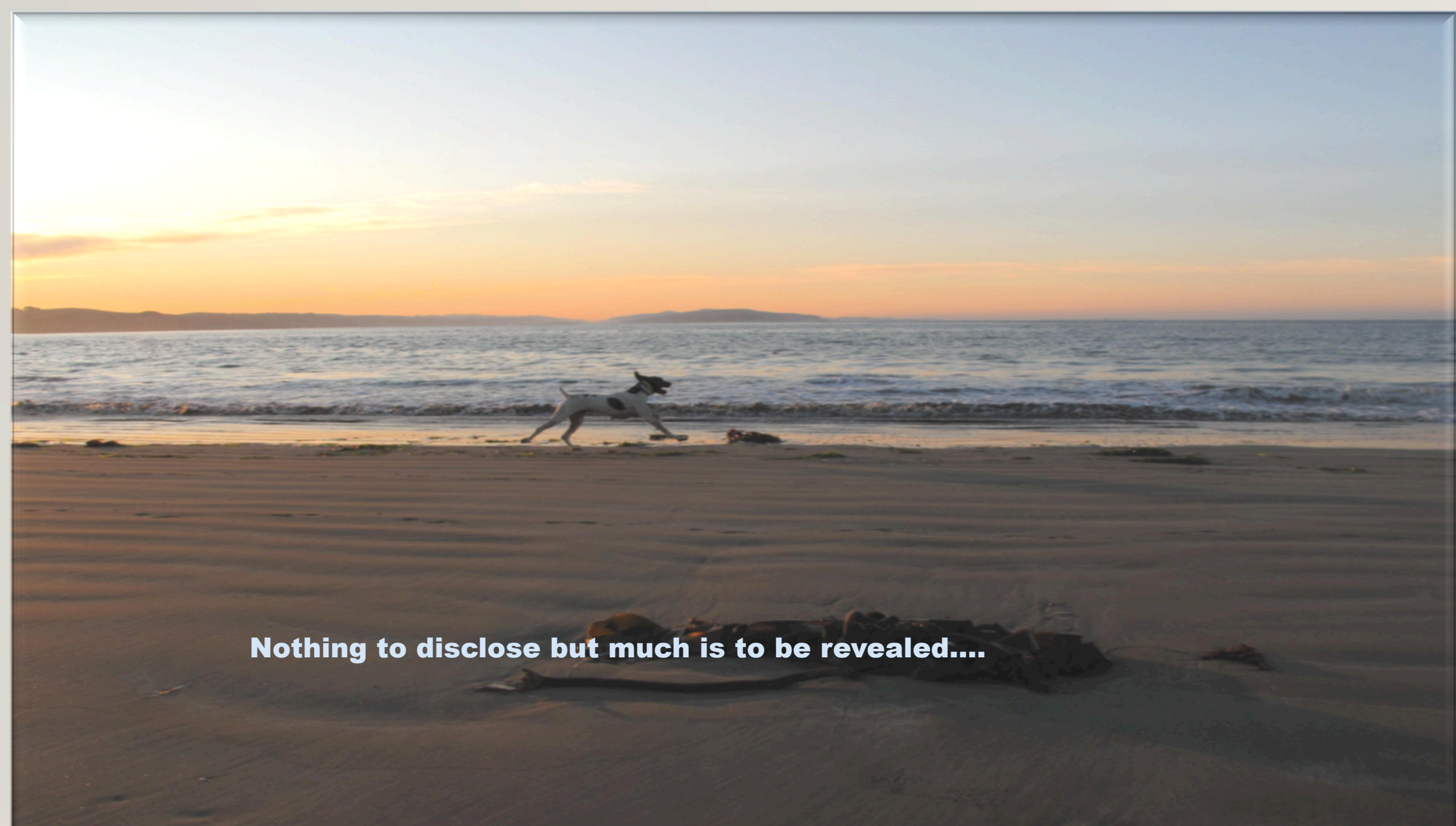
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September 19th, 2019

Learning Objectives

- ▶ Improve ability to evaluate and categorize pain in order to provide non-opioid solutions and reduce reliance on opioids
- ▶ Learn how to have a conversation about functional goals and expectations during the treatment of chronic pain
- ▶ Discover ways to use health and suffering as treatment doorways for both pain and addiction



Nothing to disclose but much is to be revealed....

BRAVO can help you safely decrease the
opioid dosage

Broaching the Subject of the Taper

Risk Benefit Calculator

Addiction Happens

Velocity and Validation

Other Treatments

How do we support a **BRAVO** opioid taper in someone that has chronic pain?

Without:

- ▶ **Losing Function**
- ▶ **Losing the Therapeutic Alliance**
- ▶ **Losing Hope**

Ask for an **ENCORE** and bring alternatives to opioids back into the practice of medicine

Evaluate the Pain

Neutralize the Nervous System

Core Strengthening

Open a Conversation

Restore Health

Ease Suffering

ENCORE: Evaluate Pain

- ▶ **What does the pain feel like?**
- ▶ **What makes it worse?**
- ▶ **What makes it better?**
- ▶ **Are there any other abnormal sensations?**
- ▶ **Is there a time of day when the pain is worse?**
- ▶ **Physical exam!!**

Mechanical Pain

Positional, Activity or Functional Dependent Pain

- ▶ **Examples include: spinal stenosis, neck pain, shoulder tendonitis, knee or hip arthritis**
- ▶ **Solutions include: zero gravity chair, assistive devices, improve the wake and sleep posture, and improve the body mechanics**



Neuropathic Pain

Pain that is driven by a sensitive “alarm system”, the peripheral or central nervous system

- ▶ **Examples include: neuropathy, radiculitis, complex regional pain syndrome, fibromyalgia, AND Opioid-Induced Hyperalgesia**
- ▶ **Solution is to desensitize the nervous system or in other words, “reset the alarm”, “calm the nerves down”...**

ENCORE: Neutralize the Nervous System

- ▶ **The **N**utralizing Medications: “calm the nerves”**
 - ▶ **Beyond Gabapentin is Zonisamide, Topiramate, Tiagabine and Pregabalin**
 - ▶ **TCA= Tricyclic Analgesics (amitriptyline, imipramine, desipramine)**
 - ▶ **Baclofen, a muscle relaxant and NMDA antagonist**
 - ▶ **Buprenorphine!!??!!**

THE SENSITIVE NERVOUS SYSTEM

DAVID S BUTLER





DAVID BUTLER | LORIMER MOSELEY | ART BY SUNYATA

EXPLAIN PAIN

ENCORE: Core Strength

- ▶ **Poor **C**ore strength in proximal muscle groups: Rhomboids, Trapezius, Abdominal Wall, and Gluteal Muscles**
- ▶ **Poor **C**ore strength causes painful conditions like: “thoracic outlet syndrome”, back and neck pain, trochanteric tendonitis/bursitis, and foot pain (!!?!)**



ENCORE: Open a Conversation

- ▶ **About the expectation to be pain free and to do things the same way**
- ▶ **About the functional goals (it's not about the pain scale)**

What are you able to do now with the use of opioids that you were not able to do before?

- ▶ **Sleep better**
- ▶ **Return to work**
- ▶ **Resume activities of enjoyment**
- ▶ **Play with children**
- ▶ **Exercise**

How can we help you increase your activity level while decreasing the reliance on opioids?

Start with addressing the fear-avoidance behavior by helping patients:

- ▶ **Learn about the problem**
- ▶ **Explore ways to move**
- ▶ **Explore and nudge the edges of pain**
- ▶ **Stay positive**
- ▶ **Make plans**
- ▶ **Remember that hurt does not always equal harm**

***Reference: “Explain Pain” by David Butler**

ENCORE: Restore Health

- ▶ **Pain is a doorway to transformation**
- ▶ **Pain is a “signal” from the brain that means something needs to change**
- ▶ **Pain is a motivator**

Anti-Inflammatory Diet



ENCORE: Ease Suffering

What is the difference between pain and suffering?

**Pain is a physiological
experience,
Suffering is a perception**

**Suffering is created by **the
way we think** about time,
threats, meanings,
circumstances and stories**

How can You **E**ase Suffering in Your Patient?

- ▶ **Encourage patients to anchor into the moment instead of using the past as a source of comparison and the future as a source of worry**
- ▶ **Help patients to develop outlets for frustration like hobbies and exercise**
- ▶ **Reframe the story as a story of survivorship and strength**
- ▶ **Be present for your patient**

We also glory in our sufferings, because we know that suffering produces perseverance; perseverance, character; and character, **hope**
~Romans 5:3



**How can we solve the
epidemic of both
chronic pain and
OUD?**

BRAVO can help you safely decrease the opioid dosage

Broaching the Subject of the Taper

Risk Benefit Calculator

Addiction Happens

Velocity and Validation

Other Treatments

ENCORE can help you effectively treat pain and OUD

Evaluate the Pain

Neutralize the Nervous System

Core Strengthening

Open a Conversation

Restore Health

Ease Suffering

The Goal Is To...

**Create a more deeply
satisfying life
And restore **HOPE****

Thank you
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BUPRENORPHINE FOR PAIN MANAGEMENT AN RN CARE-MANAGED APPROACH

Grace Katie Bell MSN RN-BC CARN PHN

Chapa-De Indian Health

FREQUENT AND COMMON PROBLEMS



- Lack of provider time to support change – 20 minute appt.
- Patient anxiety and resistance to change
- The T-word (...taper)
- Other undiagnosed substance use disorders
- Co-occurring behavioral health diagnosis
- Other medications – Sedative, hypnotics – Z-drugs for sleep, Benzos for GAD, Soma for muscle relaxant



WHY BUPRENORPHINE?

- **Safest opioid**
- **Anti-hyperalgesic**
- **Acts as chaperone ligand**
- **Doses stable or decrease over time**
- **Available now in both very low, low and high dose**
- **Lower abuse potential**
- **Schedule III**
- **Does not block analgesia from other opioids**
- **- from Pain and Addiction presentation by Andrea Rubinstein MD**

PATIENT PATHWAY

- **Referral** - provider refers to RN Case Manager
- **Assessment** – see Bup for Pain template Education
- **Planning**
- **See Bup for Pain Patient Instructions**
 - **Withdrawal Management and Buprenorphine Initiations**
 - **Stabilization** - first days phone monitoring and one week follow-up



OPIOID USE DISORDER

- ~ If OUD behaviors are identified in assessment, explore severity with patient.
- Mild - Moderate – Severe.
- ~ Is the OUD primarily driven by need for pain relief?
- ~ Will this patient do better in MAT?
- ~ Address stigma:
- “Everyone treats me like a drug addict.”



RN WORKFLOW

- ❖ ~ Up to 3 appointments with RN Case Manager.
- ❖ ~ Assessment, education, ongoing discussion with provider for plan and monitoring.
- ❖ ~ Address co-occurring SUD
- ❖ ~ Manage plan for buprenorphine start.
- ❖ ~ Monitor first days of start, managing dose changes per provider. See patient in first few days if needed.
- ❖ ~ Follow-up visit with RN in one week.
- ❖ ~ Once dose is stable – then schedule follow-up visit in 2 weeks with provider.
- ❖ ~ The ongoing care is now with provider. Patient can call RN prn





TREATING THE CO- OCCURRING SUD

- **TREAT the Substance Use Disorders.**
- **Safety issues first: Alcohol and Benzos**
- **Depending on severity of AUD:**
 - **Offer interventions – home detox if appropriate or inpatient detox and OP/IOP or Residential Treatment.**

If Benzodiazepine – assess for slow, monitored taper or convert to Librium if Benzo dose is high or misused.

Monitor with weekly UDS if in early recovery and keep pain well-managed.

If Stimulant use disorder – Offer appropriate interventions and care.

CONVERTING OPIOIDS TO BUPRENORPHINE



Start with Buprenorphine patch depending on dose of opioids. Add Buprenorphine SL (off-label) to manage withdrawal and then find best dose for pain management.



See Dr. Lemke's slide # 33 on conversion to Buprenorphine table (references Dr. Paul Coelho)



A FEW THINGS TO CONSIDER

Adding full-agonist to Buprenorphine for Pain regimen?

Let's discuss with Dr. Lasich

Short Rx initially then as patient stabilizes and no concerns about misuse, then monthly supply

Buprenorphine for Chronic Pain Dx accepted by Medi-Cal

Whole Person Care – Behavioral Health, Physical Therapy, Mindfulness, Diet, Exercise, PACE for Pain

Case of Opioid PLUS Benzodiazepine Dependency

- ▶ 53 year old woman with lumbar pain following lumbar discectomy with laminectomy presents to you because of worsening pain and to establish care. She is currently taking hydrocodone/APAP 10/325 tablet every 4 hours (6/day) and has been taking it for over 5 years. Two years ago she began taking alprazolam 0.5mg three times per day for anxiety as prescribed by previous primary provider. She is also using zolpidem 10mg at bedtime. Her CURES report shows that hydrocodone is frequently filled a week early. Her urine drug test is consistent except for positive test result for oxazepam. When questioned, she admits to using a friends diazepam when she ran short of her medications. Her pain has been a 9/10 lately and she is feeling depressed.
- ▶ What is your first step?

Case of Opioid and Alcohol Use

- ▶ 83 year old man with a right below knee amputation and subsequent phantom pain presents to your treatment facility after being in the ED for alcohol withdrawal associated seizure. He spent one week in the hospital for management of alcohol withdrawals. The hospital referred him to you because he also is using Morphine ER 60mg twice daily plus hydrocodone/APAP 10mg/325mg four per day but the patient reports that the pain is poorly controlled which is why he started using alcohol especially when he runs out of pills. His wife is very concerned because he frequently falls at the house and is not sleeping well due to discomfort. She states that, “He is just not the same since he lost his leg. He used to love to go out but now has no interest in doing anything.”
- ▶ How would you “Broach” the topic or “Open” the conversation?

REFERENCES

- Buprenorphine for Chronic Pain: A Review of the Clinical Effectiveness:

- <https://www.ncbi.nlm.nih.gov/pubmed/28727399>

Daitch, D. et al Conversion from High-Dose Full-Opioid Agonists to Sublingual Buprenorphine Reduces Pain Scores and Improves Quality of Life for Chronic Pain Patients. *Pain Medicine*, Volume 15, Issue 12, December 2014, Pages 2087–2094

- <https://academic.oup.com/painmedicine/article/15/12/2087/1817964>

- Dr. Anna Lemke

- Dr. Christina Lasich

- Dr Jessica Del Pozo – PACE for Pain

<https://www.paceforpain.org/program>

- Rubinstein, A. Pain and Addiction presentation for CSAM 2019