What is the Role of Addiction Medicine in Chronic Pain Management?

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The Paralytic at Capernaum
Luke 5:18-26

v. 20 “And when He saw their faith, He said unto him, ‘Man, thy sins are forgiven thee’.”
p. 268:3 “The burden of despair rolls from the sick man’s soul; the peace of forgiveness rests upon his spirit, and shines out upon his countenance. His physical pain is gone, and his whole being is transformed. The helpless paralytic is healed! the guilty sinner is pardoned!”
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Partner or Pass thru?
The Dilemma

“Opioid Analgesics in the Treatment of Chronic Pain”
Components of the Dilemma

1. “...adequate evidence is currently lacking as to the effectiveness and safety of long-term opioid therapy...”

-FSMB Model Policy p. 3
Components of the Dilemma

2. Objective Assessment of Chronic Pain
Components of the Dilemma

3. Distractibility
   a. Rallying for the Allure
   b. Driving to the doctor to get pain meds
   c. Pushing the PCA pump...Why now?
Components of the Dilemma

4. Countertransference ("Cringe Factor")
   a. Controlling the uncontrollable

"The cabbage is completely under our power."
Components of the Dilemma

4. Countertransference ("Cringe Factor")
   a. Controlling the uncontrollable
   b. Deliberate manipulation – deception, sinister, scammed
Components of the Dilemma

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   c. Learned helplessness – wimpy, needs backbone
Components of the Dilemma

4. Countertransference (“Cringe Factor”)
   a. Controlling the uncontrollable
   b. Deliberate manipulation – deception, sinister, scammed
   c. Learned helplessness – wimpy, needs backbone
   d. Frustration boils over
Components of the Dilemma

5. Functional Enhancement
   a. Primum non nocere, “First, do no harm”
Components of the Dilemma

6. Role of Hyperalgesia

   a. Delicate balance between drug “effect” and drug “reward”
Components of the Dilemma

7. Drug Availability

   a. Significant others, Internet and street sources
Components of the Dilemma

8. Professional Image

a. Press Ganey

i. “Why Doctors Prescribe Opioids to Known Opioid Abusers”

ii. “The Mask Your Doctor Hides Behind”
   - Daily Beast 05/21/2014
Addiction Medicine & Opioid Analgesia for Chronic Pain

“Where’s the fit?”
Addiction Medicine & Opioid Analgesia for Chronic Pain

“Where’s the fit?”

1. Bad cop, Brake man

2. Legal cover, Accountability grunt

3. Default button, Deciding factor, i.e. Red Light/Green Light

4. Partner?
Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain
Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain

1. “Assessment of the patient’s personal and family history of alcohol or drug abuse and relative risk for medication misuse or abuse also should be part of the initial evaluation, and ideally should be completed prior to a decision as to whether to prescribe opioid analgesics.”

2. “…treatment of a patient who has a history of substance use disorder should, if possible, involve consultation with an addiction specialist before opioid therapy is initiated (and follow-up as needed).”
Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain

3. “Physicians who treat patients with chronic pain should be encouraged to also be knowledgeable about the treatment of addiction, including the role of replacement agonists such as methadone and buprenorphine. For some physicians, there may be advantages to becoming eligible to treat addiction using office-based buprenorphine treatment.”
1. Patient shows up with need for Rx med or possible self-described likelihood of consequences, i.e. seizures.
   a. Physician is not responsible for Rx; but if they do prescribe, then they “inherit” the liability to safely get patient off med if becomes necessary.
2. UDS positive for an illicit substance (+/- evidence of Rx med)...assuring patient gets off Rx drug safely.
   a. Dropping patient immediately when the patient could be at risk for not prescribing is a professional liability
   b. No clear standards as to when to intervene with a taper, i.e. illicit or Rx, but can’t be both.

3. Chronic Pain Management
   a. Threshold for Addiction Medicine consultations (?)
   b. Quality expectations of Addiction Medicine consultation vs. “pass thru”
sbirt
SBIRT

Screening → Identify
Brief → Increase Insight
Intervention
Referral to → Initiate Intake
Treatment
Screening → Identify

1. Patient expectations
2. Service philosophy
   a. Address Alcohol use – OK/Not OK
   b. Smoking cessation
   c. Illicit Drug use cessation
   d. Rx Drug use...opioids, tramadol, benzodiazepines, non-benzo-sed-hyps, barbiturates, non-barb-sed-hyps & stimulants
   e. Informed consent & Treatment agreement
   f. OARRS
   g. Urine drug screens...randomized? supervised?
   h. Pill counting
3. “6” question screen
<table>
<thead>
<tr>
<th>Screening Brief Intervention Referral to Treatment: Assessment Orders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes / No 1. In the past 3 months have you had more than:</td>
</tr>
<tr>
<td>*(Men) 4 drinks in one day?</td>
</tr>
<tr>
<td>*(Women) 3 drinks in one day?</td>
</tr>
<tr>
<td>*(Age 65+) 3 drinks in one day?</td>
</tr>
<tr>
<td>Yes / No 2. In the last 12 months, did you ever drink alcohol or use drugs more than you meant to?</td>
</tr>
<tr>
<td>Yes / No 3. In the last 12 months, did you ever feel you should cut down on your drinking or drug use?</td>
</tr>
<tr>
<td>In the last 12 months, did you use:</td>
</tr>
<tr>
<td>Yes / No 4. * Marijuana?</td>
</tr>
<tr>
<td>Yes / No 5. * Another recreational drug?</td>
</tr>
<tr>
<td>Yes / No 6. * A prescription pain killer, stimulant or sedative more than recommended?</td>
</tr>
</tbody>
</table>
SBIRT

Brief Intervention → Increase Insight

1. Motivational Interviewing
2. Involvement of Concerned Significant Others
ROLE OF CONCERNED SIGNIFICANT OTHERS
Referral to Treatment $\rightarrow$ Initiate Intake

- Addiction Medicine
  - Detoxification
    - Ongoing Support
  - Substitution
- Pain Management
  - Non-Medicinal
  - Medicinal
    - Ongoing Support

“Fleas” & “Ticks”
“Often your mind may be clouded because of pain. Then do not try to think. You know that Jesus loves you. He understands your weakness. You may do His will by simply resting in His arms.” *MH 251:3*
v. 4 “And God shall wipe away all tears from their eyes; and there shall be no more death, neither sorrow, nor crying, neither shall there be any more pain: for the former things are passed away.”
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