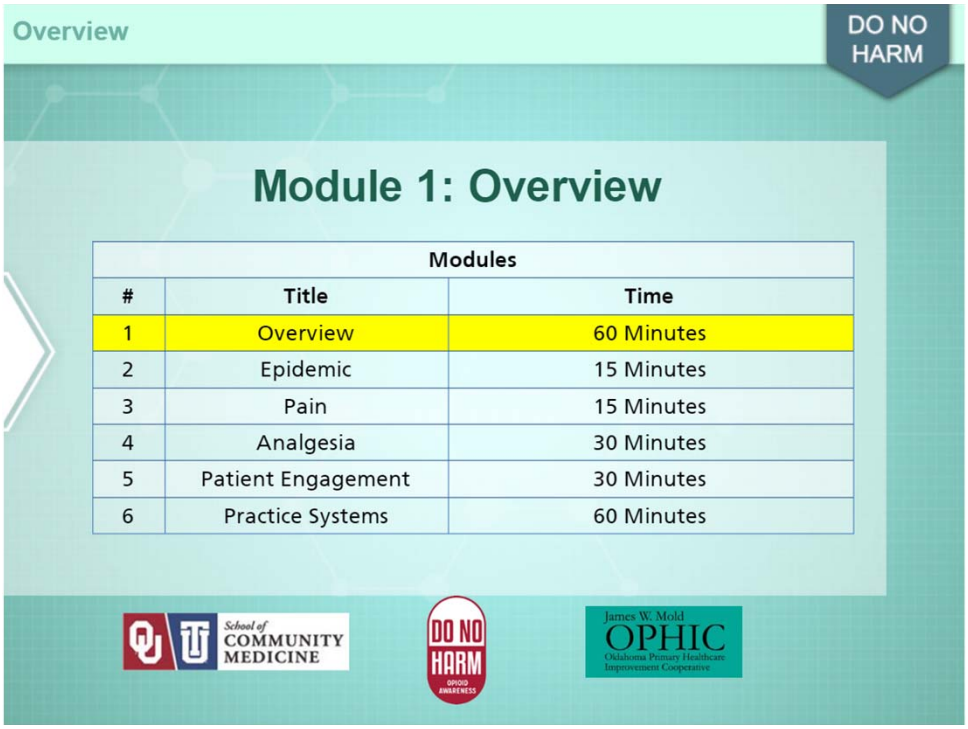

Introduction
DO NO HARM
Do No Harm: Putting Safer Pain Management into Practice
Oklahoma Primary Healthcare Improvement Cooperative
OU College of Medicine and OU-TU School of Community Medicine
October 2019
This program was made possible through a partnership with the Oklahoma Department of Mental Health and Substance Abuse Services, federal grant funding.
School of COMMUNITY MEDICINE
DO NO HARM
OPIOID AWARENESS
James W. Mold OPHIC
Oklahoma Primary Healthcare Improvement Cooperative


Overview
DO NO HARM
Module 1: Overview
Modules
Title Time
1 Overview 60 Minutes
2 Epidemic 15 Minutes
3 Pain 15 Minutes
4 Analgesia 30 Minutes
5 Patient Engagement 30 Minutes
6 Practice Systems 60 Minutes
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Expert Review Panel and Planning Committee

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Planning and authoring committee:

- Steven A. Crawford, MD, DABFM, Family Medicine, Co-author, Narrator
- F. Daniel Duffy, MD, MACP Internal Medicine, Lead Author
- Shannon D. Ijams, MPAS, PA-C – Family Medicine
- Kathryn M. L. Konrad, MS, RNC-OB, LCCE, FACCE
- James W. Mold, MD, MPH, DABFM Family Medicine, Co-author

Expert review panel:

- Jeffery Alderman, MD, MS, FACP – Palliative Care
- Dorothy Gourley, DPh – Consultant Pharmacist
- Martina Jelley, MD, MSPH, FACP – Primary Care Internal Medicine
- Andrew Kolodny, MD, DABAM, DABPN – Psychiatry, Public Health
- Michael Maxwell, MD, FACP – Primary Care Internal Medicine
- Layne Subera, DO, MA, FACOFP – Primary Care Family Medicine
- Bryan VanDoren, MD, DABAM, FASAM – Internal Medicine, Addiction and Pain Medicine
- William Yarborough, MD, FACPM – Internal Medicine, Addiction and Pain Medicine

Relevant Disclosure and Resolution Planning and Authoring Committee

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Under Accreditation Council for Continuing Medical Education guidelines disclosure must be made regarding relevant financial relationships with commercial interests within the last 12 months.	
Steven A. Crawford, MD, DABFM	Have no relevant financial relationships or affiliations with commercial interests to disclose.
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Kathryn M. L. Konrad, MS, RNC-OB, LCCE, FACCE	
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Definition of Relevant Disclosures

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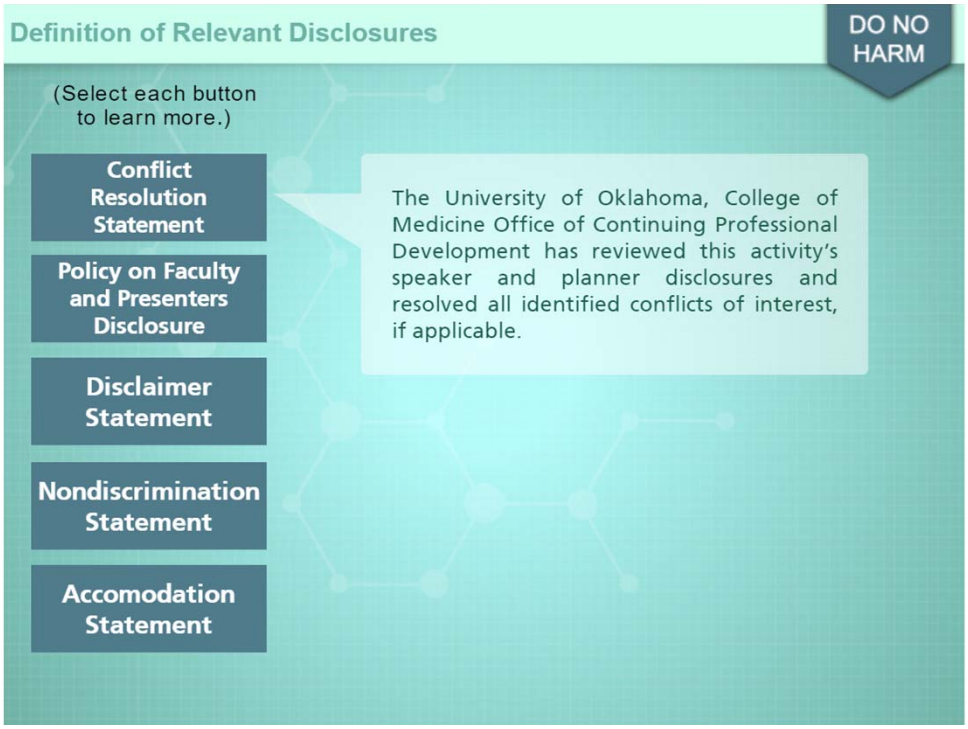
(Select each button to learn more.)

- Conflict Resolution Statement
- Policy on Faculty and Presenters Disclosure
- Disclaimer Statement
- Nondiscrimination Statement
- Accomodation Statement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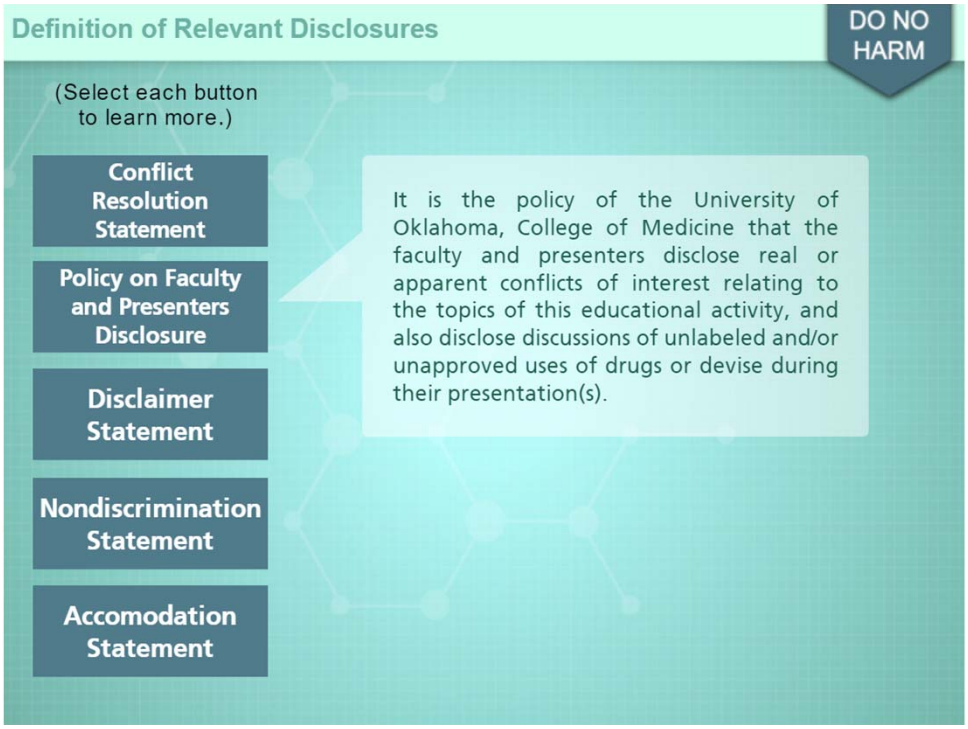
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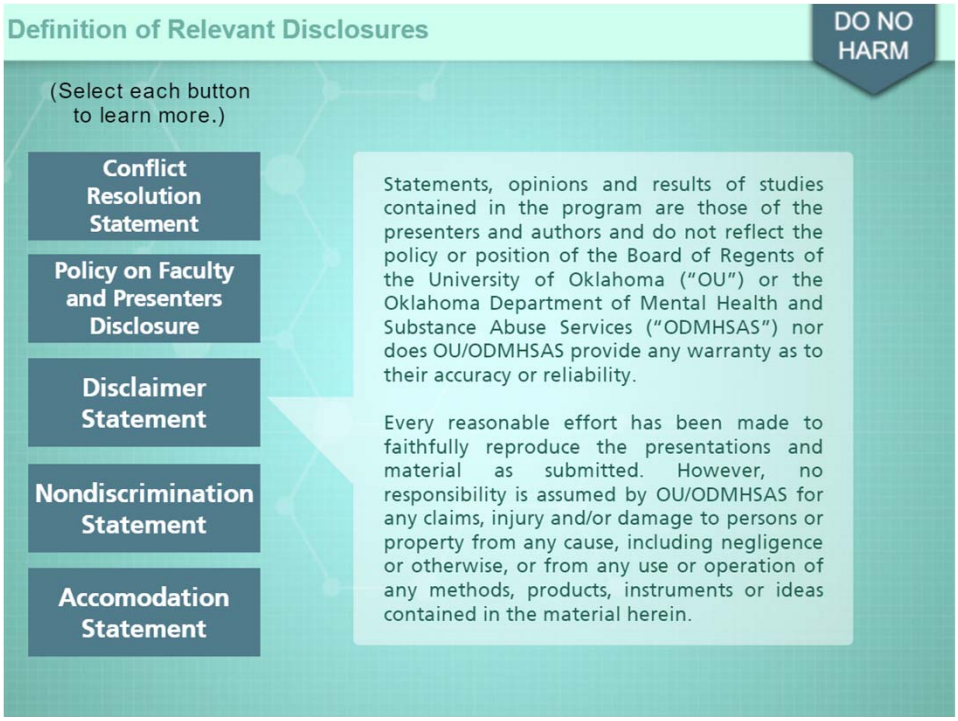
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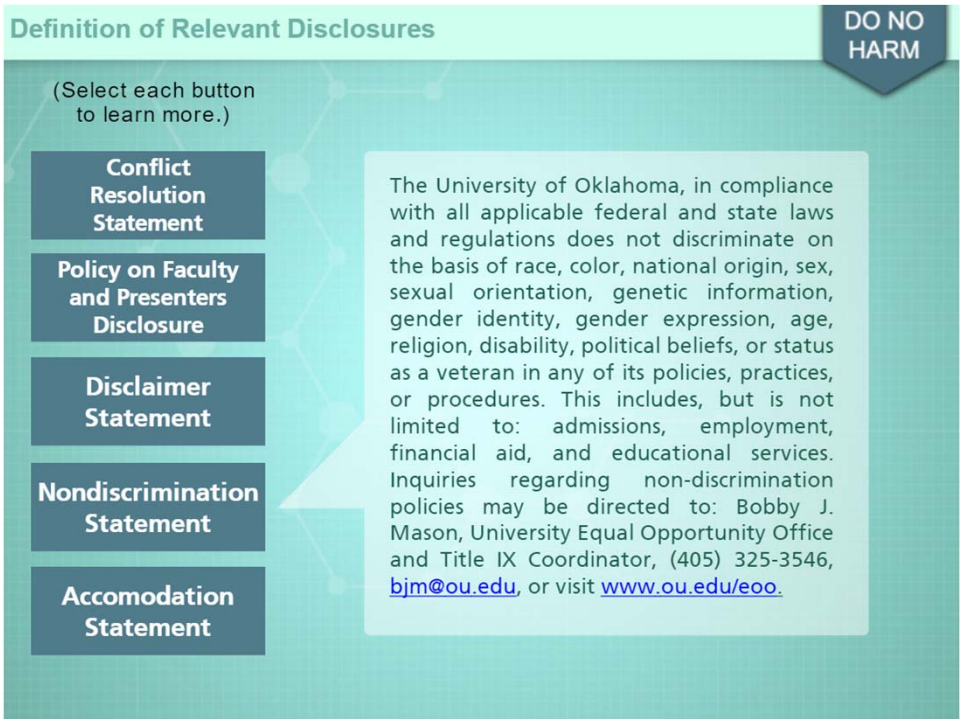
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Accommodations are available by contacting Jan Quayle at 405-271-2350, ext. 8 or e-mail to: jan-quayle@ouhsc.edu.

Professional Practice Gap Being Addressed

DO NO HARM

Gap 1: Clinicians may be unfamiliar with new science and guidelines about pain, analgesia, and pain care.

Gap 2: Clinicians may also be unaware of the requirements of Oklahoma law "Best Practice for an Act Regulating Opioid Drugs," including CME each year.

Learning Objectives

DO NO HARM

Upon completion of this module, participants will improve their competence and performance by being able to:

- Describe the role clinicians play in the opioid overdose epidemic.
- Recognize pain to be a biopsychosocial phenomenon with intrinsic brain adaptations.
- Identify modalities for pain management, their mechanisms, and limitations.
- Apply guidelines to safer use of opioids for pain management.

Self Assessment Questions

DO NO HARM

- ✓ Questions are embedded in the program to test your knowledge and competence.
- ✓ All of the questions are single-best answer among multiple choices.
- ✓ You will receive immediate feedback on your answer.
- ✓ If you answer incorrectly, you will be directed to select another response.

☐ A.

☒ B.

☐ C.

☐ D.

Continuing Education Credits

DO NO HARM

- MDs, DOs, PAs, and NPs are eligible for CE credit for a small fee.
- Pharmacists are eligible for Oklahoma CE credit for free.
- If you wish to receive continuing education credit, upon completion you will be directed to the OU website to register, and answer a brief quiz and evaluation of the program.

The University of Oklahoma
College of Medicine
Irwin H. Brown Office of Continuing Professional Development

Opioid Overdose Death in U.S.

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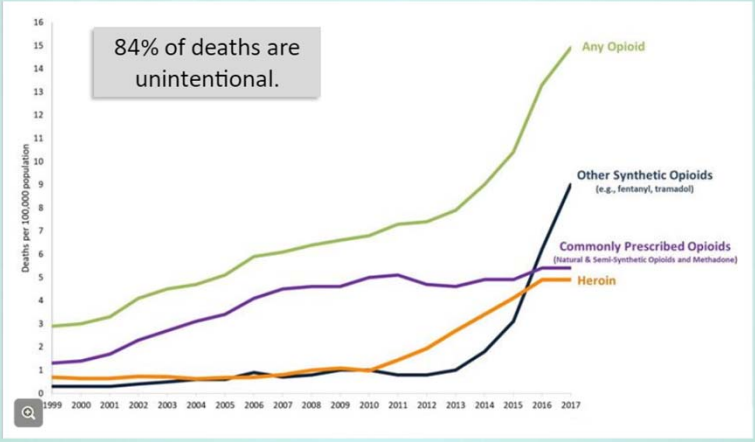

Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/mcd-icd10.html.

Drug-Related Deaths in Oklahoma

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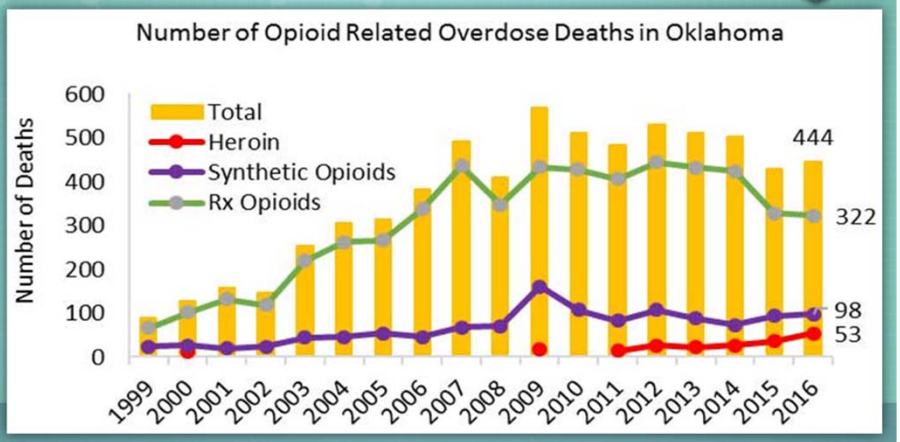


Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/mcd-icd10.html.

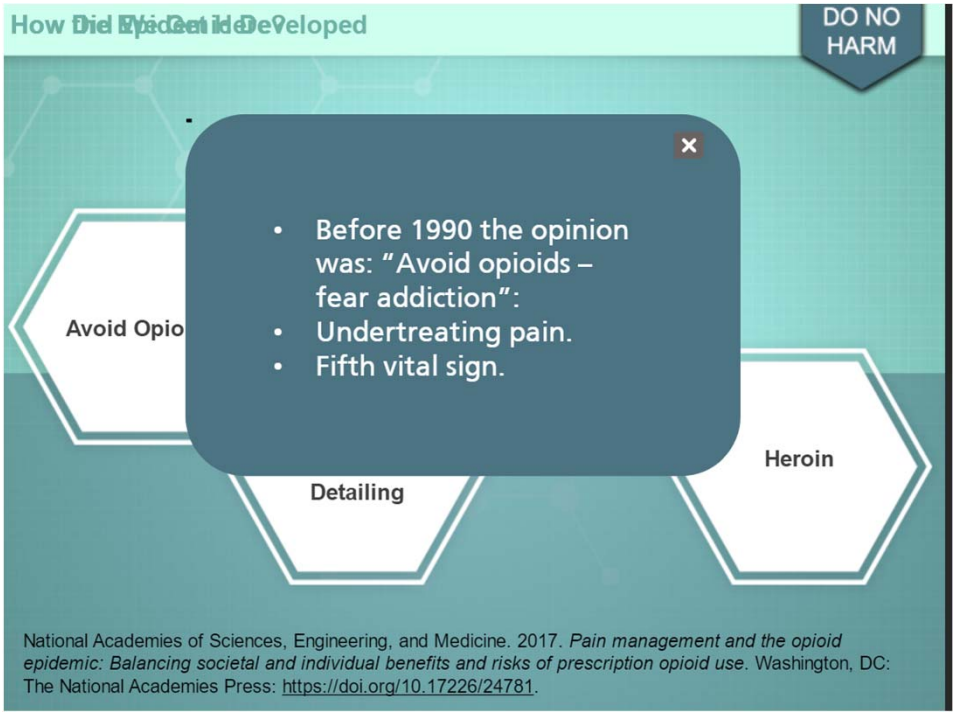
How the Epidemic Developed

DO NO HARM

(Select each topic to learn more.)

- Avoid Opioids
- Specialties of Hospice
- Pharmaceutical Detailing
- Heroin

National Academies of Sciences, Engineering, and Medicine. 2017. *Pain management and the opioid epidemic: Balancing societal and individual benefits and risks of prescription opioid use*. Washington, DC: The National Academies Press: https://doi.org/10.17226/24781.


How Did Evidence Be Developed
DO NO HARM
Before 1990 the opinion was: "Avoid opioids – fear addiction":
Undertreating pain.
Fifth vital sign.
Avoid Opio
Detailing
Heroin
National Academies of Sciences, Engineering, and Medicine. 2017. Pain management and the opioid epidemic: Balancing societal and individual benefits and risks of prescription opioid use. Washington, DC: The National Academies Press: https://doi.org/10.17226/24781.


How Did Evidence Be Developed
DO NO HARM
False Pharmaceutical detailing "Opioids used for pain are not addicting!":
Don't prescribe to addicts – but you won't create addicts.
Oxycodone and long-acting preparations became available.
Avoid Opio
Detailing
Heroin
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How Did Epidemic Develop?
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Specialties of Hospice-Palliative Care and Pain and Addiction Medicine.
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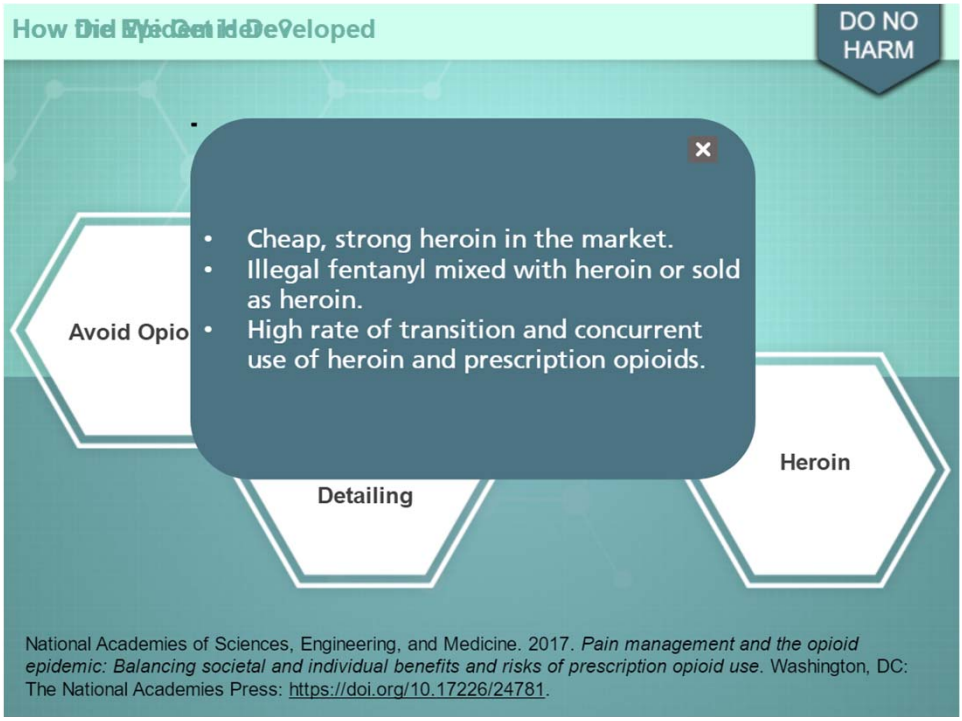
How Did Epidemic Develop?
DO NO HARM
Cheap, strong heroin in the market.
Illegal fentanyl mixed with heroin or sold as heroin.
High rate of transition and concurrent use of heroin and prescription opioids.
Avoid Opio
Detailing
Heroin
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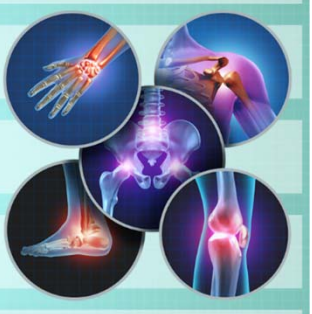
Pain Neurobiology

DO NO HARM

- Pain is a psycho-sensory experience of tissue injury.
- Pain may be Nociceptive (tissue injury) or Neuropathic (peripheral or central nerve damage).
- Acute pain results from tissue injury.
- Chronic pain results from a complex neurologic system adaptations.
- Brain neurotransmitters and pathways modulate transmission of pain signals.



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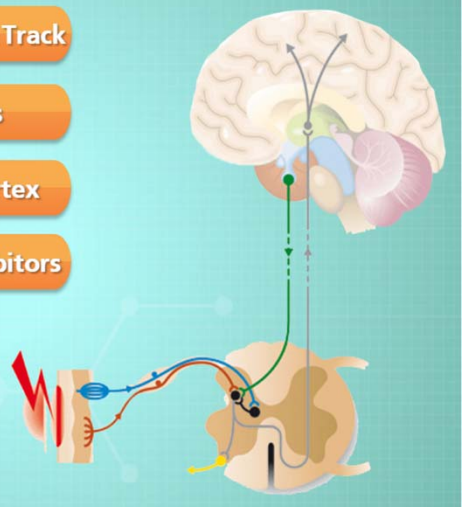
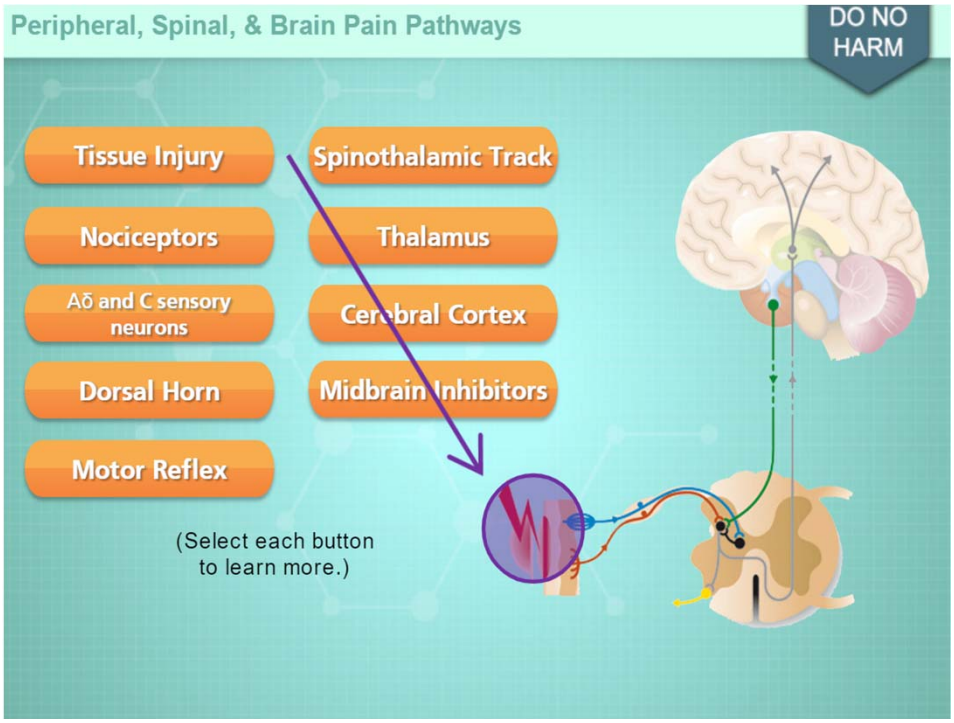
Peripheral, Spinal, & Brain Pain Pathways

DO NO HARM

Tissue Injury
Nociceptors
Aδ and C sensory neurons
Dorsal Horn
Motor Reflex
Spinothalamic Track
Thalamus
Cerebral Cortex
Midbrain Inhibitors

(Select each button to learn more.)

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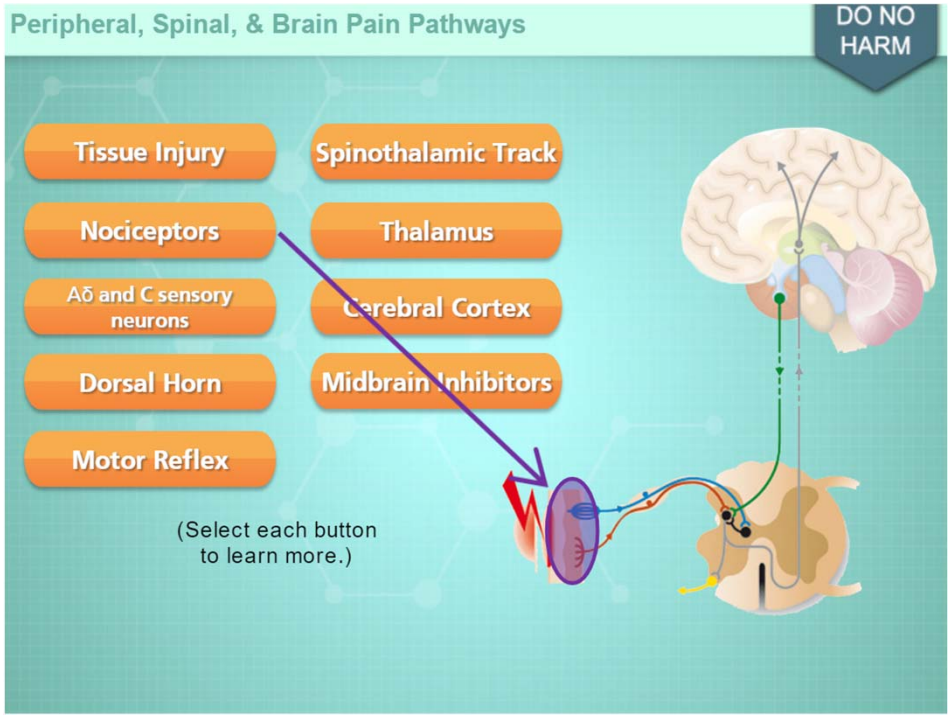
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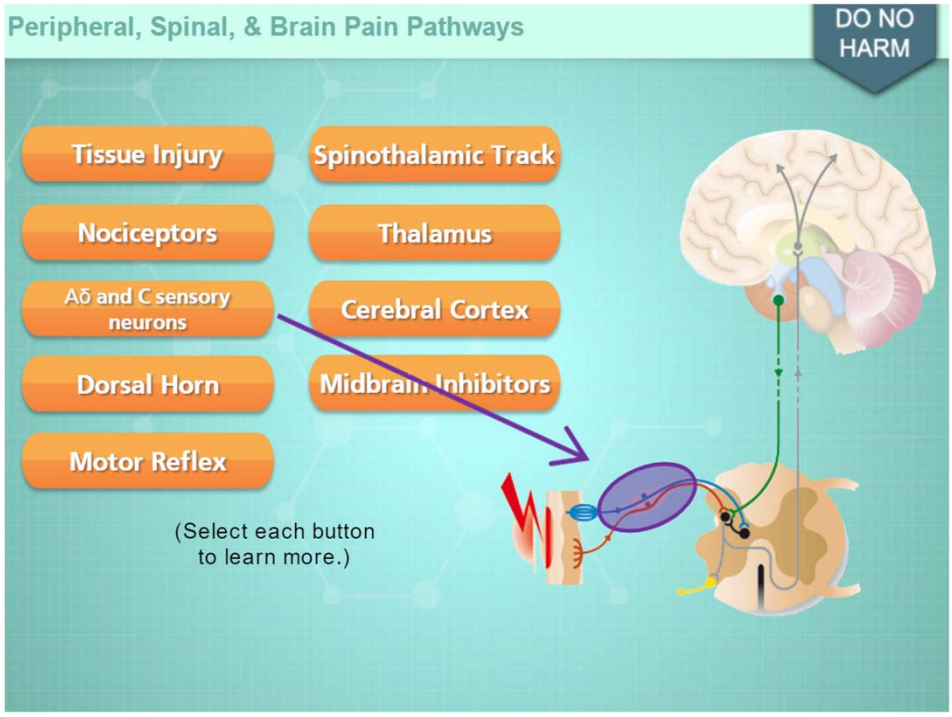
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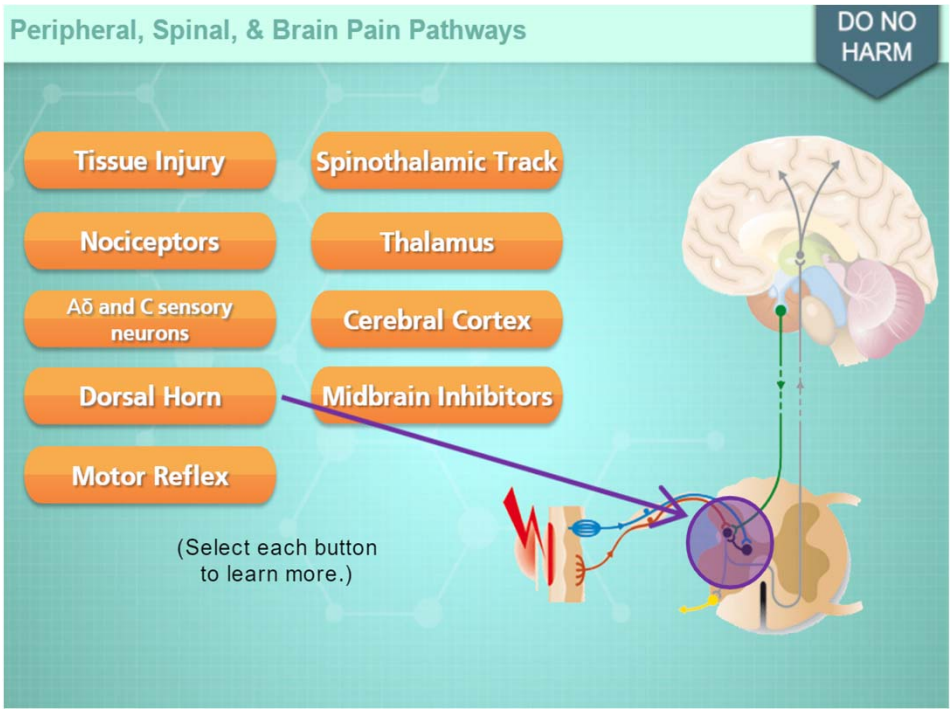
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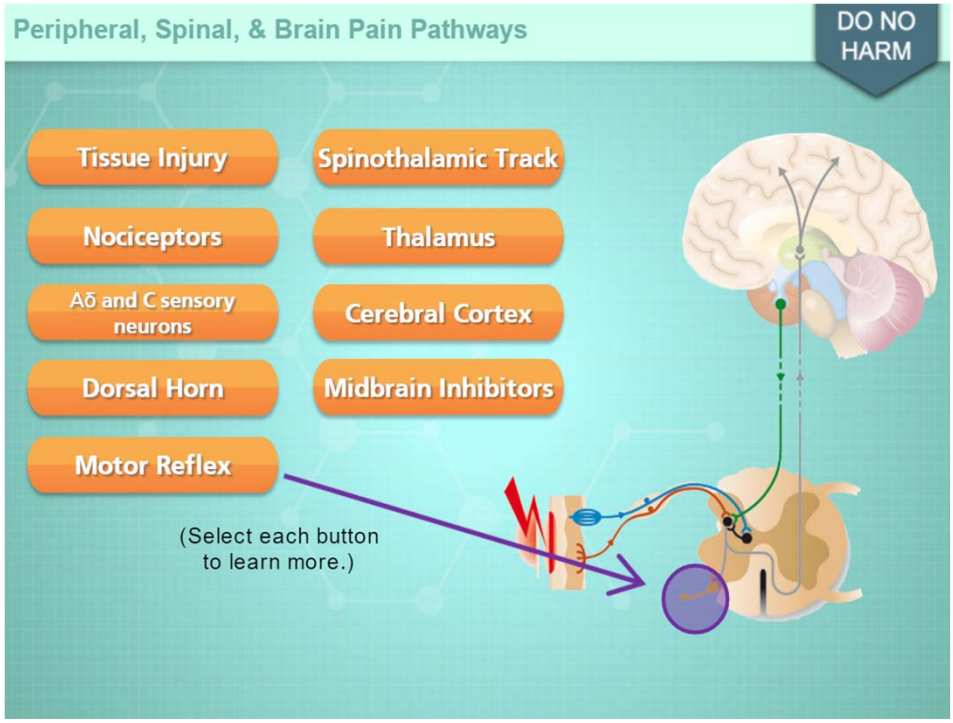
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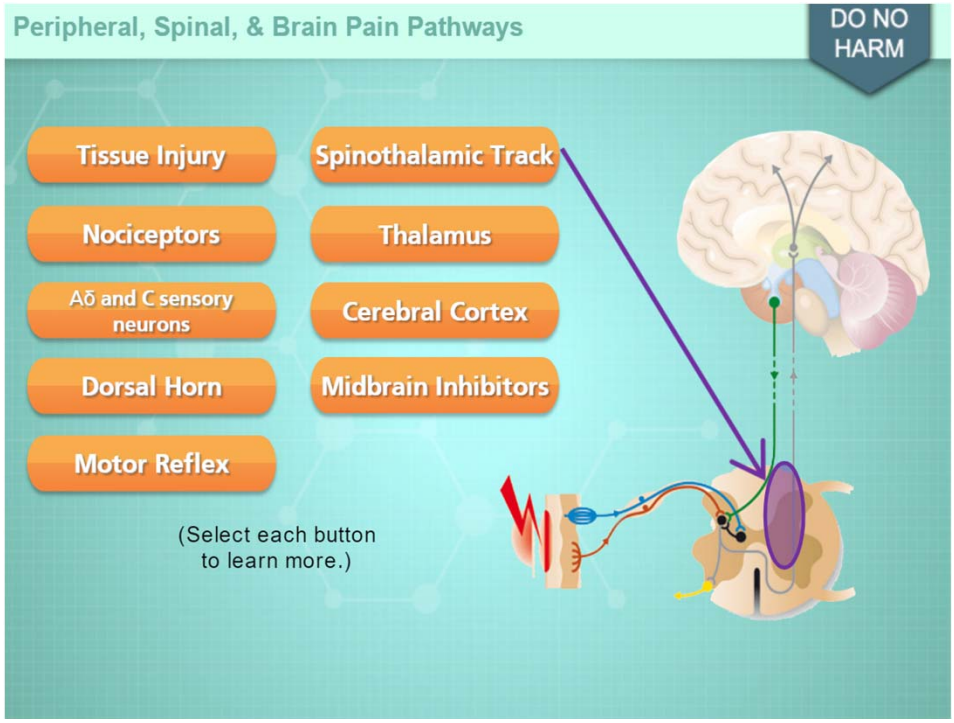
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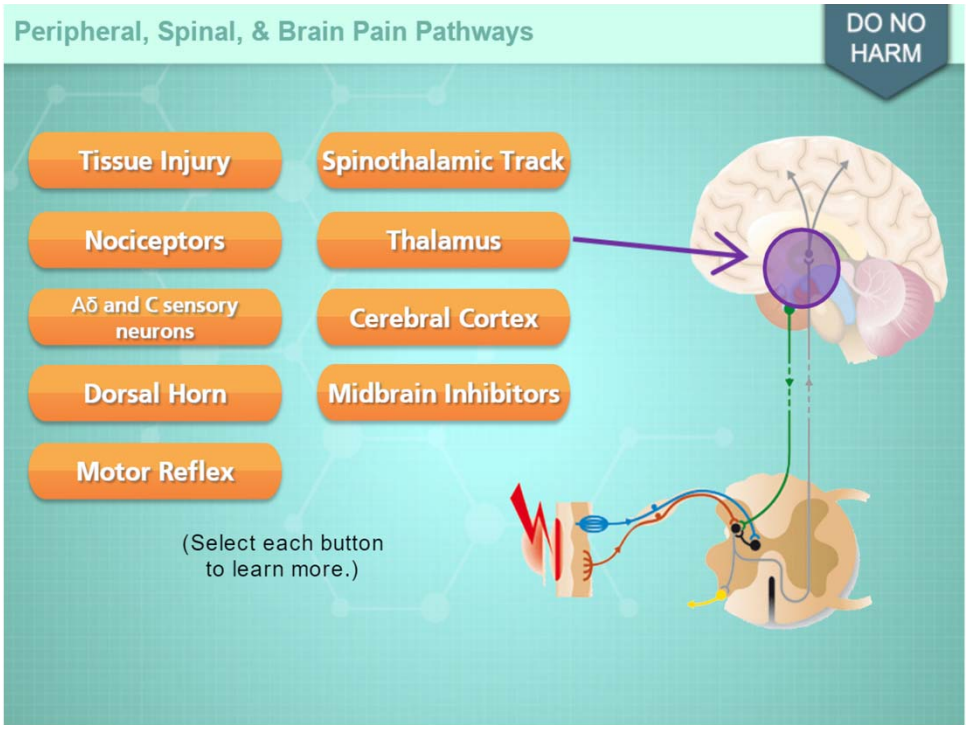
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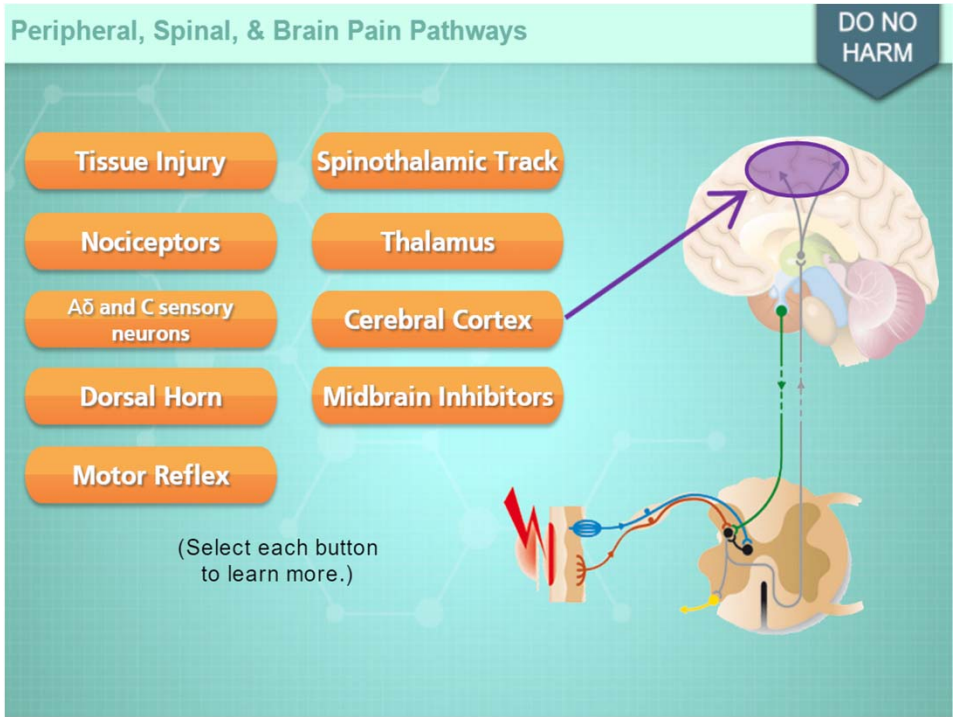
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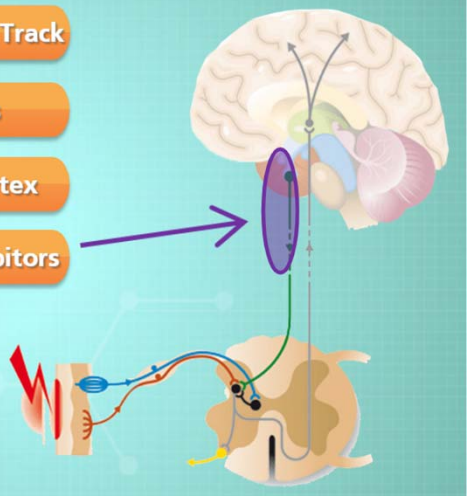


Clinical Types of Pain

DO NO HARM

Acute Pain
Sudden, progressive, predictable sensory response to tissue injury and release of noxious agents.

Chronic Pain
Slowly resolving acute pain OR a primary disorder of the peripheral and central nervous system.

A CDC analysis of 2016 data estimated 20.4% (50.0 million) of U.S. adults had chronic pain and 8.0% of U.S. adults (19.6 million) had high-impact chronic pain.

Dahlhamer J, Lucas J, Zelaya, C, et al. Prevalence of Chronic Pain and High-Impact Chronic Pain Among Adults — United States, 2016. MMWR Morb Mortal Wkly Rep 2018;67:1001–1006. http://dx.doi.org/10.15585/mmwr.mm6736a2.

Oklahoma Legal Definitions of Acute Pain

DO NO HARM

- Acute pain whether resulting from disease, accidental or intentional trauma, or other cause that the practitioner reasonably expects to last only a short period of time.
- Does not include chronic pain, pain being treated as part of cancer care, hospice or other end-of-life care, or pain being treated as part of palliative care.

Legal Definition of Chronic Pain

DO NO HARM

Pain that persists beyond the usual course of an acute disease or healing of an injury.

May or may not be associated with an acute or chronic pathologic process that causes continuous or intermittent pain over months or years.

Analgesic Medications

DO NO HARM

Medication		Mechanism/Indication	Risks/Side Effects
Topical			
	Anesthetics	Blocks nerve transmission	Allergy
	Counter irritant	Stimulates Aβ fibers	Skin irritation
	NSAID	Peripheral PGI	GI, kidney
	Ice or Heat		Skin injury
Acetaminophen		Central PGI?	Liver injury, overdose
NSAIDs		Peripheral & Central PGI	GI, kidney, CVD
Opioids		μ receptor agonist	Tolerance, withdrawal, addiction, overdose, confusion, constipation, hyperalgesia

PGI = prostaglandin inhibitor
OUD = opioid use disorder

Created by F. D. Duffy, OU-TU School of Community Medicine, © 2018

Legal Definition of "Initial Opioid Prescription"

DO NO HARM

A prescription issued to a patient who:

- has never previously been issued a prescription for the opioid drug or its pharmaceutical equivalent in the past year, or
- requires a prescription for the drug or its pharmaceutical equivalent due to a surgical procedure or a new acute event and has previously had a prescription for the drug or its pharmaceutical equivalent within the past year.

Note: In order to determine if the patient was previously issued a prescription for a drug or its equivalent, the provider will consult with the patient, review the medical record & prescription monitoring (PMP) information of the patient.

Chronic Pain Syndrome

DO NO HARM

- Psycho-sensory experience persisting for months or years.
- Nervous system changes.
- Opioids may contribute to brain changes in chronic pain.

- Physical function.
- Quality of life.
- Work attendance.
- Health, medical care seeking.
- Sleep, cognition, memory.
- Depression, anxiety, personality disorders, somatization.
- Disproportionate effect on the poor.

Non-Pharmacologic Treatments

DO NO HARM

Therapy	Pain	Function	QOL	Evidence
Physical Therapy/Exercise	↓↓↓	↑↑	↑↑↑	* * * *
Cognitive Behavioral Therapy	↓↓	↑↑	↑↑↑	* * *
Mindfulness Meditation	↓↓	↑	↑↑↑	* *
Hypnosis	↓↓	↑	↑	* *
Osteopathic Manipulation	↓	↑	↑	*
Chiropractic	↓	↑	↑	*
Massage	↓	↑	↑	*
Acupuncture	↓	↔	↔	*
Support Groups	↔	↔	↑	Control
Education	↔	↔	↔	Control
Stress Management	↔	↑	↑	Control

Summary of Recommendations

DO NO HARM

Pain and Opoid Management Recommendations

DO
- assess pain
- create a pain management plan
- set goal for improved function
- prescribe naloxone

NO
- sedating medications with opioids
- overdose deaths and zero suicides
- opioid prescription without assessment and plan

H

HARM REDUCTION by avoiding or tapering opioids if:
- ineffective
- side-effects
- opioid use disorder (OUD)
- behavioral health problems

A

AGREE in writing on:
- opioid risks and benefits
- 1 prescriber, 1 pharmacy
- no early refills
- monitoring visits
- urine drug testing
- OK-PMP checks

R

RX opioids using:
- lowest effective dose
- immediate release formulations
- acute pain <3 days, rarely 7
- chronic pain <50 MMED

M

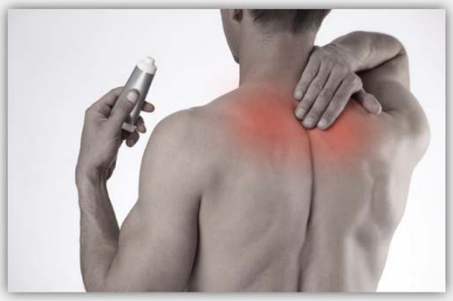
MONITOR:
- progress toward functional goal
- for misuse
- for side-effects
- for treating or referring OUD or behavioral health problems

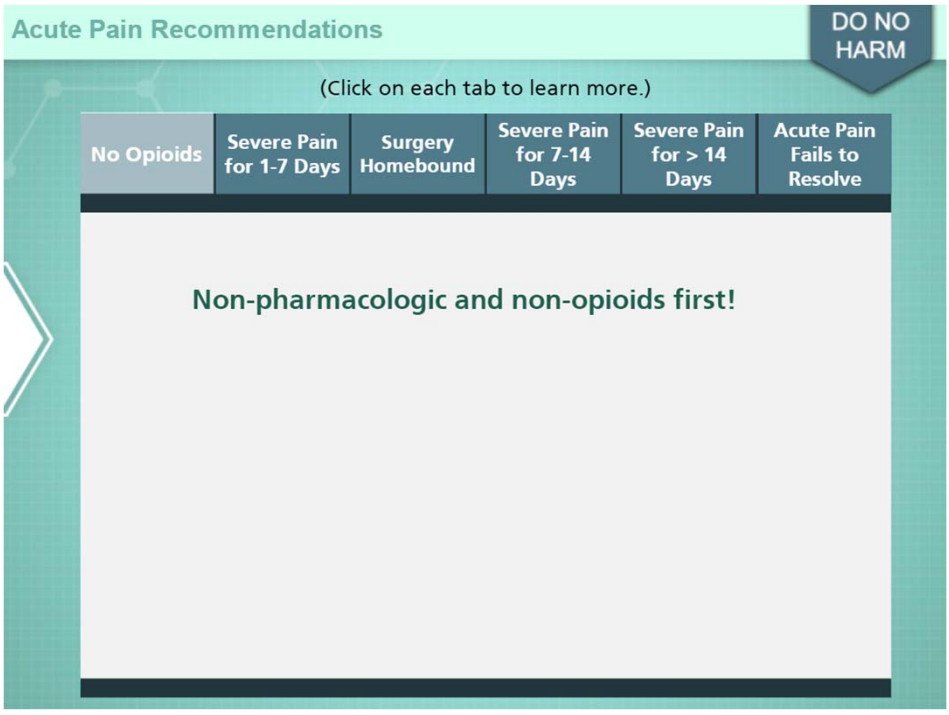
Acute Pain Recommendations

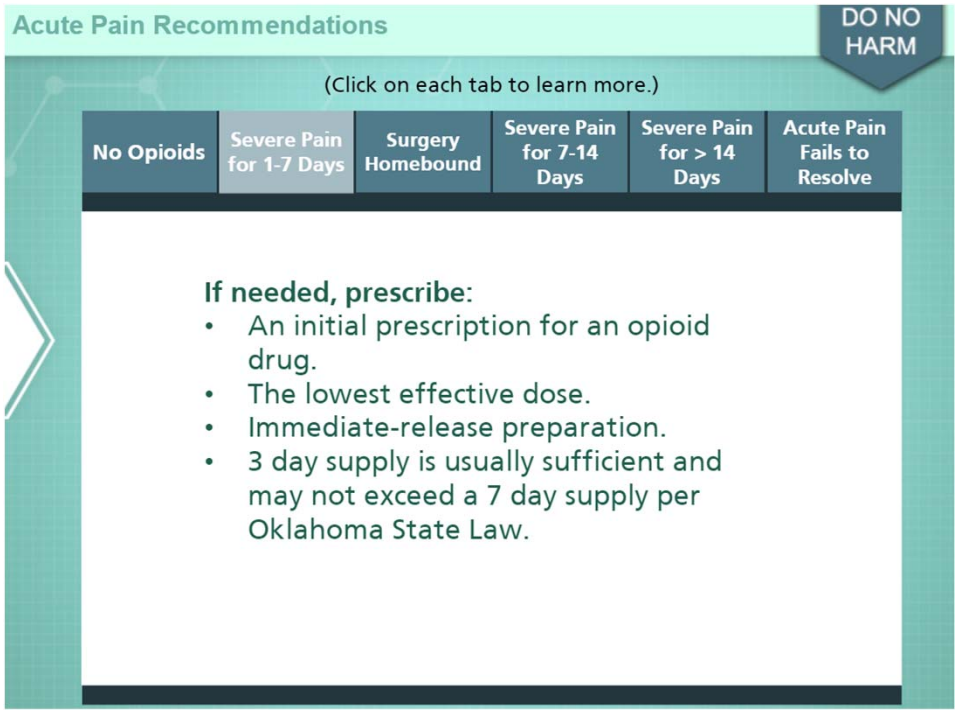
DO NO HARM

(Click on each tab to learn more.)

No Opioids	Severe Pain for 1-7 Days	Surgery Homebound	Severe Pain for 7-14 Days	Severe Pain for > 14 Days	Acute Pain Fails to Resolve




Acute Pain Recommendations
DO NO HARM
(Click on each tab to learn more.)
No Opioids
Severe Pain for 1-7 Days
Surgery Homebound
Severe Pain for 7-14 Days
Severe Pain for > 14 Days
Acute Pain Fails to Resolve
Non-pharmacologic and non-opioids first!


Acute Pain Recommendations
DO NO HARM
(Click on each tab to learn more.)
No Opioids
Severe Pain for 1-7 Days
Surgery Homebound
Severe Pain for 7-14 Days
Severe Pain for > 14 Days
Acute Pain Fails to Resolve
If needed, prescribe:
• An initial prescription for an opioid drug.
• The lowest effective dose.
• Immediate-release preparation.
• 3 day supply is usually sufficient and may not exceed a 7 day supply per Oklahoma State Law.

Acute Pain Recommendations

DO NO HARM

(Click on each tab to learn more.)

No Opioids	Severe Pain for 1-7 Days	Surgery Homebound	Severe Pain for 7-14 Days	Severe Pain for > 14 Days	Acute Pain Fails to Resolve

- When the nature of the pain is anticipated to last more than 7 days or if a patient is homebound and unable to come to the office for a refill of an initial opioid prescription:
  - An additional 7—day prescription of an immediate acting opioid may be written at the time of the initial prescription, with an instruction indicating the earliest date on which the prescription may be filled; and.
  - The second prescription must be dispensed no more than 5 days after the "do not fill until…" date.

Acute Pain Recommendations

DO NO HARM

(Click on each tab to learn more.)

No Opioids	Severe Pain for 1-7 Days	Surgery Homebound	Severe Pain for 7-14 Days	Severe Pain for > 14 Days	Acute Pain Fails to Resolve

- Following an initial seven (7) day supply of opioids, a second 7 day prescription may be issued on the following conditions:
  - A consultation with the patient has been performed in person or by telephone.
  - The consultation should be performed by the prescribing physician, however, it may be performed by a physician assistance or advanced practice nurse.
  - The prescriber determines a second 7-day prescription is necessary and appropriate.


Acute Pain Recommendations
DO NO HARM
(Click on each tab to learn more.)
No Opioids
Severe Pain for 1-7 Days
Surgery Homebound
Severe Pain for 7-14 Days
Severe Pain for > 14 Days
Acute Pain Fails to Resolve
• A third prescription may be issued for severe pain lasting more than the expected 14 days.
• Develop a pain management plan.
• Sign a patient-provider agreement for opioid use:
• Long-term continuous opioid therapy may be modestly effective.
• There are substantial risk to long-term opioid therapy:
• Dependence and withdrawal syndrome when stopped.
• Increasing pain.
• Development of opioid use disorder or other substance use disorder.
• Overdose and death.


Acute Pain Recommendations
DO NO HARM
(Click on each tab to learn more.)
No Opioids
Severe Pain for 1-7 Days
Surgery Homebound
Severe Pain for 7-14 Days
Severe Pain for > 14 Days
Acute Pain Fails to Resolve
• Reassess the etiology and physiology of the pain.
• Consider early development of chronic pain syndrome.
• Avoid escalating opioid doses.
• Assess for developing opioid use disorder or other adverse events.
• Implement multimodal pain plan.
• Obtain informed consent to continue further opioid therapy.


Chronic Pain Recommendation #1
DO NO HARM
Use a Holistic Approach for Chronic Pain
General Health
Multi-disciplinary Team
(Click on each of the images to learn more.)


Chronic Pain Recommendation #1
DO NO HARM
Use a Holistic Approach for Chronic Pain
Improve general health:
• Diet, weight loss, aerobic and strengthening exercises.
• Sleep hygiene.
• Smoking cessation.
(Click on each of the images to learn more.)

Chronic Pain Recommendation #1

DO NO HARM

Use a Holistic Approach for Chronic Pain

Treat pain throughout the nervous system:

- Mind-body treatment.
- Physical medicine.
- Interventional therapy.
- Pharmacologic treatment.

(Click on each of the images to learn more.)

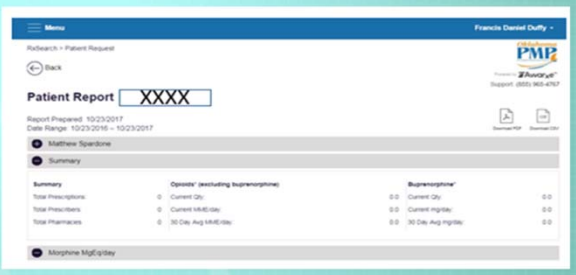
Chronic Pain Recommendation #2

DO NO HARM

Check Oklahoma PMP Prior to Prescribing Opioids

Consult the Oklahoma Prescription Monitoring Program (PMP) before starting opioid therapy to assess the patient's opioid and other controlled substance history and combinations that pose a risk for overdose or other adverse events.

Oklahoma law requires consulting the PMP system before prescribing controlled substances and at least every 180 days when continuously prescribing controlled substances.



Chronic Pain Recommendation #3

DO NO HARM

(Click each tab to learn more.)

- Medical History
- Social History
- Family History
- Physical Examination
- Confirmed Diagnosis

Recommendations based on review of: CDC Guideline for Prescribing Opioids for Chronic Pain; Oklahoma Opioid Prescribing Guidelines; VA/DoD Clinical Practice Guideline for Opioid Therapy for Chronic Pain

Chronic Pain Recommendation #3

DO NO HARM

(Click each tab to learn more.)

- Medical History
- Social History
- Family History
- Physical Examination
- Confirmed Diagnosis

Recommendations based on review of: CDC Guideline for Prescribing Opioids for Chronic Pain; Oklahoma Opioid Prescribing Guidelines; VA/DoD Clinical Practice Guideline for Opioid Therapy for Chronic Pain

Chronic Pain Recommendation #3

DO NO HARM

(Click each tab to learn more.)

- Medical History
- Social History
- Family History
- Physical Examination
- Confirmed Diagnosis

Recommendations based on review of: CDC Guideline for Prescribing Opioids for Chronic Pain; Oklahoma Opioid Prescribing Guidelines; VA/DoD Clinical Practice Guideline for Opioid Therapy for Chronic Pain

Chronic Pain Recommendation #3

DO NO HARM

(Click each tab to learn more.)

- Medical History
- Social History
- Family History
- Physical Examination
- Confirmed Diagnosis

Recommendations based on review of: CDC Guideline for Prescribing Opioids for Chronic Pain; Oklahoma Opioid Prescribing Guidelines; VA/DoD Clinical Practice Guideline for Opioid Therapy for Chronic Pain

Chronic Pain Recommendation #3

DO NO HARM

(Click each tab to learn more.)

- Medical History
- Social History
- Family History
- Physical Examination
- Confirmed Diagnosis

Recommendations based on review of: CDC Guideline for Prescribing Opioids for Chronic Pain; Oklahoma Opioid Prescribing Guidelines; VA/DoD Clinical Practice Guideline for Opioid Therapy for Chronic Pain

Chronic Pain Recommendation #3

DO NO HARM

(Click each tab to learn more.)

- Medical History
- Social History
- Family History
- Physical Examination
- Confirmed Diagnosis

Recommendations based on review of: CDC Guideline for Prescribing Opioids for Chronic Pain; Oklahoma Opioid Prescribing Guidelines; VA/DoD Clinical Practice Guideline for Opioid Therapy for Chronic Pain

Chronic Pain Recommendation #4

DO NO HARM

Assess for Greater Risk of Opioid Harms

Universal Screening for:

- Alcohol, tobacco, and drug use.
- Depression, other current or past mental health problems.
- Social factors (e.g. ACE Score > 4).

Physical Conditions:

- Renal or hepatic insufficiency.
- Sleep apnea or sleep-distrubed breathing.
- Advanced age.
- Pregnancy – risk to fetus and to mother.

Recommendations based on review of: CDC Guideline for Prescribing Opioids for Chronic Pain; Oklahoma Opioid Prescribing Guidelines; VA/DoD Clinical Practice Guideline for Opioid Therapy for Chronic Pain

Chronic Pain Recommendation #5

DO NO HARM

Indications for Prescribing Opioids

- Severe pain.
- Pain interferes with physical, occupational, or social function.
- Non-pharmaceutical and non-opioid treatment is ineffective.
- Clear, measurable goal of improved function.

Recommendations based on review of: CDC Guideline for Prescribing Opioids for Chronic Pain; Oklahoma Opioid Prescribing Guidelines; VA/DoD Clinical Practice Guideline for Opioid Therapy for Chronic Pain

Chronic Pain Recommendation #6

DO NO HARM

Write a Pain Treatment Plan

Goal is improved function.

Multi-modal elements of plan.

Patient-provider agreement for opioids:
- Limited benefits of long-term opioids high risk of dependency and withdrawal.
- Risk of addiction (OUD).

Monitoring plan:
- Follow-up schedule.
- Opioid refill policy.
- Random drug testing.
- Use one pharmacy and one clinician.

Recommendations based on review of: CDC Guideline for Prescribing Opioids for Chronic Pain; Oklahoma Opioid Prescribing Guidelines; VA/DoD Clinical Practice Guideline for Opioid Therapy for Chronic Pain

Legal Requirements for Opioids in Chronic Pain

DO NO HARM

For any opoid continuously prescribed for 3 months or more:
- Review & document every 3 months in the chart the course of treatment, new info about the pain etiology, and progress towards treatment objectives.
- Must assess the patient before every renewal to see if they are having any problems & must document the assessment.
- Periodically make reasonable efforts & document measures taken to stop drugs unless contraindicated.
- Review the PMP, documenting date & findings in the medical record at least every 180 days.
- Monitor compliance with the patient-provider agreement.

Chronic Pain Recommendation #7

DO NO HARM

Start Low, Go Slow

- Begin with short-acting opioid preparations.
- Use lowest effective dose on an intermittent basis.
- Avoid increasing doses.
- Reserve long-acting opioids for use in patients with severe pain from a life-limiting illness.

Recommendations based on review of: CDC Guideline for Prescribing Opioids for Chronic Pain; Oklahoma Opioid Prescribing Guidelines; VA/DoD Clinical Practice Guideline for Opioid Therapy for Chronic Pain

Chronic Pain Recommendation #8

DO NO HARM

Monitor Achieving Functional Goals

"What do you want to do that pain prevents you from doing?"

"What are you doing now, you couldn't do before?"

Pain and Function Score:

- Brief pain inventory (BPI).
- PEG Score:
  - Pain in last week.
  - Enjoyment interference.
  - General activity interference.

P.E.G. 3-Item Pain Score

1. What number best describes your pain on average in the past week:

0 1 2 3 4 5 6 7 8 9 10

No pain — Pain as bad as you can imagine

2. What number best describes how, during the past week, pain has interfered with your enjoyment of life?

0 1 2 3 4 5 6 7 8 9 10

Does not interfere — Completely interferes

3. What number best describes how, during the past week, pain has interfered with your general activity?

0 1 2 3 4 5 6 7 8 9 10

Does not interfere — Completely interferes

Figure 1. The PEG three-item scale. ***Items from the Brief Pain Inventory reproduced with permission from Dr. Charles Cleeland.***

Krebs EE. Lorenz K, Bair M, Damush TM, Jingweq W, Southerland JM, Ash SM, Korenke K. Initial Validation of the PEG, a Three-item Scale Assessing Pain Intensity and Interference. J Gen Intern Med 24(6):733–8 DOI: 10.1007/s11606-009-0981-1

Chronic Pain Recommendation #9

DO NO HARM

Monitor for Opioid Misuse

Face to face visit every 1 to 3 months

Screen for misuse of opioids:

- OK PMP check.
- Random urine drug testing.
- Random pill counts.
- Aberrant behavior screening.

Screen for development of OUD:

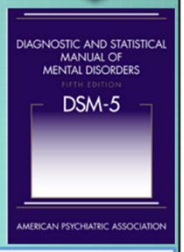
- Tolerance, withdrawal.
- Craving, obsessing.
- Changed appearance and behavior.

Patients developing OUD may be ashamed and reluctant to discuss the problem honestly.

Recommendations based on review of: CDC Guideline for Prescribing Opioids for Chronic Pain; Oklahoma Opioid Prescribing Guidelines; VA/DoD Clinical Practice Guideline for Opioid Therapy for Chronic Pain

Diagnosing Opioid Use Disorder (DSM-5 Criteria)

DO NO HARM



Loss of Control

1. Takes more or longer than intended
2. Can't cut down or control use
3. Lots of time pursing, using, and recovering

Craving

4. Strong desire or urge to use opioids

Adverse Consequences

5. Failure to fulfill major role obligations
6. Use causes interpersonal problems or danger
7. Give up or reduce social/job/ leisure activity
8. Use in physically hazardous situations
9. Use knowing the substance causes physical/psychological problems

Tolerance

Takes more to get desired effect

Withdrawal

A - After heavy or prolonged opioid use, stopping opioid or reducing dose, OR administering an opioid antagonist
B - 3 or more of: dysphoric mood, anxiety, nausea, vomiting, muscle aches, tearing, insomnia, runny nose, dilated pupils, goose bumps, sweating, diarrhea, yawning, fever, or insomnia

Managing Opioid Use Disorder

DO NO HARM

Confirm the diagnosis of OUD

- Conduct history and physical examination
- Urine drug screen, review the OK PDMP
- Use DSM-5 Criteria, or refer to specialist in addiction medicine (OKImReady.org for referrals)

OUD exists on a continuum:

- 2-3 Symptoms over 12 months = MILD OUD
- 4-5 Symptoms over 12 months = MODERATE OUD
- ≥ 6 Symptoms over 12 months = SEVERE OUD

Treat OUD like other chronic illnesses

- Do not dismiss patients from primary care
- Approach patient with compassion
- Assess and manage risk of overdose, use naloxone
- Explain treatment methods
- Arrange for evidence-based treatment – Medication Assisted Treatment is considered best option for OUD (OKImReady.org)

Chronic Pain Recommendation #10

DO NO HARM

Continue Monitoring Even When Stable

- **Visit every 1 to 3 months** (6 months if long-term stability).
- **Score pain and function.**
- **Check PMP** for multiple prescribers, dangerous combinations, MMED > 50.
- **Urine Drug Testing** for prescribed and/or non-prescribed drugs.
- **Check for development of higher risk states:** sleep-disordered breathing, renal or hepatic insufficiency, older age, pregnancy, depression or other mental health conditions, alcohol or other substance use disorders.
- **Offer naloxone.**

For additional training check CDC

(https://www.cdc.gov/drugoverdose/training/reducingrisk/accessible/index.html)

Chronic Pain Recommendation #11

DO NO HARM

Multidisciplinary Approach

Better Outcomes:
- Reduced pain.
- Better function.
- Reduced healthcare costs.
- Reduced disability costs.
- Higher return-to-work rates.

Health professionals:
- Medicine.
- Nursing.
- Physical Therapy.
- Psychology.
- Pharmacy.
- Behavioral health & social work.

Recommendations based on review of: CDC Guideline for Prescribing Opioids for Chronic Pain; Oklahoma Opioid Prescribing Guidelines; VA/DoD Clinical Practice Guideline for Opioid Therapy for Chronic Pain

Chronic Pain Recommendation #12

DO NO HARM

Failure to Improve Function with Opioids

Document:
- Increase in pain level.
- Functional capacity not improved.

Causes of failure to improve with increasing opioid doses:
- Opioid hyperalgesia.
- Opioid tolerance.
- Opioid use disorder.
- Co-occurring mood or anxiety disorder.

Post-overdose management.

Trial
- Taper and stop opioids.
- Other modes of therapy.

Recommendations based on review of: CDC Guideline for Prescribing Opioids for Chronic Pain; Oklahoma Opioid Prescribing Guidelines; VA/DoD Clinical Practice Guideline for Opioid Therapy for Chronic Pain

Chronic Pain Recommendation #13

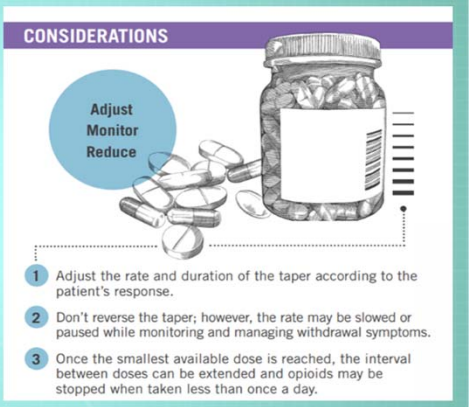
DO NO HARM

Taper and Discontinue Opioids

TAPERING PLAN

1. ***GO SLOW***
   - Minimize withdrawal
   - Maximize non-opioid pain treatment
   - Rate 10%/week, 10%/month
2. ***CONSULT***
   - Treatment experts
   - Detoxification and OUD treatment
3. ***SUPPORT***
   - Watch for anxiety, depression, OUD
   - Refer for treatment, give naloxone
4. ***ENCOURAGE***
   - "Most people improve function, pain not worse"
   - "You can do this, I'll stick by you."

CONSIDERATIONS



1. Adjust the rate and duration of the taper according to the patient's response.
2. Don't reverse the taper; however, the rate may be slowed or paused while monitoring and managing withdrawal symptoms.
3. Once the smallest available dose is reached, the interval between doses can be extended and opioids may be stopped when taken less than once a day.

CDC Opioid Overdose Resources

https://www.cdc.gov/drugoverdose/

Chronic Pain Recommendation #14

DO NO HARM

Caution: Methadone Therapy

Use only for severe pain in patients with life-limiting illness.

Special monitoring:
- ECG screening.
- Risk of co-administration of anti-depressants.

Only clinicians familiar with risks and benefits of methadone should use it.

Recommendations based on review of: CDC Guideline for Prescribing Opioids for Chronic Pain; Oklahoma Opioid Prescribing Guidelines; VA/DoD Clinical Practice Guideline for Opioid Therapy for Chronic Pain

Summary

DO NO HARM

Acute Pain Summary

- Epidemic of opioid overdose deaths is partially due to prescribing practices.
- Non-opioid and non-pharmacologic therapies are usually effective.
- Acute pain infrequently requires more than short-term, immediate release opioid preparations.

Summary

DO NO HARM

Chronic Pain Summary

- Is a complex neuropsychiatric condition in which function is rarely improved by continuous, long-term opioid therapy.
- Chronic use of opioids is associated with tolerance, dependence and withdrawal, addiction, overdose and even death.

Resources

DO NO HARM

- Centers for Disease Control and Prevention. 2018 Annual Surveillance Report of Drug-Related Risks and Outcomes — United States. Surveillance Special Report 2. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. Published August 31, 2018.
- Centers for Disease Control and Prevention. (2016). CDC Guideline for Prescribing Opioids for Chronic Pain. Retrieved from https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm Accessed July 8, 2016.
- Oklahoma Opioid Prescribing Guidelines (2017). Retrieved from https://www.ok.gov/health2/documents/Oklahoma_Opioid_Prescribing_Guidelines_2017.pdf
- VA/DoD CLINICAL PRACTICE GUIDELINE FOR OPIOID THERAPY FOR CHRONIC PAIN Version 3.0 – 2017 https://www.healthquality.va.gov/guidelines/Pain/cot/VADoDOTCPG022717.pdf
- Text of the Oklahoma SB 1446 - Oklahoma Medical Board www.okmedicalboard.org/pain_guidelines/sb1446.pdf

Closing Instructions

DO NO HARM

You may print a certificate of completion of this module by clicking on the reports tab.

The University of Oklahoma Office of Continuing Professional Development is providing the following types of credit for a fee of $25:

MDs - *AMA PRA Category 1 Credit™*,
PAs - AAPA Category 1 Credit,
NPs - ANCC contact hours and Oklahoma pharmacology hours,

Click on the following link to the OU CloudCME to complete a post test and evaluate this enduring material and claim your credit. **Click here**

The $25 fee includes all six (6) modules which can be taken in any order. The passing standard on each of the post tests is 80%. A learner may take the test up to three (3) times. Once you pass the test and complete the evaluation you will be able to print your certificate and/or transcript. Upon completion of all six (6) modules you will earn up to 3.50 *AMA PRA Category 1 Credit™* or other types of credit.

The Dean of OU College of Medicine has waived the $25 fee until March 1, 2020.