PAIN MANAGEMENT OF THE OPIOID DEPENDENT PATIENT

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Objectives

- Understand what can complicate pain management in this population
- Identify patients with opioid use disorders
- Discuss common presentations
- Learn techniques for safe and effective pain management for opioid dependent patients
- Provide pregnancy specific examples
Opioid dependent

- Addiction
- Use, misuse, abuse
- Dependence, tolerance and withdrawal
- DSM5
  - Opioid Use Disorders
    - Mild, moderate, severe, on agonist therapy
- Oxycontin 80 mg q12 vs 10 “stamps” per day IV heroin
  - Similarities and differences wrt pain management
Pain

- “Insert definition here”
- Emotional
- Physical
- On a scale of 1-10
  - 12/10
- Acute
- Chronic
- Pregnancy
  - Before, during and after
Opioids

- Analgesic
- Antidepressant
- Anxiolytic
- Euphoriant
- If the reason for pain (acute of chronic) has been addressed but continued need
  - Question the above
- Before you go down this road
  - Question the above
Opioids for chronic pain?

- Agree or disagree no shortage of patients on these medications
- Not comfortable with this regimen
  - How did they arrive there
    - Not easy to clarify in current climate
    - Not easy for patients to seek care
    - “Pain Refugee”
- Easy to say things got out of hand
  - Hard to work backwards from current point
Pregnancy

- ROS for pregnant patient
- ROS for opioid withdrawal patient
- ROS for chronic pain patient
- ROS for acute pain patient
X + Y = Analgesia

- X = amount of opioids per day to avoid withdrawal
  - Confirmed OAT/MAT dose
  - Confirmed chronic regimen
  - Starts to get difficult when things move underground
    - 10 “stamp” bag heroin = ? morphine equivalents
    - X = 0 by way of dishonesty
      - “I don’t use or take anything”
    - X = minimized
      - “I don’t use or take that much”
  - Common in pregnant patients
$X + Y = \text{Analgesia}$

- $Y = \text{an attempt to quantify acute pain}$
  - *Consult the expert*
    - How much pain did the procedure cause
      - *What does it normally cause?*
      - *Complications?*
      - *How would it be managed in opioid naïve patient?*
        - What medication, route and for how long?
X + Y = Analgesia

- Still consulted on regularly and see situations where we have yet to define X
  - Patient still is in opioid withdrawal
    - Not comfortable with amounts
    - Inaccurate information
- Titrate carefully until withdrawal is gone
Safeguards

- Do not underestimate the power of addiction
  - Will not stop using just because sick or in hospital
    - Using before OR
- Treating versus Policing
  - Balancing risks and benefits and resources
- Set up protocols
Safeguards

- Drug screens
- Searching rooms and belongings
- Being aware of visitors
- Safety precautions
  - “suicide watch” versus video monitoring
- Nursing education
  - Pills in cup
- PCA
Safeguards

- If on OAT/MAT or chronic pain regimen, confirm dose
  - Provider, pill bottle, pharmacy, CSMP
    - Don’t rush to start methadone

- Urine Drug Screen
  - Know what to look for
  - Know to confirm
OAT/MAT with bup or bup/nalx

- Double edge sword
- Blocker good when used as addition medication
- Can be bad when attempting to manage pain
- With it or against it
OAT/MAT with bup or bup/nalx

- With it
- Confirm dose
  - Defer to how pt takes it at home unless red flags
  - Divide if possible as $t_{1/2}$ different for anagelsia
- “Top off”
  - Add additional 1-2 mg doses to maintenance for break through or acute pain
    - Similar to other acute regimens
- Ceiling effect
  - Diminishing returns as you approach 32 mg
- Don’t combine other agonist opioids
OAT/MAT with bup or bup/nalx

- Against it
  - Override
- Stop medication
- Initially fighting medication as it leaves system
- Eventually replacing X once it clears
- Either way you look at it, alarming dosages
- bup or bup/nalx is potent
- We typically will utilize fentanyl PCA with success
- Transition back at some point
Take homes

- $X + Y = \text{analgesia}$
Take home

- Pain is challenging to treat alone
- Add depression, anxiety or addiction to the mix and challenge increases
  - *These can be treated if identified*
  - *Don’t miss opportunities to treat or refer*
- Do not underestimate addiction
  - *Doesn’t go away if sick or pregnant*
Questions?
Thanks!