



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 or 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 of out 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 = Analgesia

- Y = 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 analgesia*
- “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!