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# Intermountain Project ECHO Pain Management

# Substance Use Disorders and Chronic Pain

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# Disclosure

The content of this presentation does not relate to any product of a commercial entity; therefore, I have no relationships to report.

Off-label indications will not be discussed.

Objectives (Slide after the disclosure. The objectives must be congruent with what was submitted for the agenda)

# At the conclusion of this activity, participants should be able to successfully:

- Identify Opioid Use Disorder (OUD) signs and symptoms
- Analyze factors leading to opioid dependence
- Evaluate treatment strategies used to manage opioid dependence and withdrawal
- Formulate a treatment plan for pain management in a patient with OUD.

# Identify Opioid Use Disorder Signs and Symptoms

# OUD Signs and Symptoms

## DSM Criteria

- Opioids are often taken in larger amounts over a longer period of them than intended
- There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
- A great deal of time is spent in activities necessary to obtain the opioid, use it, or recover from its effects
- Craving, or strong desire to use opioids
- Recurrent opioid use resulting in failure to fulfill major role obligations at work, school, or home
- Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids
- Important social, occupational or recreational activities are given up or reduced because of opioid use
- Recurrent opioid use in situations in which it is physically hazardous.
- Continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by opioids
- Tolerance – increased amounts or decreased effect (NOT CONSIDERED MET TO THOSE “TAKING OPIOIDS SOLELY UNDER APPROPRIATE MEDICAL SUPERVISION”)
- Withdrawal – withdrawal symptoms or substance taken to avoid withdrawal (NOT CONSIDERED MET TO THOSE “TAKING OPIOIDS SOLELY UNDER APPROPRIATE MEDICAL SUPERVISION”)

# OUD Signs and Symptoms

## USE AND WITHDRAWAL

### Use

- Drooping eyelids
- Constricted pupils
- Reduced respiratory rate
- Scratching
- Head Nodding

### Withdrawal

- Restless, Irritable
- Yawning
- GI upset
- Dilated pupils
- Sweating
- Piloerection

# OUD Signs and Symptoms

## Other Assessment Considerations

- Abscesses
- “Track Marks”
- Yellow Sclera
- Heart murmurs or arrythmias
- Poor dentition, gum disease
- Look for signs of Liver Failure, Endocarditis, Infection

# Analyze Factors Leading to Opioid Dependence

# Factor Leading to OUD

## Risk Factors for OUD in general

- Lower socioeconomic status
- Unemployed
- Family history of substance use
- Young age
- Oppositional and risk-taking behaviors
- Prior drug use.

# Factors Leading to OUD

## If receiving ongoing opioid therapy

- Lower functioning
- Exaggeration of pain
- Psychological diagnoses, stress, trauma
- Overly focused on opioids
- Taking opioids – some studies have shown up to 35% of those on opiates develop OUD per DSM V criteria, 22% moderate, and 13% severe.

# Factors Leading to OUD

## Put it all together:

- History:
  - Get history of use, risk factors, and chronic pain application for diagnostic criteria
  - Set a baseline for craving, function, and dose
  - Do a physical exam!
  - Labs
  - Addiction Assessment?

- COMPLETION OF ALL ASSESSMENTS SHOULD NOT DELAY INITIATION OF CARE FOR OUD!

# Factors Leading to OUD

## Case:

- 33 YO male with history of severe car accident 7 years previously. He has had back pain, peripheral neuropathy, and has been on opioids basically since the accident. He has been unable to work for the last 3 years and is on disability. He has recently felt his pain has increased, in the last 2 years, and was diagnosed with depression 8 months ago. He and his wife have been fighting more, but both say he has been compliant with medication, and never had problems. No history of substance use disorder but did experiment with alcohol and methamphetamine in his early 20s.

# Factors Leading to OUD

Given available information, what level of risk would you assign to this patient for OUD?:

A. No Risk
B. Mild Risk
C. Moderate Risk
D. High Risk
E. Extreme Risk

# Factors Leading to OUD

## Case cont:

- You see the patient for 12 months and continue his dose of opioids he was taking before seeing you. In the last 12 months, he has had two separate times where he has had apparent behaviors once when he took 2 pills too many, and once where he said he lost his medications and was 15 short over a 1-month period. He has become increasingly more agitated in visits and has started to talk to you about not caring about him, because he is in pain, and you are unwilling to treat it. His wife is increasingly agitated with his behavior at home and feels opioids have come between them in their marriage. He also recently lost his drivers license due to a DWI, positive only for opioids.

# Factors Leading to OUD

Given available information, would you diagnose this person with OUD?:

A. No
B. Yes
C. I'd need more information

# Evaluate Treatment Strategies Used to Manage Opioid Dependence and Withdrawal

# Treatment Strategies

## Withdrawal:

- Opioid withdrawal is about symptoms management:
  - Treat the muscle aches with ibuprofen
  - Treat the diarrhea as needed with Loperamide or other like it
  - Alpha-2 adrenergic agonists do lesson withdrawals to some extent (Clonidine or Lofexidine)
  - Consider starting MAT (Buprenorphine or Methadone) to treat withdrawal

# Factors Leading to OUD

## Opioid Based MAT

- Buprenorphine
  - With or without Naloxone
  - Monthly injection (Sublocade)
  - Office based and home-based inductions are considered safe, tailor to patient
  - Dose AFTER withdrawals start, titrate until withdrawal symptoms and cravings are gone.
- Methadone
  - Full agonist
  - Must be in OTP
  - Dose whenever patient is ready, but start low and go slow (risk of OD in first 2 weeks)
  - If transitioning from Methadone to Buprenorphine recommend dropping slowly to dose of 30mg or below of methadone

# Factors Leading to OUD

## Antagonist MAT:

- Naltrexone
  - Must be off opiates 7+ days before starting (longer acting opioid = more time before starting)
  - Consider trial of naloxone before starting
  - Consider monthly injection (Vivitrol)
  - Recent very large study did comparison study of Buprenorphine and Naltrexone, and they were shown to be equally effective, biggest difference was Naltrexone was difficult to initiate, and some relapsed before initiation could be done.

# Formulate Treatment Plan for Pain Management with OUD

# Formulate a Plan

## Principles of Pain/OUD plan:

- Start with prevention
  - Complete H&P
  - Risk Assessment
  - Baseline functioning
  - Baseline dose
- Monitor for OUD
  - Behavioral changes
  - Aberrant behaviors
  - Urine testing
- Treat OUD:
  - Low bar for transition to MAT
  - Buprenorphine and Methadone, MAT medications with evidence to treat chronic pain.
  - remember psychosocial factors

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# Formulate a Plan

## ASAM Criteria:

- Placement Options
  - Inpatient detox
  - Residential
  - Partial Hospitalization
  - Intensive Outpatient
  - Outpatient

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