

ECHO Idaho: Opioid Addiction and Treatment

How to Counsel Chronic Pain Patients
Struggling with Opiates

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Monte Moore, MD

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Learning Objectives

- Provide hope and motivate your chronic pain patient to make positive changes.

Every Patient Has Intrinsic Value

- Our duty to be aware of and offer the best options.
- Model turning towards the problem so the patient might try to do so as well.
- Best option often simple and inexpensive and happens in your exam room.

Reducing Opioids in Chronic Pain: A New Narrative Provides Hope

- “Great news: there are better alternatives”
- Change narrative from you “you are a worthless addict” to “you are a survivor”.
- “You have not failed; your treatment has failed you.”

Understand the Patient's Fears and Goals

- Listen 80%; talk 20%
- Replace despair with hope - “You can do this.” “Withdrawal will not last forever and it will not kill you.”
- “The majority chronic pain patients who taper off opiates ultimately feel the same or better once they are off opiates.”
- Provider commitment – “If you try but can't make it work, I will not abandon you.”
- Make a plan for managing withdrawal symptoms

It's a Process

- Usually several discussions before patient commits
- Patient needs psychological space and time to prepare

Opioid Failure Definition: When Risk Outweighs Benefits

- Are serious effects occurring or likely to occur?
- Is the medication being used properly?
- Are treatment goals being achieved? Analgesia vs function

Opioid Failure – 1

- *Arch Intern Med. 2011;171(7):686-691*
 - 50 - 90 MME 1.9 X
 - 90 – 200 MME 2.4 X
 - >200: 3 X
- 50 opiate-related overdose deaths per day in US – most *unintentional*
- Respiratory suppression
- Increased risk of MI

Opioid Failure – 2

- Cognitive effects – “thank you for giving our loved one back to us.”
- GI effects
- Increased risk of osteoporosis – spinal compression fracture in 40-year old otherwise-healthy male.
- Sexual dysfunction

Opioid Failure – 3

- Immune – wound healing and infection
- Falls, accidents
- DUI

- Have you identified your patient's most significant risk factors and have you discussed them?
- Have you offered available non-opiate options?

Risk Factors for Accidental Overdose

- COPD
- Sleep apnea
- Obesity
- Concurrent sedatives
- Alcohol

Risk Factors for Accidental Overdose

- Brain, cardiac, renal or hepatic disease
- Metabolic changes with aging
- Infection
- Off opiates while in jail, now released

Opioid Failure – Hyperalgesia

- We are meant to feel pain; you can only trick the body for a little while
- Ice water test: [J Pain Res](#). 2012; 5: 99–106. 1 month on opiates
- More likely with higher doses

Providing Hope – Benefits to look forward to off opiates

- Pain may improve spontaneously
- Lower risk of death
- Improved memory
- Sexual function may improve

Patients Want to Know What They Can Do after Opiates

- Might feel the same or better
- Low dose naltrexone
- Spinal cord stimulator or intrathecal pump (selected cases after careful screening).
- Acupuncture, exercise, mindfulness, therapy may be more effective

Define Success: What if I Can't Reduce or Completely Taper Off?

- Any dose reduction qualifies as success – non-opiate therapies tend to work better when opiate dose is reduced
- Suboxone
- “If you completely stop for a period of time and then find you cannot function without opiates, you can return to your prior medication, but you likely would do well with a smaller dose”

Summary: A New Narrative

- Every patient has intrinsic value
- Understand patient's views, fears, and goals
- Educate about risks, teach about options and address concerns, every visit
- Give the patient time and psychological space to make a decision
- When the patient is ready to make a change, provide support