ECHO Idaho: Opioid Addiction and Treatment

Short Term Opioids: How to Educate Patients

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Learning Objectives

• Recognize the need to use open ended questions while educating patients
• Describe how an opioid works and list commonly prescribed opioids
• List side effects of opioids and recommend side effect management
• Recall alternative options in place of opioids
• Identify signs and symptoms of an opioid overdose, and assess need for naloxone prescription
• Identify resources for drug disposal
Open-ended questions

• Why were you prescribed this medication?
• What kind of pain are you in?
• What did the provider tell you about this?
• Have you ever taken this medication before?
  – Opioid naïve v/s opioid experienced
• What other medications have you tried in the past for pain?
• What other medications are you taking?
• When is your follow-up appointment with your provider?
• Are there any chances of you being pregnant?
• Do you have anyone in your family who has a history of substance use disorder?
• Where do you store your medications?
What is an opioid?

• Synthetic or natural chemicals that reduce feeling of pain
  – Hydrocodone
  – Oxycodone
  – Oxymorphone
  – Codeine
  – Morphine
  – Methadone
  – Fentanyl
Administration directions

• Limited amount, lowest effective dose and shortest duration
  – Never take more than prescribed
  – Take only as needed
  – Taper down
  – Follow up
  – Do not double up

• Prevent misuse and abuse
  – Habit forming medications
  – Tolerance v/s Physical Dependence
  – Do not share medication with others
  – Do not use other’s medications or sell

• Storage
  – Out of reach from children, locked cabinet, cool and dry place, safety cap

• Disposal
  – Drug take back programs or drug disposal guidelines
Side effects and Drug Interactions

- Side effects and management
  - Risk of addiction and opioid overdose
  - Constipation
    - Water, foods high in fiber, stool softeners, stimulants
  - Nausea, vomiting
    - Eat smaller meals and stay active
  - Dry mouth
    - Water, lozenge
  - Sleepiness, drowsiness, confusion
    - Avoid operating heavy machinery, driving, other activities
  - Depression, Itching

- Drug Interactions
  - Avoid alcohol use
  - CNS Depressants
    - Benzodiazepines
    - Muscle relaxants
    - Hypnotics
    - Other opioids
      - Buprenorphine
Alternatives to opioids

• Advantages
  – Fewer side effects and risks
    • Application of ice, acupuncture, massage
    • APAP
    • NSAIDs
    • Anticonvulsants
    • Antidepressants
    • Physical Therapy and Exercise
    • CBT/Mindfulness
Opioid overdose and antidote

• Cause
  – Polypharmacy
  – Multiple providers
  – Drug interactions
  – Substance use disorder
  – Medical conditions
  – High dosages
  – Age

• Signs and Symptoms
  – Small constricted pupils
  – Slow and shallow breathing
  – Loss of consciousness or falling asleep
  – Blue, pale or cold skin
  – Unresponsive

• Naloxone – Antidote
  – History of substance use disorder
  – MME ≥ 50
  – Concurrent benzodiazepine use
  – History of overdose
  – Family or friends
  – Preparations-Nasal spray, IM, SQ, IV
  – How to administer naloxone
  – Call 911
  – CPR
Resources

• Drug Take Back
  – DEA-authorized collector in your community.
• Disposal of unused drugs
Summary

• Ask open-ended questions to get a good medication history
• Educate patients on how opioids work to relieve pain
• All opioids always carry some risk
• Important to take only limited amount, lowest effective dose for the shortest duration
• Alternatives exist to treat pain
• Naloxone is an opioid antagonist which should be administered in an opioid overdose
• Drug take back programs and drug disposal guidelines should be discussed with patients
References

Thank you!