OPIOIDS AND CHRONIC PAIN: CULTURAL MYOPIA AND THE BIG PICTURE

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Associate Professor Anesthesiology and Pain Medicine
Vanderbilt University
SIMILARITY OF INTEREST

- CEO, Relief Retreats
- Founder, camPAIN.org
- One of y’all
Show up. Pay attention. Tell the truth. Let go of the outcome.
ADDICTION IS ADDICTION IS ADDICTION
You are a human being, not a human doing.
PAIN IS DIABETES IS HEART DISEASE IS ANXIETY IS INSOMNIA IS DEPRESSION IS ADDICTION

Circuits Involved In Drug Abuse and Addiction

All of these brain regions must be considered in developing strategies to effectively treat addiction.
THE BIG PICTURE

NEXT EXIT
AM I SAFE???

Prefrontal Cortex
Thinking/logic/what to do/evaluation.

Hippocampus
Regulates memory and emotions.

Amygdala
Turns on fight or flight, and stores memories of the event.

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What is Cortisol?

Stressor -> Hypothalamus

CRH -> Pituitary Gland

ACTH -> Adrenal Gland

Feedback

Adrenal Gland

Cholesterol

Adrenalin

Cortisol
What is Cortisol?

Stressor → Hypothalamus → CRH → Pituitary Gland → ACTH → Adrenal Gland → Cholesterol → Adrenalin → Cortisol

Feedback → Hypothalamus

Steroids → Opioids
MY TUMMY HURTS!
ADVERSE CHILDHOOD EXPERIENCES (ACE)

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Mother treated violently
- Substance misuse within household
- Household mental illness
- Parental separation or divorce
- Incarcerated household member
Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
PAIN IS IN THE BRAIN
BRAIN IS NOT BROKEN, IT IS RESILIENT
THERE IS NO QUICK FIX
CHRONIC PAIN IS NOT AN OPIOID DEFICIENCY
TWO OPTIONS (INSURANCE)

• Medications
• Interventions
• Rehabilitative therapies
• Cognitive therapies
WHEN SOMETHING DOESN’T MAKE SENSE
Travell and Simons

Iliopsoas Trigger Points and Referred Pain Patterns

Pattern of pain (bright red) referred from palpable myofascial trigger points (Xs) in the right iliopsoas muscle (deep red). The essential pain reference zone is solid red; the spill-over pattern is stippled.
WE ALL HAVE CHOICE
WHEN SOMETHING DOESN’T MAKE SENSE
Virtually all pain that doesn’t make sense is central sensitization.

PERIOD.
## Global Burden of Disability

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<td>Neck pain</td>
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**A Systematic Review and Meta-Analysis of the Global Burden of Chronic Pain Without Clear Etiology in Low- and Middle-Income Countries: Trends in Heterogeneous Data and a Proposal for New Assessment Methods**

Tracy Jackson, MD,* Sarah Thomas, BS,† Victoria Stabile, BA,‡ Xue Han, MPH,§ Matthew Shotwell, PhD,¶ and K. A. Kelly McQueen, MD, MPH

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**Chronic Pain Without Clear Etiology in Low- and Middle-Income Countries: A Narrative Review**

Tracy Jackson, MD,* Sarah Thomas, BS,† Victoria Stabile, BA,‡ Xue Han, MPH,§ Matthew Shotwell, PhD,¶ and K. A. Kelly McQueen, MD, MPH

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**The Global Burden of Pain: The Tip of the Iceberg?**

Enright, Angela MB, FRCPC; Goucke, Roger MB, ChB, FFFPM, ANZCA
POST-SURGICAL PAIN

PERSISTENT PAIN AFTER TKR/THR

• 15% of TKR and 6% of THR patients had severe persistent pain
• Major depression and number of pain locations elsewhere were significant and independent determinants of persistent pain

WIDESPREAD PAIN

• Survey of 582 patients taking opioids for chronic pain
• 49% of patients taking opioids continued to report severe pain (>= 7/10)
  • 40.8% met FM criteria despite only 3.2% with dx.

Section E: Physical Pathology

Using the following scale, indicate for each item your severity over the past week by checking the appropriate box.

0: No problem
1: Slight or mild problems; generally mild or intermittent
2: Moderate; considerable problems; often present and/or at a moderate level
3: Severe; continuous, life-disturbing problems

<table>
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<th>Symptom</th>
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<tr>
<td>Fatigue</td>
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<tr>
<td>Trouble thinking or remembering</td>
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<td>Waking up tired (unrefreshed)</td>
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During the past 6 months have you had any of the following symptoms?

- Pain or cramps in lower abdomen: Yes No
- Depression: Yes No
- Headache: Yes No
WHAT THEY GET

• Harm reduction
• Cognitive restructuring
• Coping skills training
• Movement
• Mindfulness
• Trauma counseling
• Functional rehabilitation
• Community
• COMPASSION / SENSE OF SAFETY
LET'S DO THIS!
Among the significant benefits recorded during the last three years of CSMD usage in Tennessee are:

One third of the state’s clinicians report they are now more likely to refer a patient for substance abuse treatment after checking the CSMD.

The number of “doctor shoppers” those who go to multiple healthcare providers seeking a prescription for certain narcotics – has decreased more than 50 percent.

The average amount of opioid pain relievers prescribed to those receiving them has decreased by 28 percent.

In the last three years, there has been a reduction of more than two billion morphine milligram equivalents prescribed across the state – and every county in the state has recorded a decrease from the 2013 prescribed amounts.
Several mitigation strategies for risk assessment of opioid misuse have been proposed. These include the following:

1. **Screening tools to identify patients with a substance-use disorder.** Such tools include the Opioid Risk Tool; the Screener and Opioid Assessment for Patients with Pain (SOAPP), version 1.0; SOAPP-Revised; and the Brief Risk Interview; or the use of a simple question such as “How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?” since patients who score above a certain threshold (e.g., ≥1 to the sample question) may be at increased risk for opioid abuse.

2. **Use of data from the Prescription Drug Monitoring Program.** Such data can be used to identify doctor shopping, which is frequently an indicator of drug misuse or diversion.

3. **Use of urine drug screening.** Such screening, which can be performed before prescription of opioids and periodically as part of regular follow-up, can provide information on drug use not reported by patients and may help in identifying patients who are not taking their prescribed opioids and might be diverting them.

4. **Doctor–patient agreement on adherence.** Such personal contracts can help doctors in monitoring a patient’s adherence to prescribed opioid medications.

However, a recent review of the evidence showed that only limited data are available regarding the efficacy of any of these strategies.

Volchow et al
NEJM 2016
• 2 million with OUD; 12 million NMU
  • 8-26% iatrogenic
  • ACE cycle
• Overdose deaths still rising (CDC 2015, TDH 2016)
• 50% of those with OUD have no access to treatment

Morbidity and Mortality Weekly Report
CDC, Oct 3, 2014
OVERDOSE RISK

• APPROXIMATELY ONE IN FIVE WITH CHRONIC PAIN ON PRESCRIBED OPIOIDS HAD LIFETIME OVERDOSE

• Dunn et al Pain Med 2016 (500 patients at Hopkins)
HARM REDUCTION

• Consider naloxone
• Doses <100MME
• Duration <8 weeks
• LESS long-acting opioids
• No benzos
• SUBOXONE
“Despite behavioral treatments based on a generation of research, most OUD treatment programs do not offer evidence-based care and have minimum physician involvement.”

- MAT/Naloxone
- Expense
- Access:
  - 30 million in US counties with NO access to MD w DATA waiver (3% rural PCPs, 16% urban psychiatrists)

- Rosenblatt 2015 Annals Int Medicine
“INFECTIONS AND INEQUALITIES”
OUR CULTURE IS TERRIBLE AT MANAGING CHRONIC STRESS

OUR SYSTEM IS TERRIBLE AT MANAGING CHRONIC ILLNESS
ASSESSMENT AND PLAN

- CENTRAL SENSITIZATION WITH CHRONIC BIOMECHANICAL DYSFUNCTION
- OPIOIDS ARE NOT INDICATED!
INTEGRATIVE/HOLISTIC MEDICINE AND FUNCTIONAL REHABILITATION
INTERDISCIPLINARY FUNCTIONAL REHABILITATION PROGRAMS FOR CHRONIC PAIN AND OPIOID USE DISORDER

- Triage center for chronic pain
  - Hub and spoke model
- Programming for at-risk adolescents and families
- Outpatient MAT
- Inpatient "detox" for opioids/chronic pain that specifically incorporates education and treatment for BOTH
- Telemedicine
2/3 of participants return to work

FUNCTIONAL REHABILITATION

Health care costs are reduced 66%

p 0.088

p 0.15

p 0.002

p 0.026
P 0.027

p < 0.001

p 0.013

p < 0.001
OTHER OUTCOMES

• Opioids
  • 7/12 on opioids pre-RR
  • Average MME >250 and >5 years duration
  • 4 completely off by 1 mo post retreat
  • >75% reduction in another at 6months
    • 2 maintained suboxone

• Cost
  • 8/12 with reduction in encounters and payments/encounter
    • (Outliers explained by planned pre-retreat operations, f/u of MI, GI bleed, gas embolism after laparoscopy)
  • Less specialty services
• CALMING THE LIZARD BRAIN
• MOVEMENT AND BREATHING TOGETHER
• AVOID PTSD OF HEALTH CARE WHEEL
• SHAME, ISOLATION, SAFETY, COMMUNITY
• TRIGGER, BODY AWARENESS, SOOTHE: WASH, RINSE, REPEAT
• EDUCATE, EMPOWER, INVOLVE FAMILY
• FREQUENT TOUCHES/AFTERCARE

KEY ELEMENTS
STUCK ON SEMANTICS: IS HEALING TECHNIQUE AGNOSTIC?

MOVE AND MEDITATE. CONNECT W COMMUNITY. COMPASSION NOT CRIMINALIZATION.

PERIOD.
THINGS WE ALL CAN DO

• Must ask about pain at every location when querying pain at any location (SCREENING)
• Must address – even if can’t fix - disabling psychosocial dysfunction and widespread pain: Informed consent
• Education and empowerment
• Do not promise quick fix
• Do not sanction disability
• Patients must participate in own care – BOUNDARIES
• Be or find an advocate for patients – and for yourself as well.
BE A PART OF THE SOLUTION!

• Naloxone and MAT
• Telemedicine
• Coaching – ALL chronic illness
• Educational videos while patients wait
• Database of online resources/movement/coping skills
  • Food/self-care as medicine
  • Apps for mindfulness/restorative yoga/sleep
• True triage centers/risk assessments/screening tools
  • Functional rehab programs
• Community/company outreach
  • Contingency management
  • Legislative involvement
  • Insurance reform
• KIDS/SCHOOLS
A Systematic Review of the Literature on Health and Wellness Coaching: Defining a Key Behavioral intervention in Healthcare

Ruth Q. Wolever, PhD, Leigh Ann Simmons, PhD, Gary A. Sforzo, PhD, Diana Dill, EdD, Miranda Kaye, PhD, Elizabeth M. Bechard, BA, Mary Elaine Southard, RN, MSN, Mary Kennedy, MS, Justine Vosloo, PhD, and Nancy Yang, BA
http://www.aha.org/content/17/opioid-toolkit.pdf
RESOURCES
• Academic Consortium for Integrative Medicine and Health
  https://www.imconsortium.org/
  • http://www.beaumont.edu/
  • http://www.med.umich.edu/umim

• Department of Defense:
  http://www.dvcipm.org/clinical-resources/joint-pain-education-project-jpep/

• Institute for Chronic Pain:
  http://www.instituteforchronicpain.org/resources/educational-links

• Community forums:
  Painoutloud.com
• Youtube
  • YIN yoga
  • Restorative yoga
  • Yoga for specific pain type
  • Yoga nidra (sleep)
• Yogadownload.com
• Doyogawithme.com
• Apps:
  • yogAMAZING
  • Yoga Studio
• Check for “donation” or “community yoga” in your area – community is best
• Consider private lesson ($80)
MEDITATION / MINDFULNESS

- All yoga class websites have guided meditation classes
- Breatheaware.com ("westernized")
- Apps
  - Headspace
  - Insight timer
  - Mindfulness
  - Stop, Breathe, and Think
  - Calm
  - 10% happier
  - OMG! I can meditate (teens)
  - iBeatPain (teens)
  - Smiling mind (children)
  - eMTCP (music therapy)
  - Acupressure: Heal Yourself
ADDICTION

- Tumthetiderx.org
- Suboxone
  - Providers with DATA waiver: https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator
  - Board certification: https://www.asam.org/membership/paths-to-certification
  - Required CME: https://elearning.asam.org/buprenorphine-waiver-course
  - X number app: https://www.samhsa.gov/medication-assisted-treatment/buprenorphine-waiver-management
- Recovery2point0.com
- CDC prescribing guidelines:
  - https://www.cdc.gov/drugoverdose/prescribing/guideline.html
  - Know your state guidelines – If federal vs state differ, the more restrictive applies
  - Be careful: LEGISLATION OF HEALTH CARE IS OCCURRING ALL THE TIME
NALOXONE

- **Evzio for $0 (Autoinjector like epi-pen)**
  - Through Kaléo's $0 Access Program, *commercially insured patients can get Evzio free.* *(NO MEDICARE)*
  - Uninsured AND income <$36K: Free via Kaleo’s Patient Assistance Program
  - Uninsured AND income >$36K: Two pack of injectors for $250.

- **Narcan nasal spray for $30 to $40.**
  - Medicare
  - Uninsured: CVS Pharmacy offers a discount coupon for two-pack for $110.

- **Naloxone + syringes and vials for $4.**
  - $4 co-pay most commercial insurers/Medicare
  - Uninsured: $25 to $60 for two syringes and one vial at most pharmacies.