Pain Management for the methadone/suboxone treated patient

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Declaration

- No money from anyone

Objectives: After this talk the participant should?

- Understand the interface between concurrent pain and addiction
- Appreciate the challenges of good concurrent care

Pain Management Objectives

- Mitigate pain
- Restore function
- Facilitate recovery – prevent relapse
- Maintain/strengthen therapeutic alliance
- Minimize harm – from source of pain; to pt and to others
- Minimize diversion

The elements

- The patient
- The meds
- The pain
- The physician

The patient

- Substance use disorder
- Loss of control over use of substance
- Low pain threshold
- On long term opioid agonist
- High tolerance
- Mindset – "a pill for every ill", "if a little is good, a lot is better"
- Likes to share
- At high risk of trauma and infection

The patient

- Always take a pain complaint in a intravenous drug abuser very seriously
- Examine patient and do appropriate investigation
- Trauma
- Infection – Staph aureus - endocarditis, osteomyelitis

The meds

- Buprenorphine and methadone "block" the mu receptor
- High doses needed to treat pain if opioids are used
- Medications of abuse and diversion

The Pain

- Acute pain – Treatment as usual, high doses may be required.
- Schedule doses – avoid PRN dosing.
- Obstetrical pain – Get an epidural ASAP
- Palliative care – Treatment as usual, high doses need, control the med supply
- Chronic non malignant pain

Chronic non malignant pain

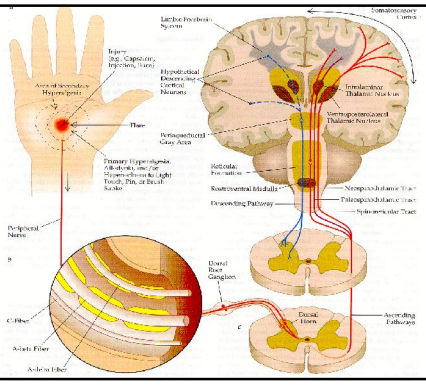
- Incredibly common
- Poorly tolerated by this population
- Often have valid causes
- Always in the back of you mind the question, "am I being conned?"
- Maybe, perhaps, not completely

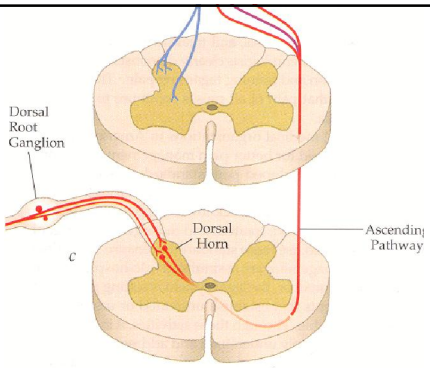
Acute vs. Chronic Pain

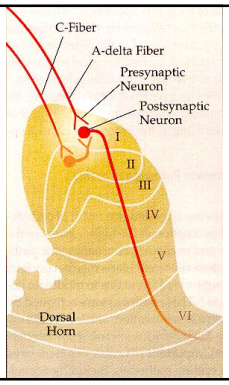
ACUTE PAIN	CHRONIC PAIN
Response to tissue damage	No tissue injury
Protective	Non Protective
Autonomic response	No autonomic response
Generates anxiety	Produces depression
Physiological - serves a purpose	Pathological - serves no purpose

Chronic non malignant pain

- Incredibly common
- Poorly tolerated by this population
- Often have valid causes
- Always is the back of you mind the question, "am I being conned?"
- Maybe, perhaps, not completely
- As with chronic pain in all populations, has a "neuropathic" component







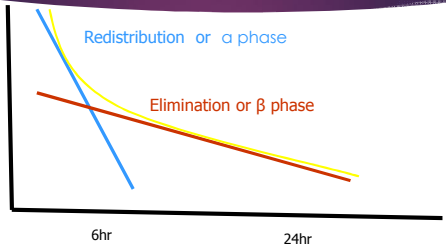
Managing the pain

- Empathy - validate the pain
- Rule out sinister cause
- Set realistic objectives
- Treatment does not just mean medication
  - Activity, physio (spinal pathway exercises)
  - CBT – Activity-rest cycling, decastastrophizing
  - Sleep hygiene

If Medication is needed

- Remember that it is a least part neuropathic
  - TCAs, Duloxetine, gabapentin, pregabalin
- NSAIDS, (including diclofenac gel), acetaminophen
- If you have to use opioid, you will need higher doses.
- If patient is on methadone, and you can, split the dose

Methadone Elimination



If Medication is needed

- Bupenorphine is also excellent pain killer,
- Seem to work better if dose is split

Back to the patient

- By definition, addiction is a disease of loss of control
- The patient can't control the use of his medication, ergo
- The physician must

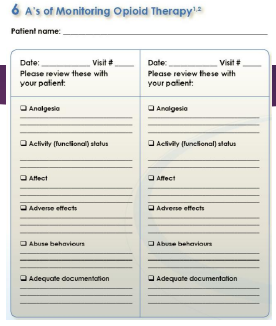
The physician

A superior education is no impediment to stupidity

Dr. David Crawford

The Smart Physician

- Listens to his/her patient
- Builds rapport
- Acknowledges the pain but puts in perspective.
- Treats wisely
- Controls the medication (no more than weekly dispensing; bubble packing, patch for patch)
- Monitors frequently (UDT, Track marks, increase in function)



6 A's of Monitoring Opioid Therapy[1,2]

Patient name: _____

Date: _____ Visit # ____ Please review these with your patient:	Date: _____ Visit # ____ Please review these with your patient:
❑ Analgesia	❑ Analgesia
❑ Activity (functional) status	❑ Activity (functional) status
❑ Affect	❑ Affect
❑ Adverse effects	❑ Adverse effects
❑ Abuse behaviours	❑ Abuse behaviours
❑ Adequate documentation	❑ Adequate documentation

The Smart Physician

- Listens to his patient
- Builds rapport
- Acknowledges the pain but puts in perspective.
- Treats wisely
- Controls the medication (no more than weekly dispensing; bubble packing, patch for patch)
- Maintains excellent rapport with the pharmacist
- Monitors frequently (UDT, Track marks, increase in function)
- Always lets the patient know, "I am on your side, but don't mess with me"