The Pain Antidote: It’s Not Opioids

Mel Pohl, MD, FASAM
Medical Director
Las Vegas Recovery Center
5 Key Facts:

- All pain is real.
- Emotions drive the experience of chronic pain.
- Opioids often make pain worse.
- Treat to improve function.
- Expectations influence outcomes.
Pain Definition

“An unpleasant sensory and emotional experience associated with actual or potential tissue damage ....”

*The International Association for the Study of Pain*

(Mesky, 1979)
HOW YOU FEEL PAIN: THE PAIN PATHWAY

1. Pain receptor
2. Peripheral nerve
3. Spinal cord
4. Limbic system

Somatosensory cortex
Frontal cortex

Epidermis
Dermis

LVRC
LAS VEGAS RECOVERY CENTER
How does acute pain become chronic pain?

Surgery or injury causes inflammation

Peripheral Nociceptive Fibers

Transient Activation

Sustained Activation

Peripheral Nociceptive Fibers

Sensitization

Sustained currents

CNS Neuroplasticity

Structural Remodeling

Hyperactivity

ACUTE PAIN

CHRONIC PAIN

Pain Switchboard – Lower Threshold

GENETICS  TRAUMA

COMT

N O C I C E P T I O N

P A I N
NORMAL PAIN RESPONSE
CENTRAL SENSITIZATION
Chronic Pain Syndrome

- Pain > 6 months
- Depression, anxiety, anger, fear
- Restriction in daily activities
- Excessive use of medications and medical services
- Multiple, *non-productive* tests, treatment, surgeries
- No clear relationship to organic disorder
Pain Assessment Scale: Clinical definition of pain: “Whatever the patient says it is... unless proven otherwise”
Reasonable Goals of Pain Management: Enhance Quality of Life!!

• Maintain function
• Improve function
• Reduce discomfort by 50%
Pharmacologic Non-Opioid

- NSAID’S, COX 2S
- Tricyclics, SNRI’S
- Anticonvulsants
- Muscle Relaxants— (AVOID SOMA/carisoprodol)
- Topicals
Treating Chronic Pain with Opioids

- Clinical Trial
- Ongoing Assessment
- Need exit strategy
ASSESSMENT STRATEGY

5 A’s:
- Analgesia
- Adverse effects
- Affect
- Activity
- Aberrant behaviors – Addiction
ASSESSMENT STRATEGY

- Monitor medications – check PDMP.
- Watch for other drugs – eg benzos, sedatives.
- Avoid escalating dosage (definitely >100 med)
- Urine toxicology.
- Collateral information about use and function.
EXIT STRATEGY

- Discuss options - continuation of conversation from entry
- Be consistent, supportive, informative, nonjudgmental and firm
- DO NOT BE PUNITIVE
- Gather resources for support
- Discuss detoxification options
Problems with Opioids

• Side Effects

• Tolerance and physical dependence

• Loss of function

• Perceive emotional pain as physical pain (chemical copers)

• Hyperalgesia (opioids are proinflammatory!)
Risk/Benefit of Opioids for Chronic Non-Cancer Pain (Franklin; Neurology; Sept 2014 Position paper of the AAN)
Pendulum Swings
OxyContin 80mg
New Oxycontin® Formulation to Mitigate Abuse April 2010

Physical Appearance
New Formulation vs. Original Formulation
40 mg Tablets

New formulation
Original formulation

So, by 2012:
1. Freeze Oxy or
2. Opana®

Oxycodone

Oxymorphone
Emergence of an Epidemic
Primary non-heroin opiates/synthetics admission rates, by State (per 100,000 population aged 12 and over)

1999
(range 1 - 50)

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.
Primary non-heroine opiate/synthetics admission rates, by State (per 100,000 population aged 12 and over)

2003
(range 2 – 139)

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.
Primary non-heroin opiates/synthetics admission rates, by State (per 100,000 population aged 12 and over)

2005
(range 0 – 214)

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.
Primary non-heroin opiates/synthetics admission rates, by State (per 100,000 population aged 12 and over)

2009
(range 1 – 379)

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.
U.S. Rates of Death from Unintentional Drug Overdoses

U.S. Numbers of Deaths, According to Major Type of Drug.

Prescription Drug Overdose and Abuse: A Growing Problem

**Motor vehicle traffic, poisoning, and drug poisoning death rates, 1980-2009**

9940 patients; 1997-2005

Results:

<table>
<thead>
<tr>
<th>Morphine Dose</th>
<th>Hazard Ratio of Serious Overdose</th>
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<tbody>
<tr>
<td>None</td>
<td>0.19</td>
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<tr>
<td>1 - &lt;20 mg /day</td>
<td>1.00</td>
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<tr>
<td>20 - &lt;50 mg/day</td>
<td>1.19</td>
</tr>
<tr>
<td>50 - &lt;100 mg/day</td>
<td>3.11</td>
</tr>
<tr>
<td>100 + mg/day</td>
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High Opioid Dose and Overdose Risk


* Overdose defined as death, hospitalization, unconsciousness, or respiratory failure.
Rates of prescription painkiller sales, deaths and substance abuse treatment admissions (1999-2010)

Industry-influenced “Education” on Opioids for Chronic Non-Cancer Pain Emphasizes:

- Physicians are needlessly allowing patients to suffer because of “opiophobia.”

- Opioids are safe and effective for chronic pain.

- Opioid therapy can be easily discontinued.

- Opioid addiction is rare in pain patients.
“Only four cases of addiction among 11,882 patients treated with opioids.”


Cited 693 times (Google Scholar)
ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients\(^1\) who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients,\(^2\) Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

JANE PORTER
HERSHEL JICK, M.D.
Boston Collaborative Drug Surveillance Program
Waltham, MA 02154

Total Sales & Prescriptions for OxyContin (1996-2002)

<table>
<thead>
<tr>
<th>Year</th>
<th>Sales</th>
<th>Percentage Increase</th>
<th>Number of Prescriptions</th>
<th>Percentage Increase</th>
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<tbody>
<tr>
<td>1996</td>
<td>$44,790,000</td>
<td>N/A</td>
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<td>1997</td>
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<td>1998</td>
<td>286,486,000</td>
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<tr>
<td>1999</td>
<td>555,239,000</td>
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<td>2000</td>
<td>981,643,000</td>
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<td>2001</td>
<td>1,354,717,000</td>
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<td>7,183,327</td>
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<td>2002</td>
<td>1,536,816,000</td>
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<td>7,234,204</td>
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2013 – US sales of Rx painkillers = $12 Billion (IMS Health)
I want to focus on my life not my pain

Following my injury, pain is the only thing I think about day and night. It becomes the centre of my life. When the pain is uncontrolled, my whole world is out of control.

- Rapid onset of analgesia within 46 minutes
- Full 12 hours of pain relief
- Initiate with 10 mg

Indicated for the relief of moderate to severe pain requiring the continuous use of an opioid analgesic preparation for several days or more. Side effects are similar to other opioid analgesics; the most frequently observed are constipation, nausea and somnolence. Dosage limitations may be imposed by adverse effects if they occur. Please refer to prescribing information.

Warning: Opioid analgesics should be prescribed and handled with the degree of caution appropriate to the use of a drug with abuse potential. OxyContin® 80 mg tablets are for use in opioid tolerant patients only. There is potential for fatal respiratory depression in patients not previously exposed to similar opioid doses. OxyContin® tablets should be swallowed whole and should not be broken, chewed or crushed since this can lead to rapid release and absorption of a potentially fatal dose of oxycodone.

For pain lasting several days, weeks, months or more

www.painCare.ca
FDA used to permit drug manufacturers to advertise opioids as safe and effective for chronic pain.
Photo taken at the 7th International Conference on Pain and Chemical Dependency, June 2007
Methadone (Dolophine, Methadose)
Leading Cause of Rx OD Deaths 2010-2011
Heroin: making a big comeback in 2010 on!

Batches of Heroin can be as different as night and day.

Texas “Cheese Heroin”: Black Tar Mixed with Tylenol PM

Black Tar heroin
Figure 1. Age-adjusted rates for drug-poisoning deaths, by type of drug: United States, 2000–2013

- Opioid analgesics
- Heroin
Suboxone tablets (RB)
Medication Assisted Treatment

- Methadone
- Buprenorphine
- Naltrexone
- Naloxone
Handheld Device That Delivers Opioid Overdose Treatment Approved by FDA
“What's the difference between being addicted to painkillers and just really, really liking them a lot?”
Diagnosing addiction?
This is a **false dichotomy**

Aberrant drug use behaviors are common in pain patients

63% admitted to using opioids for purposes other than pain

35% met DSM V criteria for addiction

92% of opioid OD decedents were prescribed opioids for chronic pain.


Non-Medication Treatments at LVRC

- Exercise – Physical Therapy
- Chiropractic Treatments
- Therapeutic Massage
- Reiki
- Acupuncture
- Nutrition
- Individual + group therapy
- Mindfulness-Based Stress Reduction (Kabat-Zinn)
- Yoga - Chi Gong
Research confirms that drugs give the same benefits as yoga !!!
Halasana
Excellent for back pain and insomnia.
Balasana
Position that brings the sensation of peace and calm.
Savasana
Position of total relaxation.
QUESTIONS?

mpohl@centralrecovery.com
Lasvegasrecovery.com
702-515-1373 x 401
5 Key Facts:

- All pain is real.
- Emotions drive the experience of chronic pain.
- Opioids often make pain worse.
- Treat to improve function.
- Expectations influence outcomes.
Your husband is suffering from a very severe stress disorder.
What did the doctor say?

You’re going to die!
THANK YOU

Mel Pohl, MD, FASAM
702-515-1373
mpohl@centralrecovery.com
adaywithoutpain.com