



2018 CLM Business Insurance & Workers' Compensation Conference Date
Chicago
May 23, 2018

How then Shall We Treat Pain? Moving Past the Opioid Paradigm

I. Drugs in the treatment of pain

Opioids in pain management

Mankind has been using opioids to relieve pain for thousands of years. Starting with the use of opium, a natural substance found in the poppy plant, and progressing through the advent of synthetic opioids like morphine and codeine in the early 1800s, we routinely use these substances in the treatment of pain and other conditions.

In the recent past, opioids were used sparingly due to their known adverse event profile. Things started to change in the mid-1990s with the advent of OxyContin®, the promulgation of the idea that pain should be measured as a vital sign and a downplaying of the addiction potential of these drugs. Between 1999 and 2014 U.S. sales of opioids nearly quadrupled. The U.S. has 4% of the world's population yet consumes 99% of the world's hydrocodone and 80% of the world's opioids. During that time, drug overdoses tripled and over 64,000 individuals lost their life in 2016 as a result of a drug overdose.

Efficacy of opioids

Although widely considered to be the "gold standard" for pain control there is growing evidence that opioid drugs are not as effective in reducing pain or increasing function as we had thought. The evidence for their benefit in acute and chronic pain is being questioned. Recent studies and reviews have shown that opioids may not be stronger than over-the-counter medications in the treatment of acute pain.

Up to 3% of the U.S. population is on chronic opioid therapy, in spite of the fact that the benefits of long-term opioid therapy for chronic pain are not well supported by the evidence.

Unintended consequences of opioid use

The adverse consequences of opioids are well documented and include common side effects such as itching, nausea, vomiting, constipation, drowsiness and cognitive effects. More serious effects include addiction, depression, hypogonadism, respiratory depression and death.

An important potential consequence of opioid therapy is the development of opioid induced hyperalgesia (OIH), an increased sensitivity to pain. Ironically, a drug that is prescribed for pain control

may increase the perception of pain in the patient. Once patients are weaned off opioids they often experience reduced pain and are able to function better.

Pharmacological alternatives to opioids

Because of the potential adverse events and unproven efficacy of opioids, we need to consider non-opioid drugs in the treatment of pain: acetaminophen, non-steroidal anti-inflammatory drugs (NSAID), antiepileptic drugs such as Lyrica® and Neurontin® and antidepressants. Topical preparations may also be beneficial in certain cases. Marijuana, although a federally illegal substance (Controlled Substances Act (CSA) Schedule I), has been advocated by some as an opioid alternative and may show promise in the treatment of certain types of pain.

There is current research and development that may lead to new classes of drugs for the treatment of pain. One such drug, tanezumab, is a biologic agent that is currently in clinical trials and aims to reduce pain in chronic low back pain. Other agents are also being developed.

II. Non-pharmacological approaches to treating pain

There are many non-opioid therapies for acute and chronic pain and they may be safer and more effective in specific situations. An oft-ignored treatment for pain is activity and return to function. Exercise, including aerobic and strengthening regimens may reduce pain considerably.

Other treatments for pain may involve lifestyle interventions (weight loss, tobacco cessation), massage, acupuncture, physical medicine, and behavioral therapies, such as cognitive behavioral therapy (CBT) or acceptance and commitment therapy (ACT).

III. A patient centered approach to pain management

A biopsychosocial approach to the patient

Pain, especially when it becomes chronic, is a complex phenomenon that is best understood using a biopsychosocial approach. Loeser's model of pain helps us understand the different dimensions that make up pain: nociception, pain, suffering and pain behavior. These dimensions point to the biological, emotional and social aspects of pain, which must all be considered when helping a patient with pain. Psychosocial factors may play a large role in pain and disability. Prolonged use of medications and other invasive treatments, in isolation, has not been proven to be helpful for most injured workers with chronic pain. Cognitive behavioral therapy is a proven modality to help patients cope with pain.

Patient education

Many patients on opioids are not aware of what they are taking these dangerous drugs. They may also not be aware of the many possible adverse effects of the opioid or of the alternative treatments that are available. Because of this, it is vital that medical providers have thorough and frank discussions with their patients. Informed consent and shared decision making should always be part of a pain treatment plan.

The words that we use when addressing someone in pain can also have a positive or negative impact on the individual's experience of pain. Setting realistic expectations, minimizing fear and avoiding the medicalization of simple and common symptoms are ways that health care providers can help create a strong care partnership.