Non-narcotic Management of Pain

ACP (Minnesota) 2012 Scientific Meeting

Miles Belgrade, MD

Fairview Pain Management Center

FAIRVIEW

Opioids Are Not The Default Chronic Pain Treatment

- They don’t address the physiologic mechanisms of pain
- They have not been shown to improve function
- They have not been studied in longer-term trials
- Studies suggest patients may have worse quality of life and higher pain levels
- Opioids can cause a state of hyperalgesia

FAIRVIEW

Case Formulation

- Name the physiologic type of pain
- Identify the acuity:
  - Acute
  - Chronic
  - Recurrent
  - Terminal
- Identify contributing factors and barriers
- Assess disease burden
- What treatments are indicated?
- Are interventional approaches warranted?
- Develop a *flare plan*
- Is this patient a candidate for long-term opioids?

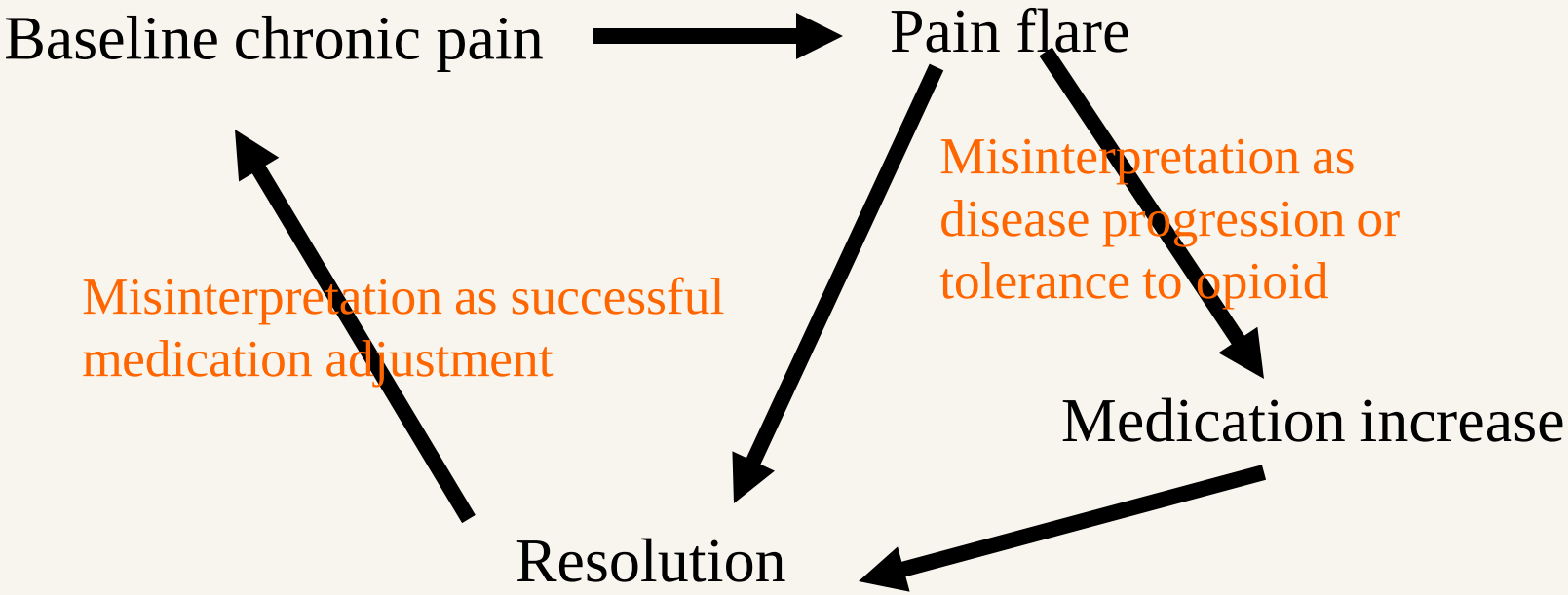
Identify Contributing Factors and Barriers

- *Contributing factors* amplify or perpetuate pain but are not the original cause
  - Posture
  - Stress
  - Occupational factors
- *Barriers* are factors that prevent making a complete pain assessment or rendering optimal treatment
  - Insurance non-coverage
  - Low motivation
  - Language barrier
  - Transportation/limited resources
  - Chemical dependency

Definition of a Pain Flare

- A *pain flare* in a chronic pain patient is a temporary increase in pain intensity from a more stable baseline pain with otherwise similar characteristics, and not due to advancing disease or a new condition
- **Axiom:** For every chronic pain condition there will always be another flare no matter what type of chronic pain and what dose of medicine

Pain Flare-Medication Vicious Cycle

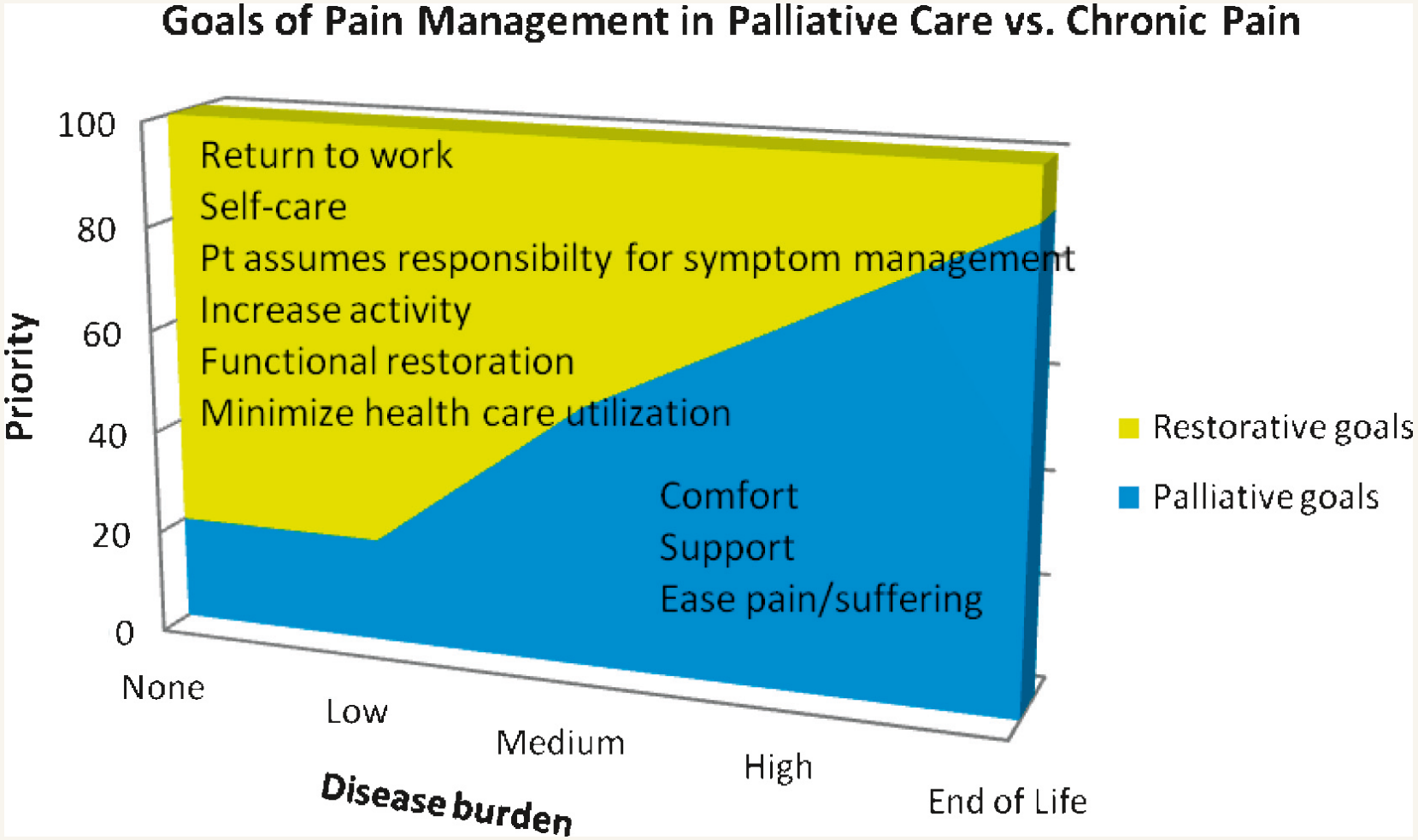


FAIRVIEW

Pseudotolerance

- The apparent failure of medication to maintain stable control of chronic pain resulting in repeated dose escalations during pain flares, without a return to baseline doses once pain flare resolves.

Assess Disease Burden



FAIRVIEW

Nociceptive Inflammatory | Nociceptive Mechanical | Neuropathic | Bone | Muscular | Psychogenic

Identify Physiologic Types of Pain

Inflammatory Pain

Nociceptive Inflammatory | Nociceptive Mechanical | Neuropathic | Bone | Muscular | Psychogenic

Diagnosis

- Clinical setting
  - Postoperative
  - Trauma
  - Infection
  - Arthritis
- Distribution
  - Joints
  - Area of infection or trauma
  - Surgical incision
- Quality
  - Aching
  - Throbbing
  - Worse with movement
- Physical findings
  - Warm
  - Red
  - Swollen

Drug Management

- NSAID
  - Ibuprofen
  - Naproxen
  - Ketorolac (IV form)
  - Celecoxib (Cox-2 inhibitor)
- Corticosteroids (if not contraindicated by infection)

Neuropathic Pain

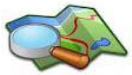
Nociceptive Inflammatory | Nociceptive Mechanical | Neuropathic | Bone | Muscular | Psychogenic

Diagnosis

- Clinical setting
  - Diabetes
  - MS
  - HIV
  - Spine surgery
- Distribution
  - Stocking/glove
  - Peripheral nerve
  - Nerve root/dermatome
- Quality & timing
  - Burning or shooting
  - Worse at night
- Physical findings
  - Allodynia
  - Cooler temps
  - Neurological deficit

Drug Management

- Anticonvulsants
  - Gabapentin
  - Pregabalin
  - Lamotrigine
  - Topiramiate
- Antidepressants
  - TCAs
  - SNRIs
- Local anesthetics
- Capsaicin



Bone Pain

Nociceptive Inflammatory | Nociceptive Mechanical | Neuropathic | Bone | Muscular | Psychogenic

Diagnosis

- Clinical setting
  - Cancer
  - Compression fracture
  - Sickle cell
  - Osteoporosis
  - Other trauma/fracture
- Distribution
  - Limb
  - Spine
  - Rib
  - Hip
- Quality & timing
  - Incident pain
- Physical findings
  - Tenderness

Drug Management

- NSAIDs
- Corticosteroids
- Bisphosphonates
- Salmon Calcitonin

Muscular Pain

Nociceptive Inflammatory | Nociceptive Mechanical | Neuropathic | Bone | Muscular | Psychogenic

Diagnosis

- Clinical setting
  - Muscular injury
- Distribution
  - Muscle group
- Quality & timing
  - Aggravated by certain movement or position
  - Better at rest
  - Pulling, ripping, aching, spasm, cramping
- Physical findings
  - Limited ROM
  - Trigger points
  - Muscle tightness
  - Taut bands or knots

Drug Management

- Cyclobenzaprine (Flexeril)
- Orphenadrine (Norflex)
- Methocarbamol (Robaxin)
- Carisoprodol (Soma)
- Diazepam (Valium)

Psychogenic Pain

Nociceptive Inflammatory | Nociceptive Mechanical | Neuropathic | Bone | Muscular | Psychogenic

Diagnosis

- Clinical setting
  - High stress
  - Anxiety
  - Depression
- Distribution
  - Widespread
  - Non-anatomical
- Quality & timing
  - Extreme and dramatic descriptors
- Physical findings
  - Anxious
  - Histrionic
  - Normal physical exam

Drug Management

- Antidepressants
  - SSRI
  - SNRI
  - Bupropion (Wellbutrin)
  - Mirtazepine (Remeron)
- Anxiolytics
  - Benzodiazepine
  - Buspirone (BuSpar)
  - SSRI
- Atypical antipsychotics
  - Quietapine (Seroquel)
  - Respiradone (Zyprexa)

Topical Analgesics

- Lidocaine (Lidoderm) patches, lidocaine gels
- Topical diclofenac 1% gel
- Topical diclofenac 1.3% patch apply 1 patch to pain site q 12 hrs
- Ketoprofen 10% in PLO gel TID (Fairview compounded)
- Gabapentin 8% in PLO gel TID (Fairview compounded)
- Morphine 0.1% (weight to weight) in Intrasite gel. Used in open wounds (Fairview compounded)
- Capsaicin 0.025%, 0.075% desensitizes cutaneous nociceptive nerve endings: Must be used daily for several weeks for effectiveness.

Non-Pharmacological Treatments

Non- Pharmacologic Treatments

1. Movement-based
2. Stimulation-based
3. Mechanical/ manipulative
4. Meditative/mindful
5. Nutriceutical
6. Energy-based
7. Spiritual

✓ Aromatherapy?

Regional Analgesia

- Peripheral Nerve Blocks
- Sympathetic Blocks
- Epidural/Intrathecal Analgesia

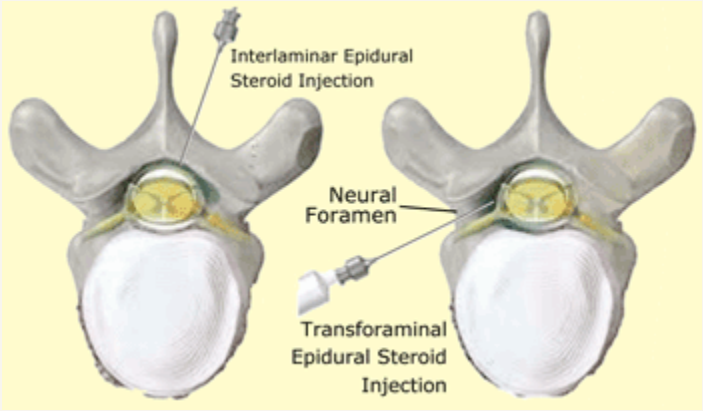
FAIRVIEW

Sympathetic Blocks

- Autonomic (sympathetic) blockade to treat ischemic pain and sympathetically maintained neuropathic pain. They also are used to manage pain from disease of internal organs.
- Benefits include decrease in opioid requirements and interrupting the pain cycle
  - Stellate ganglion block for face, upper extremity, chest wall at level C6-C7
  - Celiac plexus block: malignancy of liver, pancreas or upper GI
  - Hypogastric block is used for lower abdominal and pelvic pain.
  - Ganglion impar block for perineum, rectum and genitalia

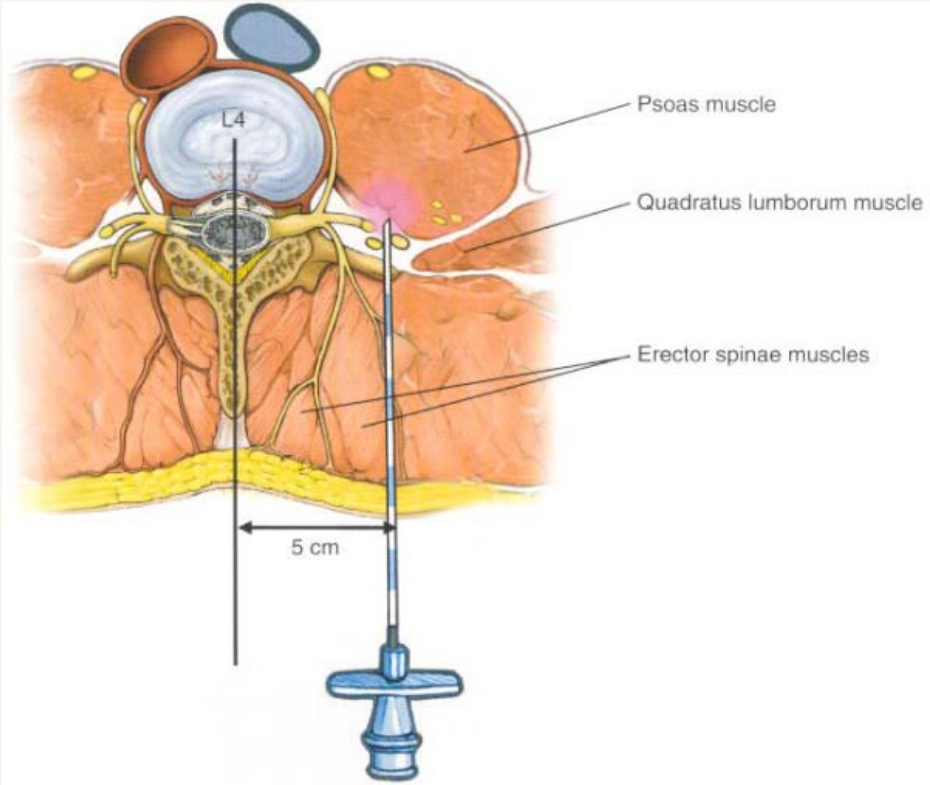
Epidural Block

- Corticosteroid administration to the epidural space
- Indicated for radicular pain in the neck or back
- Gives intermediate term relief (weeks to months)
- Facilitates rehabilitation



Paravertebral Blocks

- Indicated for postoperative pain
- Catheter retained for <7 d
- Local anesthetic tracks up and down 1-2 dermatomes



FAIRVIEW

What do you say to your patient?

- Your pain is caused by…
- Your pain is amplified by…
- Opioids do not address the cause or the amplifying factors
- Opioids have never been shown to increase function
- Opioids may actually increase pain and pain sensitivity
- Continue opioids and… *your balls will shrink to the size of raisins*

FAIRVIEW

How To Say No

- Opioids aren't indicated for your condition
- There are other txs that are more effective
- We don't prescribe opioids for chronic pain when patients are using illicit drugs (even Marijuana and even for medicinal purposes)
- Your past experiences when using opioids (OD, multiple lost Rxs, poor function, frequent ER visits, etc) puts you at too high a risk if we go back to that type of treatment

How to Say No: What **NOT** to Say

- I just don’t prescribe narcotics
- That is not my area
- I am just not comfortable with that
- I don’t treat chronic pain
- Well, I’ll give you enough to get to your pain clinic appointment. Then it will be up to them

Case Vignettes

- A pt has burning pain down the posterior leg to the calf after lumbar surgery. How would you classify it?
- A 71 yr old man is admitted to hospital with a CVA. He has a long hx of chronic low back pain and DDD. How do you treat the low back pain in the hospital?
- A pt calls you on the phone because their chronic neck pain has been worse after he helped his sister move. He has been on SR morphine for over a year at the same dose, and is asking for a boost in the dose. What is your response
- Pt with chronic low back pain is asking for a strong narcotic to manage the pain so he can keep working
- A diabetic has burning foot pain what medication would be appropriate

Case Vignettes

- Neck pain is aching 2 years after a rear-end collision. It hurts with flexion of the neck. Pressure over the trapezius causes referred pain into the occipital area. What is the physiological type of pain?
- The above patient has a newborn. Pain is worse when she carries the infant. What do you call that component of the pain?
- True or False: It is reasonable to try to get the chronic pain patient to a pain level that is < 4/10
- How would you address the neck pain
  - Pharmacologically
  - Non-pharmacologically