Opioid Epidemic

Prescribers are ahead of the policy

Objectives

1. Recognize current trend in Opioid use.

2. Recognize the growing need for medication assisted treatment.

3. Become comfortable with the concept of MAC in your own clinic.

4. Develop a systematic approach to deciding which patients are appropriate for Chronic Opioids in your practice.

Chronic pain and opioids

>The 1999–2002 National Health and Nutrition Examination Survey estimated that 14.6% of adults have current widespread or localized pain lasting at least 3 months

>approximately 3%–4% of the adult U.S. population, were prescribed long-term opioid therapy in 2005

Only 1 single study of >12 weeks duration for benefit

All show small benefits for functional outcomes

More pain than nonopioids at 1yr

Consistent Harms

OUD (26% in primary care offices)

Dose dependent death from OD

Inc. fracture risk

Associated with new chronic pain source

Chronic pain and opioids

Those who can't take non-opioid pain relievers

#1 recommendation: get by with non Rx modalities!

#2 All regimens seem to be equally effective

>Chronic opioid therapy:

Tramadol: No more effective than Tylenol. Low OD risk and low OUD potential. Seizure and cardiac side effects. No benefit over Tylenol with equal to greater harms.

Methadone: Long acting, highest OD death rate due to misuse. Highest risk in initiation of opioid therapy (not recommended first line)

Fentanyl patch: Long acting (while wearing). OD risk in opioid naive patients. Only recommended after established on a steady state.

Short acting opioids: Most diversion potential and misuse. Highest risk for development of OUD. Most appropriate as may be able to limit use to something less than daily.

Buprenorphine: long acting agonist/antagonist. Ceiling effect on respiratory depression. NO OD DEATHS REPORTED when used alone! (can precipitate withdrawal due to strong affinity and difficult to treat in OD due to outcompeting naloxone)

Chronic pain and opioids

#1 recommendation: get by with non Rx modalities!

1. Utilize joint decision making
2. Risk assess for SUD and diversion potential. (no tool is very good actually) the tool used most is: Opioid Risk Tool (ORT)
3. Set functional goals. You can use a generic disability questionnaire (ie. functional disability index)

Probably more useful but time intensive is setting SMART goals:

Specific goal of increasing walking by 1000 steps per day can be

Measured with an activity monitor or cell phone step counter, is an

Attainable goal to improve function, is

Relevant to everyday life, and can be given as a

Time limited assignment to complete over a one of two month period

4. Begin ready to discontinue as MOST will not see functional benefit to justify the risk
5. Pain contract increases success- accountability with frequent visits and UDS's.
6. Inappropriate to suddenly stop… may need to bridge to Substance use treatment.

Opioid Risk Tool (ORT)

Item	Mark each box that applies	F	M
1. Family history of substance abuse			
Alcohol	☐	1	3
Illegal drugs	☐	2	3
Prescription drugs	☐	4	4
2. Personal history of substance abuse			
Alcohol	☐	3	3
Illegal drugs	☐	4	4
Prescription drugs	☐	5	5
3. Age (mark box if 16-45)	☐	1	1
4. History of preadolescent sexual abuse	☐	3	0
5. Psychological disease			
ADD, OCD, bipolar disorder, schizophrenia	☐	2	2
Depression	☐	1	1

<div align="center">Total</div>

Total score risk category:

0-3: Low risk (unlikely to abuse opioids)

4-7: Moderate risk (as likely will as won't abuse opioids)

≥8: High risk (likely to abuse opioids)

F = female; M = male; ADD = attention-deficit disorder; OCD = obsessive-compulsive disorder.

Pain Disability Index

Name: _____ Date: _____

Pain Disability Index: The rating scales below are designed to measure the degree to which aspects of your life are disrupted by chronic pain. In other words, we would like to know how much your pain is preventing you from doing what you would normally do, or from doing it as well as you normally would. Respond to each category by indicating the overall impact of pain in your life, not just when the pain is at its worst.

For each of the seven categories of life activity listed, please circle the number on the scale which describes the level of disability you typically experience. A score of 0 means no disability at all, and a score of 10 signifies that all of the activities in which you would normally be involved have been totally disrupted or prevented by your pain.

Family/home responsibilities: This category refers to activities related to the home or family. It includes chores or duties performed around the house (e.g., yard work) and errands or favors for other family members (e.g., driving the children to school).

| No disability | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst disability |

Recreation: This category includes hobbies, sports and other similar leisure time activities.

| No disability | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst disability |

Social Activity: This category refers to activities that involve participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out and other social functions.

| No disability | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst disability |

Occupation: This category refers to activities that are a part or directly related to one's job. This includes nonpaying jobs as well, such as that of a housewife or volunteer worker.

| No disability | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst disability |

Sexual behavior: This category refers to the frequency and quality of one's sex life.

| No disability | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst disability |

Self-care: This category includes activities that involve personal maintenance and independent daily living (e.g., taking a shower, driving, getting dressed, etc.)

| No disability | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst disability |

Life-support Activities: This category refers to basic life-supporting behaviors such as eating, sleeping and breathing.

| No disability | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst disability |

2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Provisional^ 2017	2015-2016 Fold Change	2015-2016 Percent Increase
29,813	34,425	36,010	36,450	37,004	38,329	41,340	41,502	43,982	47,055	52,404	63,632	72,306	3.7	21%
11,089	12,532	13,712	13,982	14,411	15,323	16,352	16,390	17,183	18,243	19,447	22,074		3.8	14%
18,724	21,893	22,298	22,468	22,593	23,006	24,988	25,112	26,799	28,812	32,957	41,558		3.6	26%
14,917	17,545	18,515	19,582	20,422	21,088	22,784	23,164	25,050	28,647	33,091	42,249	49,068	5.0	28%
5,161	5,945	6,581	6,819	7,287	7,733	8,325	8,431	9,054	10,227	11,420	13,751		6.1	20%
9,756	11,600	11,934	12,763	13,135	13,355	14,459	14,733	15,996	18,420	21,671	28,498		4.6	32%
9,612	11,589	12,796	13,149	13,523	14,583	15,140	14,240	14,145	14,838	15,281	17,087		4.5	12%
3,572	4,274	4,863	4,959	5,212	5,644	6,082	5,995	6,049	6,506	6,664	7,109		5.8	7%
6,040	7,315	7,933	8,190	8,311	8,939	9,058	8,245	8,096	8,332	8,617	9,978		3.9	16%
426	573	601	655	872	939	889	861	1,015	1,489	2,263	4,055		24.3	79%
207	246	286	309	444	453	426	445	488	661	898	1,394		18.3	55%
219	327	315	346	428	486	463	416	527	828	1,365	2,661		29.2	95%
9,186	11,016	12,195	12,494	12,651	13,644	14,251	13,379	13,130	13,349	13,018	13,032		3.6	0%
3,365	4,028	4,577	4,650	4,768	5,191	5,656	5,550	5,561	5,845	5,766	5,715		4.9	-1%
5,821	6,988	7,618	7,844	7,883	8,453	8,595	7,829	7,569	7,504	7,252	7,317		3.0	1%
6,208	7,448	6,512	5,129	4,350	4,183	4,681	4,404	4,944	5,415	6,784	10,375	14,556	2.9	53%
1,620	1,860	1,665	1,322	1,141	1,132	1,314	1,262	1,376	1,535	1,899	2,882		3.4	52%
4,588	5,588	4,847	3,807	3,209	3,051	3,367	3,142	3,568	3,880	4,885	7,493		2.8	53%
2,842	3,372	3,027	2,656	2,210	2,086	2,505	2,448	2,831	3,414	4,506	7,263		4.0	61%
737	845	784	695	574	572	746	720	803	973	1,261	2,048		5.3	62%
2,105	2,527	2,243	1,961	1,636	1,514	1,759	1,728	2,028	2,441	3,245	5,215		3.6	61%
174	432	219	182	176	167	189	182	245	628	1,542	4,184		91.0	171%

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	6,208	7,448	6,512	5,129	4,350	4,183	4,681	4,404	4,944	5,415	6,784	10,375	14,556	2.9	53%
	1,620	1,860	1,665	1,322	1,141	1,132	1,314	1,262	1,376	1,535	1,899	2,882		3.4	52%
	4,588	5,588	4,847	3,807	3,209	3,051	3,367	3,142	3,568	3,880	4,885	7,493		2.8	53%
	2,842	3,372	3,027	2,656	2,210	2,086	2,505	2,448	2,831	3,414	4,506	7,263		4.0	61%
	737	845	784	695	574	572	746	720	803	973	1,261	2,048		5.3	62%
	2,105	2,527	2,243	1,961	1,636	1,514	1,759	1,728	2,028	2,441	3,245	5,215		3.6	61%
	174	432	219	182	176	167	189	182	245	628	1,542	4,184		91.0	171%

9

	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
33	719	771	883	1,015	881	627	567	560	568	542	573	562	638	834		1.8	31%	
34	2,024	2,150	2,483	3,061	2,604	1,846	1,573	1,537	1,608	1,414	1,540	1,439	1,640	2,278		1.8	39%	
35	5,090	5,313	6,034	7,016	6,293	4,947	4,174	4,016	4,492	4,222	4,699	4,787	5,242	6,191		1.8	18%	
36	1,278	1,364	1,558	1,751	1,602	1,263	1,080	1,069	1,227	1,203	1,289	1,348	1,474	1,711		2.1	16%	
37	3,812	3,949	4,476	5,265	4,691	3,684	3,094	2,947	3,265	3,019	3,410	3,439	3,768	4,480		1.7	19%	
38	2,080	1,878	2,009	2,088	2,399	3,041	3,278	3,036	4,397	5,925	8,257	10,574	12,989	15,469	15,958	8.4	19%	
39	358	341	389	344	399	551	577	584	878	1,213	1,732	2,414	3,108	3,717		13.3	20%	
40	1,722	1,537	1,620	1,744	2,000	2,490	2,701	2,452	3,519	4,712	6,525	8,160	9,881	11,752		7.5	19%	
41	16	13	34	113	13	28	29	45	44	69	209	1,027	2,685	5,781		321.2	115%	
42	3	6	9	25	3	13	10	8	11	19	58	275	670	1,430		204.3	113%	
43	13	7	25	88	10	15	19	37	33	50	151	752	2,015	4,351		395.5	116%	
44	2,064	1,865	1,975	1,975	2,386	3,013	3,249	2,991	4,353	5,856	8,048	9,547	10,304	9,688		5.3	-6%	
45	355	335	380	319	396	538	567	576	867	1,194	1,674	2,139	2,438	2,287		8.4	-6%	
46	1,709	1,530	1,595	1,656	1,990	2,475	2,682	2,415	3,486	4,662	6,374	7,408	7,866	7,401		4.8		
47	1,400	1,664	1,742	2,707	2,213	2,306	2,946	3,007	2,666	2,628	3,105	5,544	9,580	19,413	29,406	24.8	103%	
48	643	798	823	1,030	1,053	1,083	1,445	1,440	1,247	1,195	1,431	2,079	3,020	5,578		14.9	85%	
49	757	866	919	1,677	1,160	1,223	1,501	1,567	1,419	1,433	1,674	3,465	6,560	13,835		33.9	111%	
50	1,179	1,305	1,608	1,462	1,378	1,302	1,632	1,854	2,266	2,635	3,627	4,298	5,716	7,542	10,721	13.0	32%	
51	353	393	438	411	409	375	489	592	693	816	1,106	1,278	1,745	2,194		13.4	26%	
52	826	912	1,170	1,051	969	927	1,143	1,262	1,573	1,819	2,521	3,020	3,971	5,348		12.9	35%	
53	359	407	476	526	473	495	654	640	876	993	1,354	1,806	2,345	3,416		16.9	46%	
54	119	128	145	170	150	151	207	255	316	378	491	610	819	1,072		21.9	31%	
55	240	279	331	356	323	344	447	385	560	615	863	1,196	1,526	2,344		15.3	54%	
	28	29	33	37	35	47	69	73	93	91	142	276	494	1,042		148.9	111%	

Cell F26: =F28+F27

Sheets: **Drug Overdose Deaths** | Opioid-related OD Deaths

Take Home

- The prescription "opioid epidemic", has ended.

- The aftermath has left an untreated population with opioid use disorder.

Medication Assisted Treatment (MAT)

Naltrexone

Mu antagonist. Long acting.

-Good efficacy in addiction of all kinds

PO daily

IM q4weeks

12

Methadone

Mu agonist. Long acting

-Better efficacy at high doses (high levels of physical dependence)

--highest OD deaths due to long duration of action and cumulative effects building over 2-3days

Oral daily tx

Buprenorphine

Mu agonist/antagonist. Long acting

-celling effect (extremely low abuse and OD risk)

-can precipitate withdrawal

Sublingual tab daily

IM monthly

11/6/2019

Subdermal implant for 6mo.

# Medication Assisted Treatment for current users

- Methadone or Buprenorphine

  -same efficacy

- The National Survey on Drug Use and Health (NSDUH) 2018 data indicate that an unacceptably high 92% of individuals who meet criteria for needing SUD treatment do not receive it

- Methadone for use in SUD may only be done in specially licensed clinics.

- Buprenorphine: minimal training to get the DEA waiver.

Available online- https://elearning.asam.org/products/the-asam-treatment-of-opioid-use-disorder-course-8-hour-online

Approach to medication-assisted treatment for opioid use disorder*
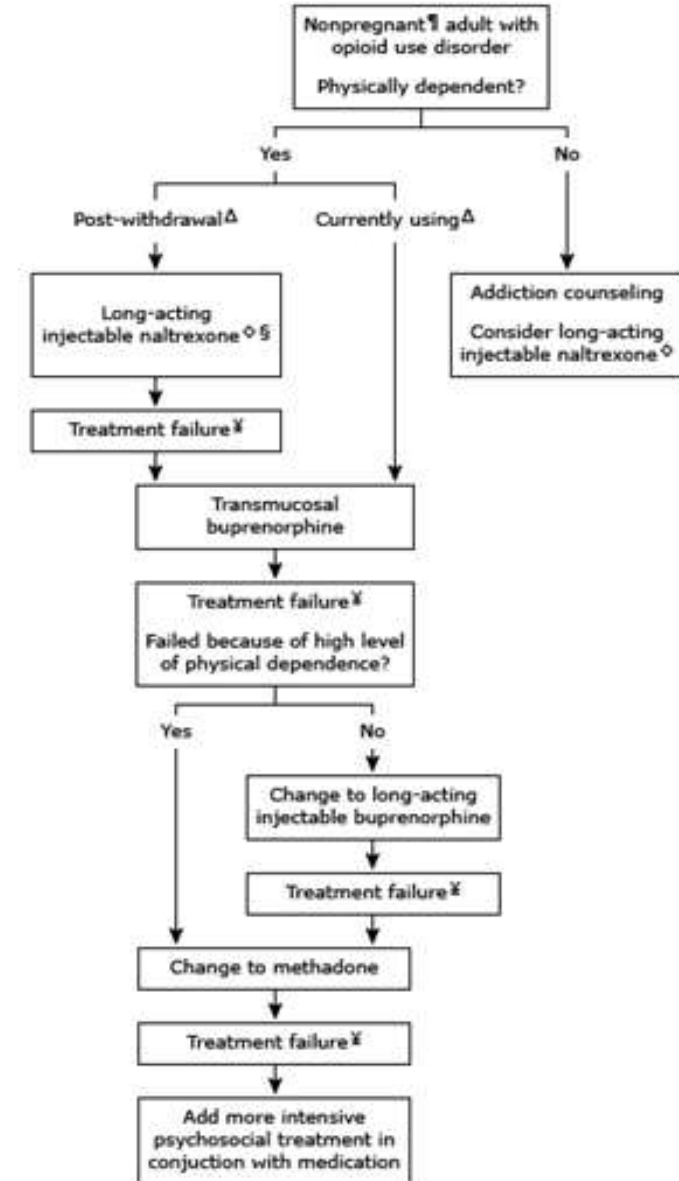
Medication Assisted Treatment
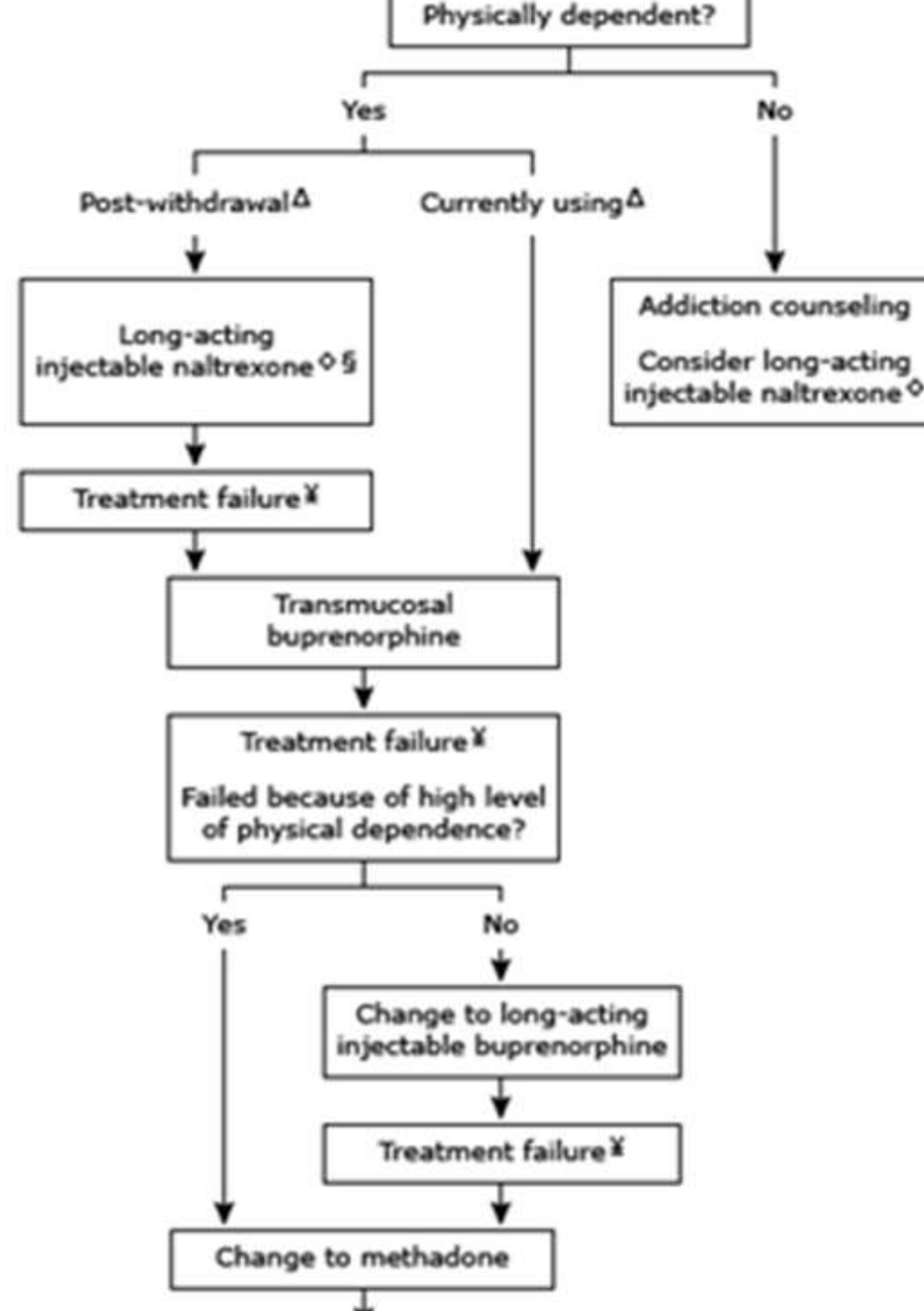
What am I doing with this....

Systematically evaluating all current opioid users and taking using the "6 hits" to establish an approach to match functional improvement with lowest possible dose.

Evaluating for OUD and changing treatment to fit findings

I have received my waiver from DEA in order to initiate treatment for the 26% with Opioid Use Disorder we recognize

We have applied for a grant to help hire a coordinator for our new OUD patients from SAMSA: https://www.samhsa.gov/grants/grant-announcements/fg-20-001
$113 million federally

Reference

Uptodate (10/2019)

CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016

Hardt J, Jacobsen C, Goldberg J, Nickel R, Buchwald D. Prevalence of chronic pain in a representative sample in the United States. Pain Med 2008;9:803–12. http://dx.doi.org/10.1111/j.1526-4637.2008.00425.x

Boudreau D, Von Korff M, Rutter CM, et al. Trends in long-term opioid therapy for chronic non-cancer pain. Pharmacoepidemiol Drug Saf 2009;18:1166–75. http://dx.doi.org/10.1002/pds.1833

JAMA March 6, 2018
Effect of Opioid vs Nonopioid Medications on Pain-Related Function in Patients With Chronic Back Pain or Hip or Knee Osteoarthritis PainThe SPACE Randomized Clinical Trial