**COE Learning Network:** Pain Management

**Presenters:** Dr. Karen Arscott, Scott Constantini

**Date and Time:** 07/13/2022 1:30-2:00pm

**Location:**Virtual Training (on Zoom)

**Host:**University of Pittsburgh, School of Pharmacy, Program and Evaluation Unit (PERU)

**Target Audience:**Centers of Excellence Leadership and Staff

**Training Objectives:**

* Describe pain management for patients on baseline MAT.
* Discuss why a person with a history of Substance Use Disorder requires pain management in addition to their baseline MAT.
* Discuss a plan for management of MAT and pain management for a patient with pending elective surgery.
* Describe ways that COEs can collaborate with onsite pain management specialists
* Discuss ways to develop relationships with pain management referral partners

**Agenda:**

1. Welcome, introductions, training objectives
2. Pain management
   1. Prevalence of patients with OUD who need pain management services
   2. Medications for opiate use disorder (MOUD)
   3. Considerations for patients receiving buprenorphine
      1. Nonpharmacologic treatments
      2. Dosing considerations
      3. Other options
   4. Chronic pain management
      1. Nonpharmacologic treatments
   5. Considerations for patients receiving naltrexone
   6. Considerations for patients receiving methadone
3. COE care and pain management
   1. Working with patients
   2. Internal coordination of care
   3. External coordination of care
4. Questions

**Questions:**

1. True or  **False:** Only a small number of clients with OUD require pain management services.
2. Patients with OUD:
   1. Often require lower doses of opioids than patients without OUD
   2. Should never be prescribed opioids for pain management
   3. **Often require higher doses of opioids than patients without OUD**
   4. None of the above
3. True or  **False:** Buprenorphine or methadone should be held prior to any surgical procedure.
4. For patients receiving naltrexone
   1. Oral naltrexone should be discontinued 72 hours before and operative procedure
   2. Will require higher doses of opiates in the event of an acute injury or surgery
   3. Use should be discontinued as soon as possible in the event of an acute injury or surgery
   4. **All of the above**
5. True or  **False:** For patients receiving methadone, methadone should be discontinued in the event of an acute injury or surgery.

**References:**

*Herron A, Brennan T. The ASAM Essentials of Addiction Medicine Third edition. 2020*

*Veazie S, Mackey K, Bourne D, Peterson K. Evidence Brief: Managing Acute Pain in Patients with Opioid Use Disorder on Medication-Assisted Treatment. Washington, DC: Evidence Synthesis Program, Health Services Research and Development Service, Office of Research and Development, Department of Veterans Affairs. VA ESP Project #09-199; 2019. Posted final reports are located on the ESP*