



Help, I'm in Pain Management; Opioid Crisis, and Alternatives That Work

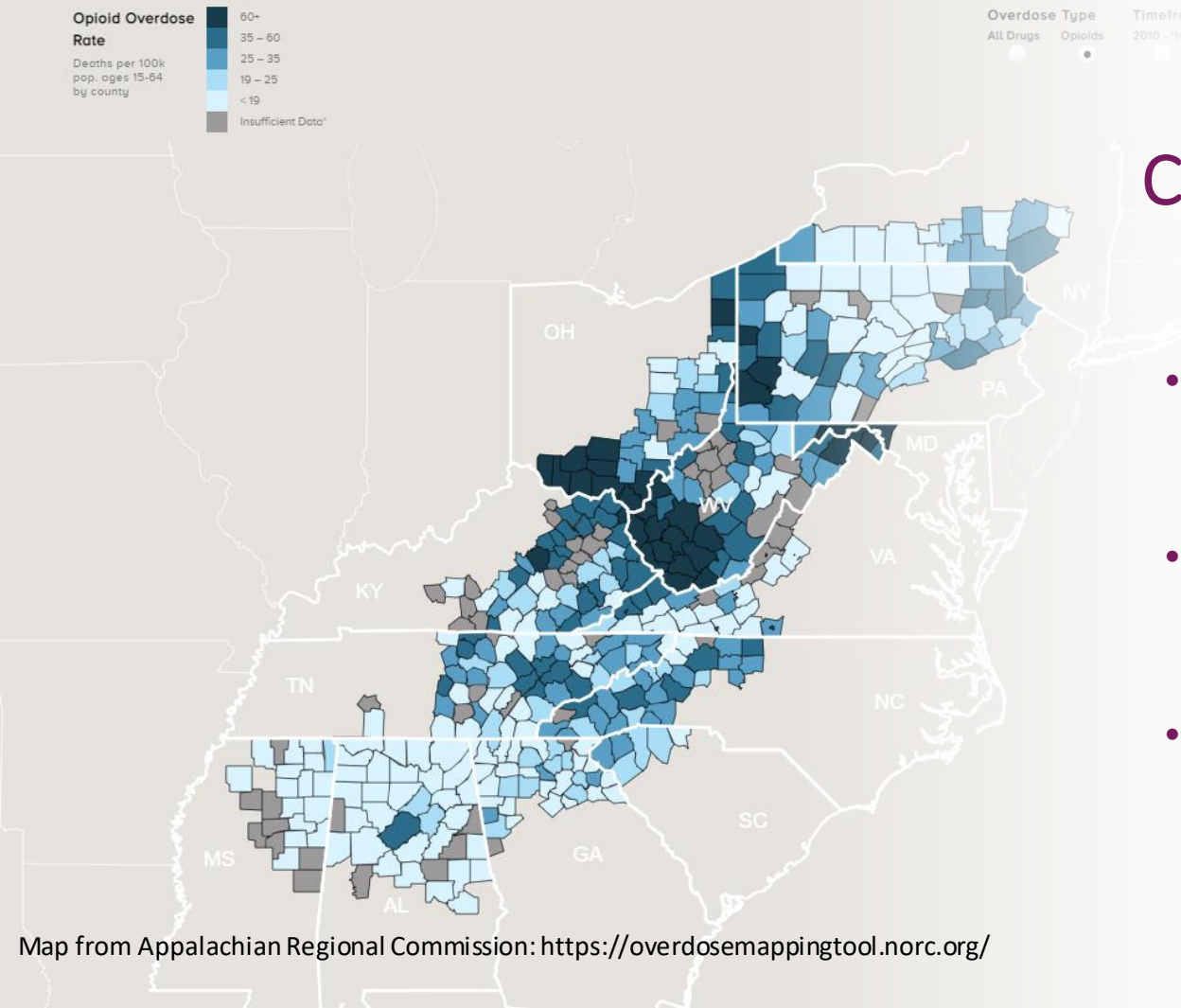
Todd Harvey, BSN, RN, CARN

9th Annual UPMC Comprehensive Wound Care Symposium

September 24, 2022

Objectives

- Discuss challenges of pain management for those vulnerable to or living with OUD
- Discuss delivery of patient-centered care for those living with OUD
- Discuss promising non-narcotic pain management techniques
- Discuss treatment support for those living with OUD



Current Context

- Greater Pittsburgh an epicenter of opioid crisis.
- Rates of overdose climbing in Allegheny County.
- African Americans disproportionately impacted.

Opioid Use Disorder & Pain



- Frequently co-occur (30%),
- Share neurophysiologic patterns,
- Pain is always subjective,
- Both fluctuate over time and under unique circumstances,
- Treatments for each may contradict treatment for the other,
- And must be managed simultaneously!

The background of the slide is a collage of crumpled white paper. In the center-right, there is a graphic of several hands of different skin tones reaching in to hold a heart shape. The heart is made of crumpled paper and is divided into sections of the rainbow colors: red, orange, yellow, green, blue, and purple. On the left side, there is a large, semi-transparent white circle containing the title and a list of points.

Person-Centered Care

1. Reduce Stigma

2. Assess for SUD

3. Collaborate across specializations



Reduce Stigma.

- Dual stigma: OUD & Pain
- Emphasize safety as the approach
- Develop patient-centered goals
- Collaborate with addiction providers
- Create a safe clinical environment.
 - Free of judgment
 - Empowering



Use person-first language.

- Addict to “person living with addiction”
- Drug abuser to “Joe”
- Alcoholic to “Erika, living with alcohol use disorder”
- Med-seeking to “Todd, a patient who has unmet needs”
- Frequent flier to “Mrs. Smith”

Suspending Judgement in Patient Communication

Stigmatizing Words (Do Not Use)	Words that Foster Trust (Use)
Addict, junkie	Person living with addiction or substance use disorder
Clean	Addiction survivor, Person in recovery, sobriety
Dirty	Experience a relapse
Substitution, replacement therapy	Medications for addiction

Frequent fliers → Familiar faces

Alcoholic	Person living with Alcohol Use Disorder
Med seeking	Unmet or unmanaged needs
"_____" in urine	Positive toxicology result for "_____" or negative toxicology result
Detox	Withdrawal management
Triggers	Stressors

Screen/Assess for SUD Risks

- Bio/psycho/social history of patient
 - Active or prior OUD? Other SUD?
 - Family history of SUD:
 - Childhood trauma
 - Mental health concerns
 - High, med, low risk?
- If high risk:
 - Use PDMP;
 - treatment agreements,
 - drugs screens
- Vulnerability to suicide



Non-narcotic Medications

Acetaminophen

NSAIDs

Anticonvulsants

Antidepressants

Muscle Relaxers

Antianxiety

Buprenorphine

Holistic Approaches

Massage, acupuncture, chiropractic tx

Physical Therapy

Cognitive-behavioral therapy, BH
therapies

Therapeutic exercise

Cold/Heat

Meditation/Mindfulness

Braces/body supports

Medication for Opioid Use Disorder

- Critical component of recovery.
- Continue Rx while treating pain.
- Work with OUD clinic re:
 - Pain response,
 - Opioid cravings.

Methadone, Buprenorphine (Suboxone), Naltrexone

Significantly increases the likelihood of a patient to remain off opiates

- 50-80% increase in success.

Recent studies given new push for MAT have shown significant decreases in overdoses and prolonged time off opiates.

NALOXONE SAVES LIVES.



Pain & Patients Untreated for OUD

- Baseline opioid tolerance means patient will need multimodal approach
- Educate on benefits of medications for addiction & referrals to treatment
- If acute, consider skilled nursing facilities
- Prescribe and educate on overdose risks and naloxone
- Educate patient caregiver on overdose and naloxone



Overdose Prevention & Naloxone

Narcan (Naloxone) Rescue Kit

- A lifesaving, opioid reversal medication used in circumstances of opioid overdose.
- The nasal spray is designed for ease of use in community settings.

Patient teaching

- If you found a loved one unresponsive, how would you help them?

Engage addiction support.



MAT Clinics



Peer Navigators



Community support resources

HSAO, Connect Community Paramedics



Pathways to Care & Recovery

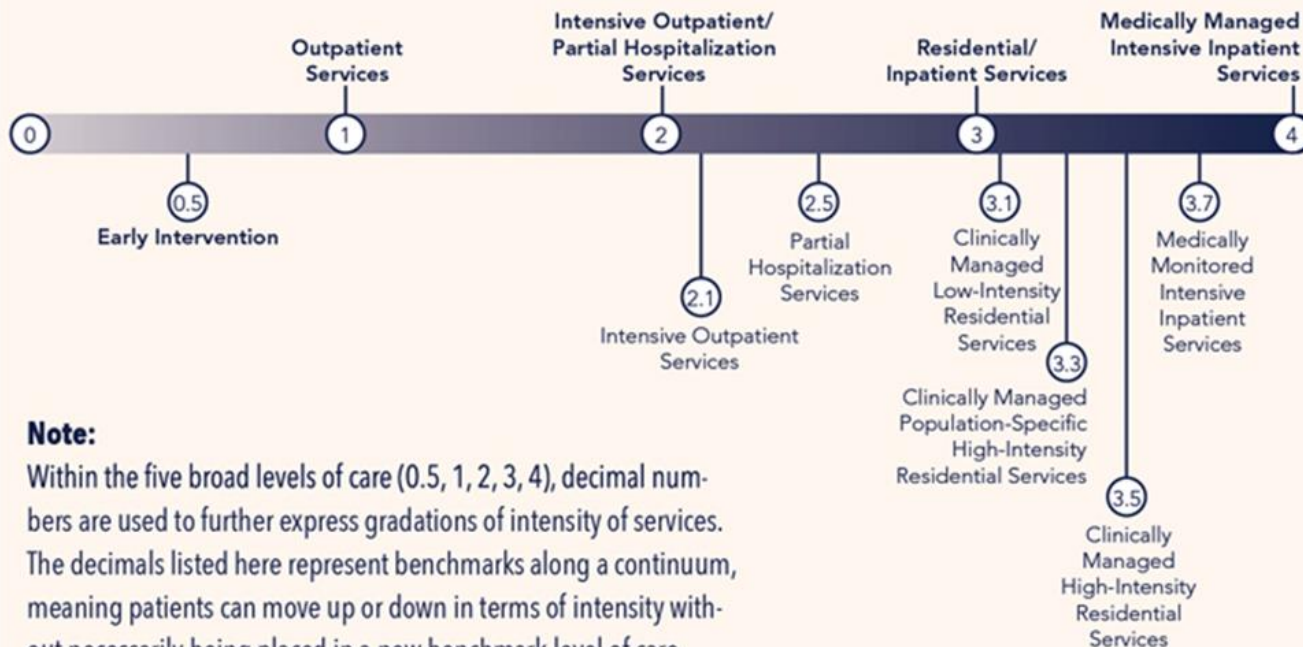
24/7/365 Drop-In Help



PA Get Help Now

1-800-662-HELP

REFLECTING A CONTINUUM OF CARE



Note:

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

Addiction Treatment System

Risk Mitigation Strategies & Services

Narcan Take Home Kits

- Develop connection to provide at no/low cost

Never Use Alone Hotline/ Brave App

- 1-800-484-3731

Syringe Service programs

- Prevention Point Pittsburgh

Questions? Thoughts?

Thank you!

References

Atkins, J., Dopp, A. L., & Temaner, E. B. (2020). Combatting the Stigma of Addiction-The Need for a Comprehensive Health System Approach. *NAM perspectives, 2020*.

Coffa, D., Carr, D. (2022). Management of acute pain in adults with opioid use disorder. *UptoDate*.
<https://www.uptodate.com/contents/management-of-acute-pain-in-adults-with-opioid-use-disorder>; Accessed September 16, 2022.

Department of Health and Human Services Pain Management Best Practices Inter-Agency Task Force. (2019). Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Final Report. Washington, DC: Content created by Assistant Secretary for Health (ASH); <https://www.hhs.gov/ash/advisory-committees/pain/reports/index.html>; Accessed September 14, 2022.

Lauer, H. (2022, July 8). Overdose deaths in Allegheny County rise for 3rd straight year. *Pittsburgh Post-Gazette*.
<https://tinyurl.com/mr2bduch>

Marie, B. S., & Broglio, K. (2020). Managing pain in the setting of opioid use disorder. *Pain Management Nursing, 21*(1), 26-34.

Substance Abuse and Mental Health Services Administration. (2012). *Treatment Improvement Protocols: Managing Chronic Pain in Adults in Recovery with SUD*. TIP-54, SMA12-4671. Available at <http://store.samhsa.gov/product/TIP-54-Managing-Chronic-Pain-in-Adults-With-or-in-Recovery-From-Substance-Use-Disorders/SMA13-4671>; accessed September 14, 2022.