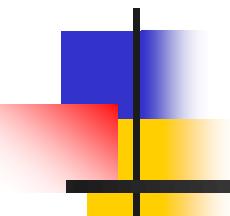


Approaches to Treatment and Recovery: Case Study with Integrated Opioid Therapy

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Evidence Considerations

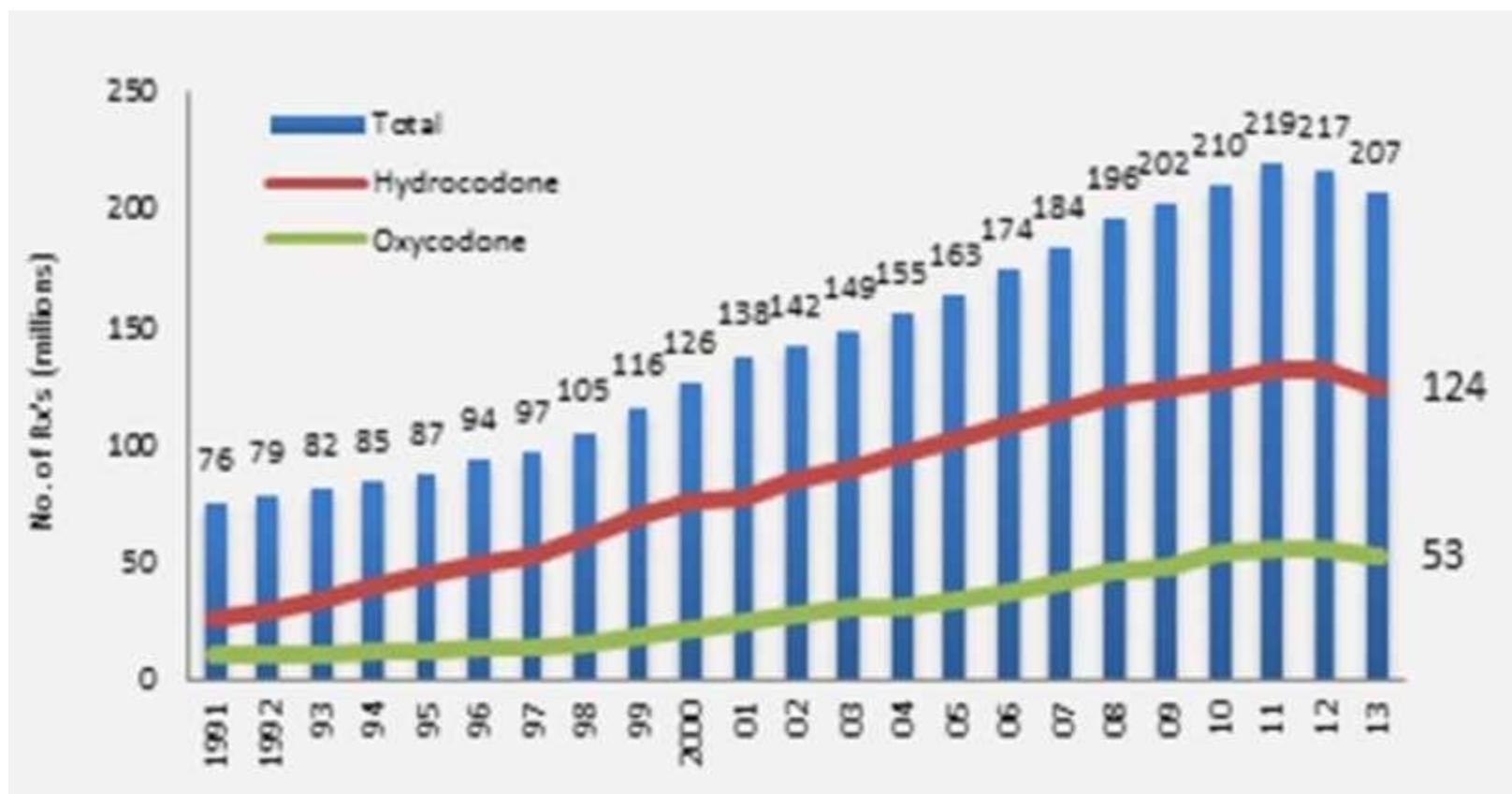
CT DPH Injured Workers and Opioid Use Symposium
03/01/17

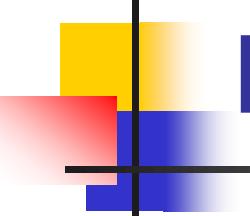


Opioid Prescribing Trends

NIDA 05/14/14

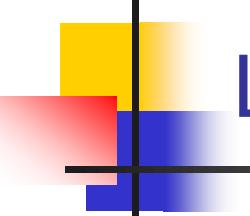
<https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2016/americas-addiction-to-opioids-heroin-prescription-drug-abuse>





Opioid Pain Reliever (OPR) Prescription Observations

- ↑ Likely to receive OPR
 - Depression & mental health disorders 3-4x↑
 - Alcohol abuse 4-5x ↑
 - Opioid abuse 5-10x↑ Sullivan Clin J Pain 2010
- ↑ Likely receive high dose OPR and sedatives
 - Substance abuse and mental health disorders
Richardson J Adolesc Health 2012, Seal JAMA 2012
- Suboptimal care for non-surgical patients on longer term OPR WCRI 2014



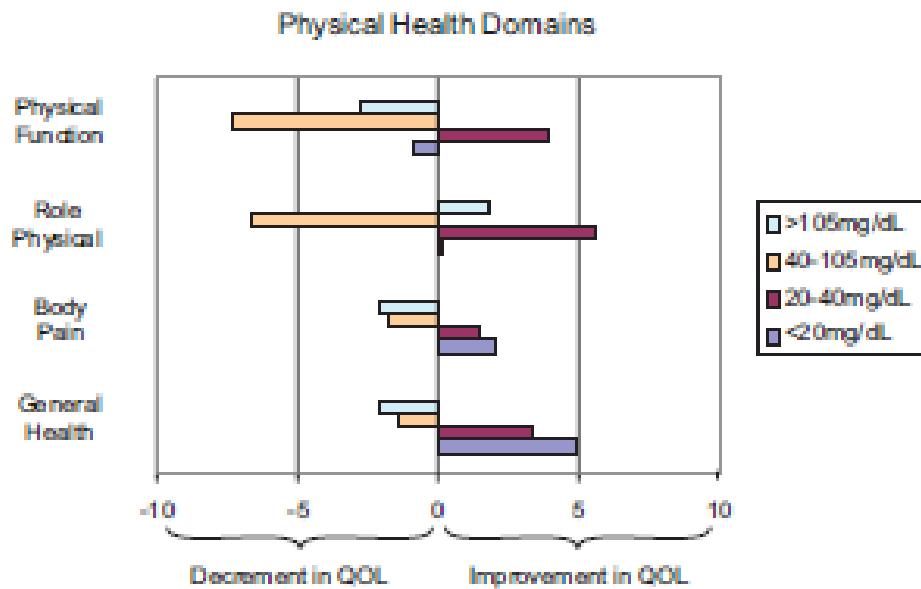
Longer Term Use of Opioids WCRI 2014

Use of Services Non-Surgical WC Claims with Longer-Term Opioids 2010-2012

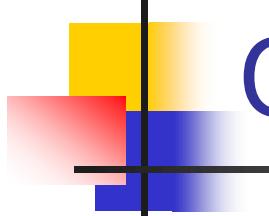
| | 25 State Median | Range | CT |
|-----------------------------------|----------------------------|---------------|------------|
| % UDT | 25% | 6-42% | 25% |
| % psych evaluations | 5% | 2-32% | 3% |
| % psych treatment/reports | 4% | 1-14% | 3% |
| % active physical medicine | 88% | 75-96% | 88% |

Opioid Efficacy

- Evidence of short term efficacy for opioids for acute pain
- Less clear efficacy for chronic non-cancer pain
 - Lower MME ↑ likely to benefit?

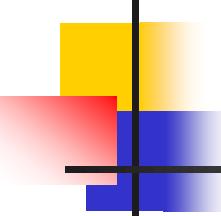


Dillie JAmBFM 2008



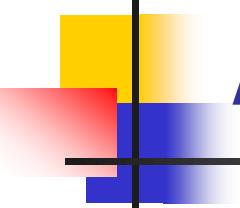
Opioid Efficacy For LBP

- Longer term opioid prescription
 - Lack of significant benefit for the majority, but some do benefit
 - 26% significant pain reduction
 - 16% significant functional improvement
 - Franklin Clin J Pain 2009
 - Option if quantified significant benefit, lack of significant side effects / risks, compliant



Opioid Side Effects

- Constipation 40-45%, Nausea 25%
- Cognitive, dizziness, falls (1-4.9x), MVA (1.6x)
- Mood alteration 38%
- Respiratory depression, sleep disordered breathing 10-75%
- Altered pain sensitivity, hyperalgesia
- Endocrine
- Tolerance (adaptation, ↓ effect), dependence (adaptation, withdrawal), misuse (use not as prescribed) abuse (use for mood alteration), addiction (brain disease, craving, self-harm)
- >20% discontinue due to side effects in chronic settings
- Baldini Prim Care Companion CNS Disord. 2012



Opioid Misuse, Aberrant, Abuse, Addiction

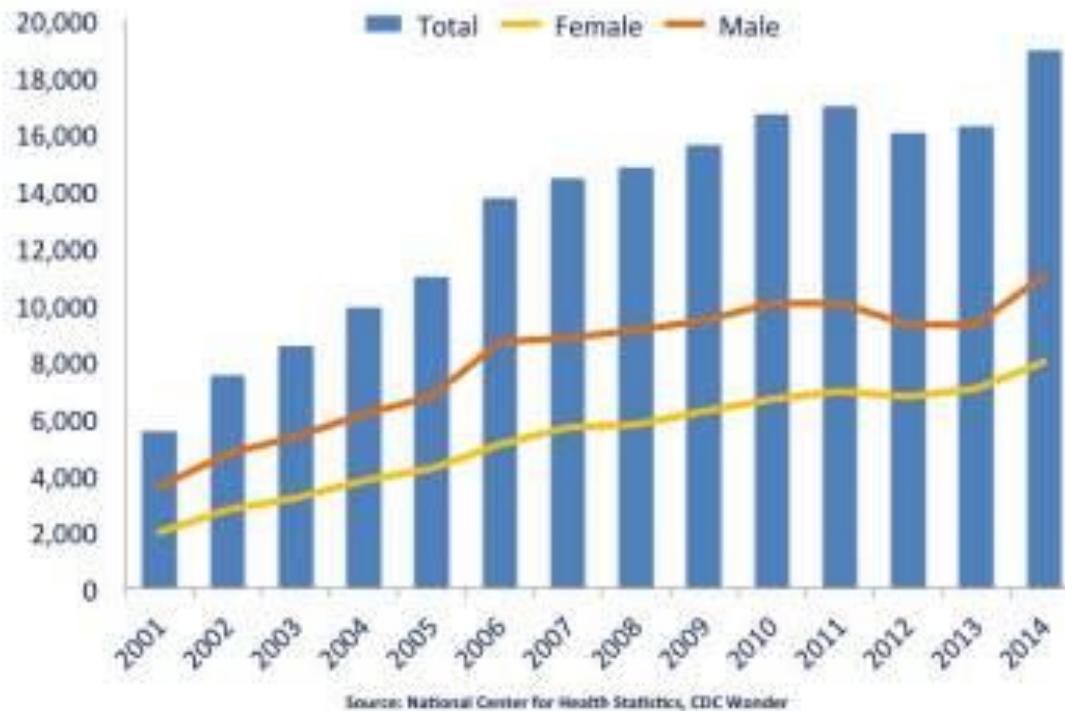
- Est 5 million misuse opioids
 - 76% obtain from family, friends
- Patients on chronic opioid therapy
 - Est up to 37% aberrant use MMWR 3/15/16
 - Est up to 14% substance abuse / addiction MMWR 3/15/16
- SAMSHA 2011, Michna Clin J Pain 2007, Vowles Pain 2015

<http://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>



National Overdose Deaths

Number of Deaths from Prescription Opioid Pain Relievers



18,893 opioids overdose deaths in 2014 MMWR 12/18/15

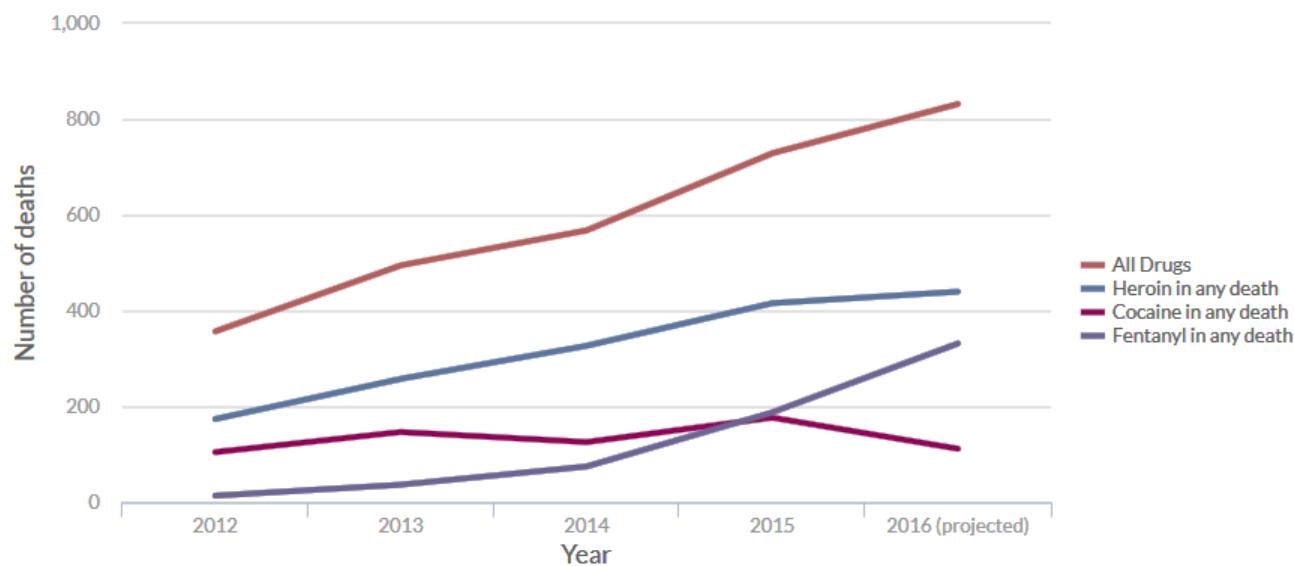
Benzos in 31% overdose deaths in 2011 Jones AmJPrevMed 2015

Benzo + Opioid prescription 10x overdose NC 2010 study Dasgupta PainMed 2015

Overdose Deaths Among CT Residents

Trendct.org

Connecticut Overdose Deaths by Drug, 2012-2016



Source: Office of the Chief Medical Examiner

CHARLIE SMART / TRENDCT

Opioids and Overdose

Figure 2. Death Rate (Hazard Ratio) vs. Morphine Equivalent Dosage (mg/d)*

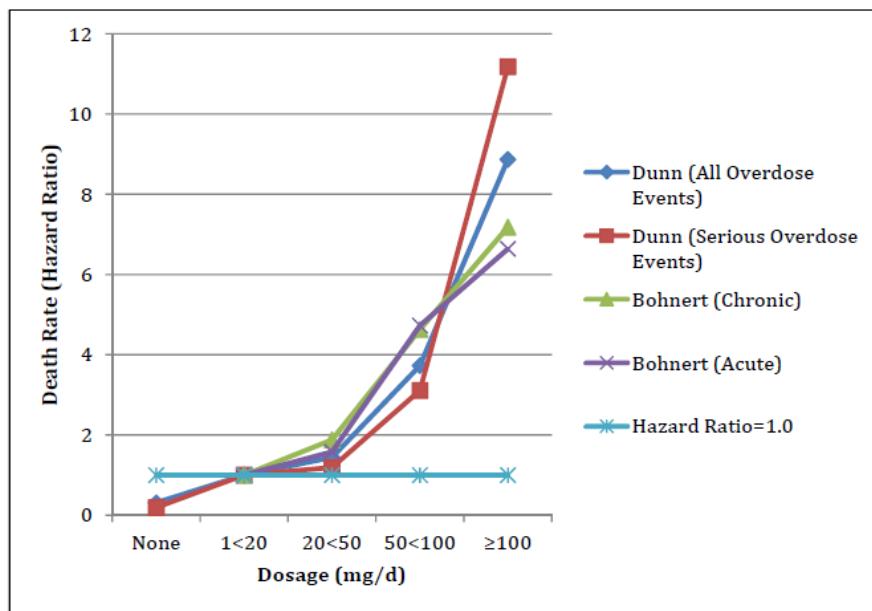
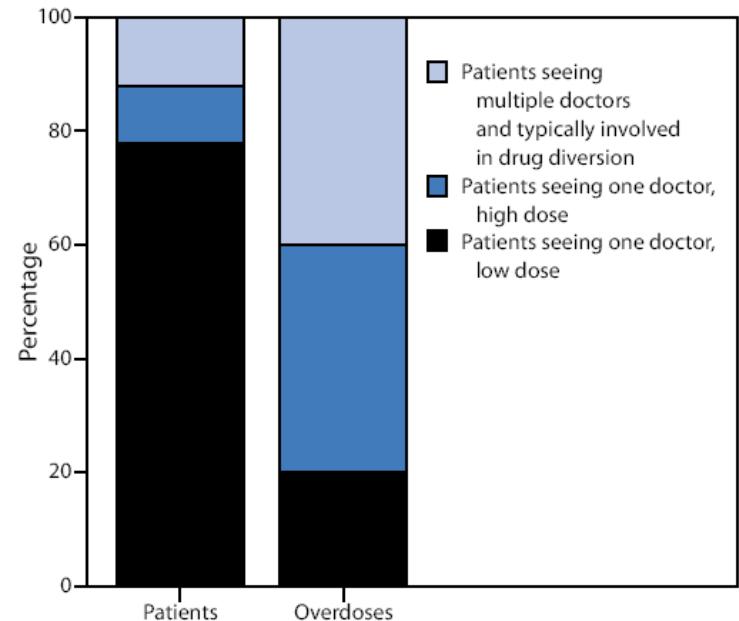


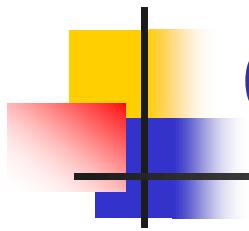
FIGURE 3. Percentage of patients and prescription drug overdoses, by risk group — United States



ACOEM Opioids Guide 2013

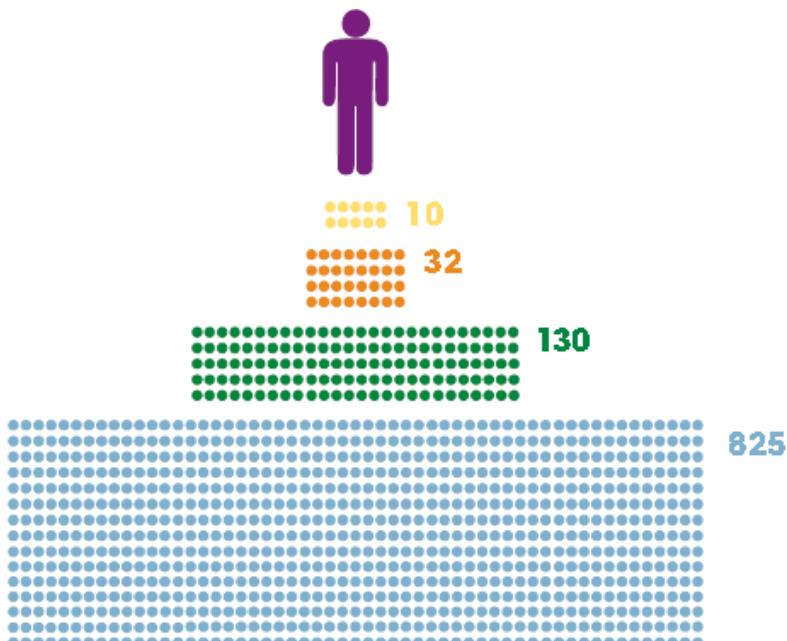
- Other risks: PMH substance abuse, mental health disorder, multiple agents, comorbidities, after abstinence, male and age

MMWR 01/13/12

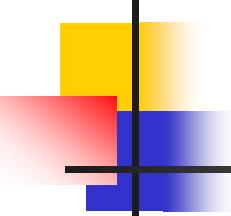


CDC Policy Impact

Nov 2011



- For every 1 death there are
 - 10 treatment admissions for abuse
 - 32 ER visits for misuse
 - 130 people who abuse or are dependent
 - 825 non-medical users



Safer Prescribing Considerations

- Exhaust alternative treatments
- Unresponsive moderate to severe pain
- Discussion of goals, risks vs. benefits, storage / disposal, driving and work
- PMH medical, psych
- Screen risks of misuse, abuse, addiction
- Monitor opioid agreement, PDMP, UDT
- Document pain and function with validated tools
- Lowest reasonable dose, duration
- Caution methadone for pain, benzos, hypnotics, barbs