

Substance Use Disorder ECHO

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State of New Jersey



MEDICATION-ASSISTED TREATMENT
CENTERS OF EXCELLENCE



RUTGERS
New Jersey Medical School

Hub Team Introductions



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Our Goal

- Combat the substance use crisis through education on best practices in a safe space for peer-to-peer learning
- Engage healthcare providers in the primary care setting to increase skills to safely and compassionately manage, treat, and support their clients with a substance use disorder
- Recognize the importance of reducing stigma to advance equity and improve access to care for patients with substance use disorders



Nov 11, 2022

Addressing OUD in Special Populations: A Focus on the Chronic Pain Patient

Presented by:

James Bailey, DO

Neuromusculoskeletal Institute Rehabilitation Medicine

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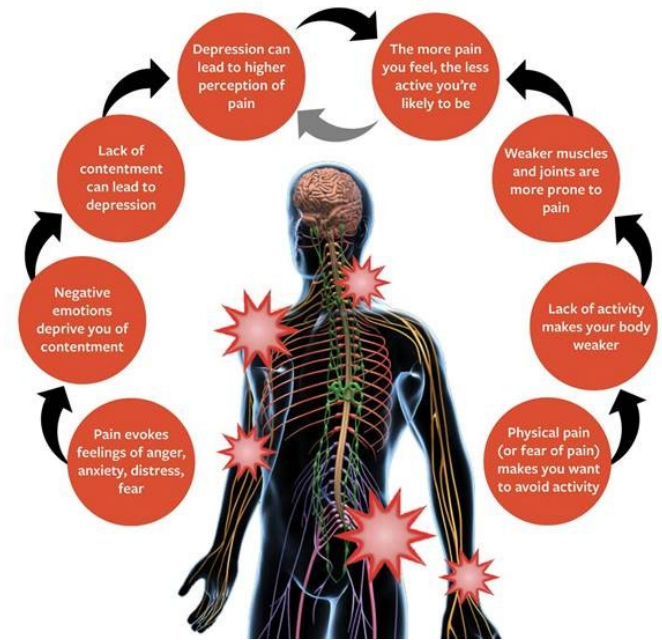
Financial Disclosures

- The following sessions leader(s) have no relevant Financial relationships with ineligible companies to disclose:
 - James Bailey, DO

Learning Objectives

- Demonstrate similarities between chronic pain and addiction
- Define population characteristics of chronic pain with SUD
- Discuss pain management in SUD population without opiates

Physical/psychological cycle of chronic pain



https://medicine.uiowa.edu/anesthesia/sites/medicine.uiowa.edu.anesthesia/files/wysiwyg_uploads/image001.jpg

Chronic Pain in the Presence of SUD

- 2016: 50 million adults with chronic pain³
 - 20% with high-impact chronic pain
- Who manages?¹
 - OUD Specialist?
 - Pain Management?
 - Primary Care Provider?
- Often becomes secondary to SUD treatment
- Lack of systematic research

Exhibit 1-1 Statistics on Substance Use and Chronic Pain in the United States

Category	Statistic
Chronic pain patients who may have addictive disorders	32% (Chelminski et al., 2005)
People ages 20 and older who report pain that lasted more than 3 months	56% (National Center for Health Statistics, 2006)
People experiencing disabling pain in the previous year	36% (Portenoy, Ugarte, Fuller, & Haas, 2004)
People ages 65 and older who experience pain that has lasted more than 12 months	57% (National Center for Health Statistics, 2006)
Civilian, noninstitutionalized U.S. residents ages 12 and older who report nonmedical use* of pain relievers in past year	5% (Substance Abuse and Mental Health Services Administration [SAMHSA], 2007)
People ages 12 and older who report that they initiated illegal drug use with pain relievers	19% (SAMHSA, 2008)
People with opioid addiction who report chronic pain	29–60% (Peles, Schreiber, Gordon, & Adelson, 2005; Potter, Shiffman, & Weiss, 2008; Rosenblum et al., 2003; Sheu et al., 2008)

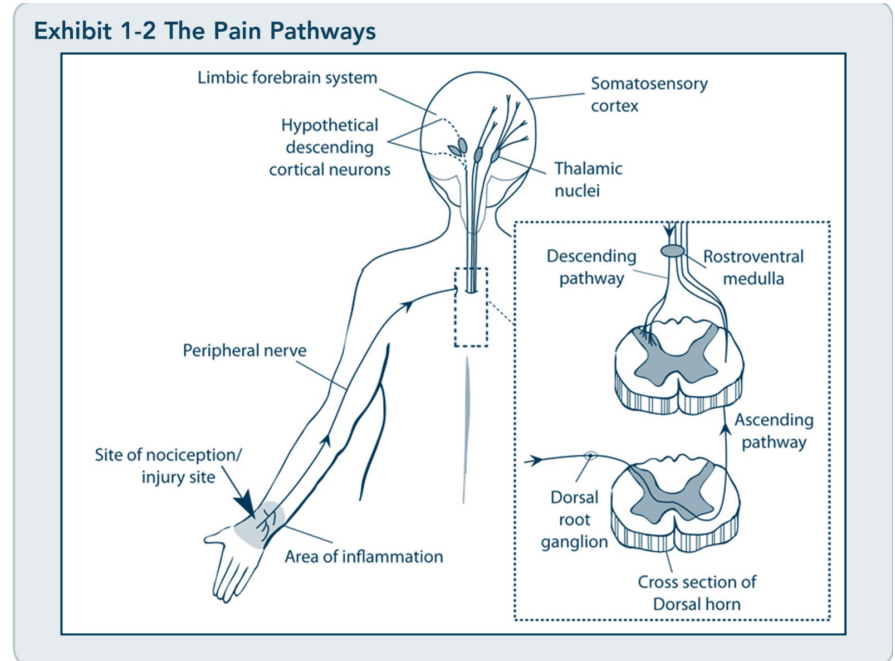
*Nonmedical use is use for purposes other than that for which the medication was prescribed.

Pain and Addiction Characteristics

- Reward Behavior
 - Limbic System
 - Ventral Tegmental Area (VTA) releases **dopamine** to nucleus accumbens (NAc)
 - Hippocampus contributes past experiences
 - Amygdala adds emotional component
 - Prefrontal cortex (PFC) integrates information to make decision on whether to proceed with a behavior.

Pain and Addiction Characteristics

- Both are neurobiological conditions with evidence of disordered CNS function.
- Both are mediated by genetics and environment.
- Both may have significant behavioral components.
- Both may have serious harmful consequences if untreated.
- Both often require multifaceted treatment.



Pain and Addiction Characteristics

- Effects on Well-Being
 - Physical
 - Emotional
 - Social
 - Economic
- Chronic pain effects can lead to exhaustion and to SUD to treat side effects.²
- Addiction (3 C's)
 - Impaired Control
 - Continued Use
 - Cravings
- Opiates
 - + reinforcer: Euphoria
 - - reinforcer: Pain Reduction

Pain and Addiction Characteristics

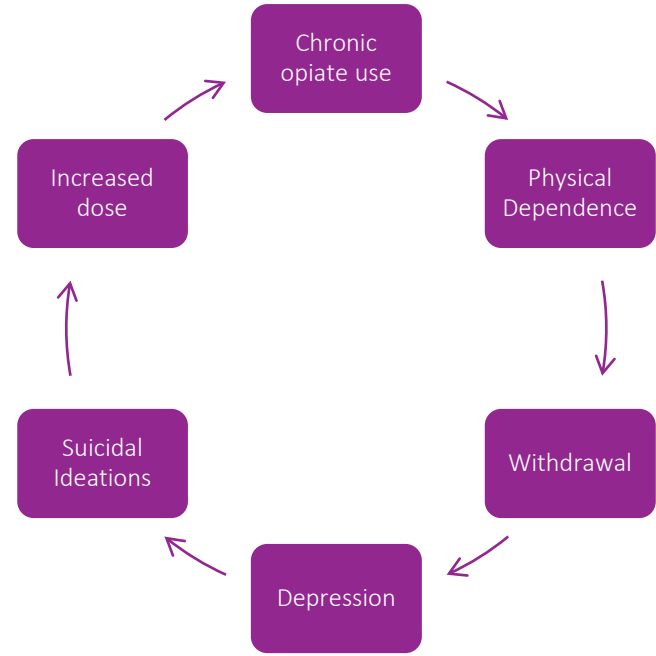
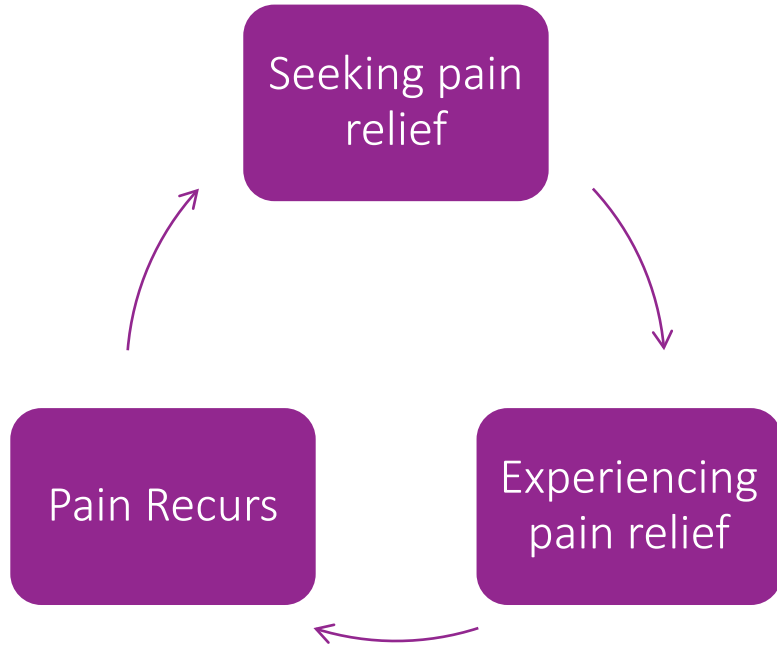
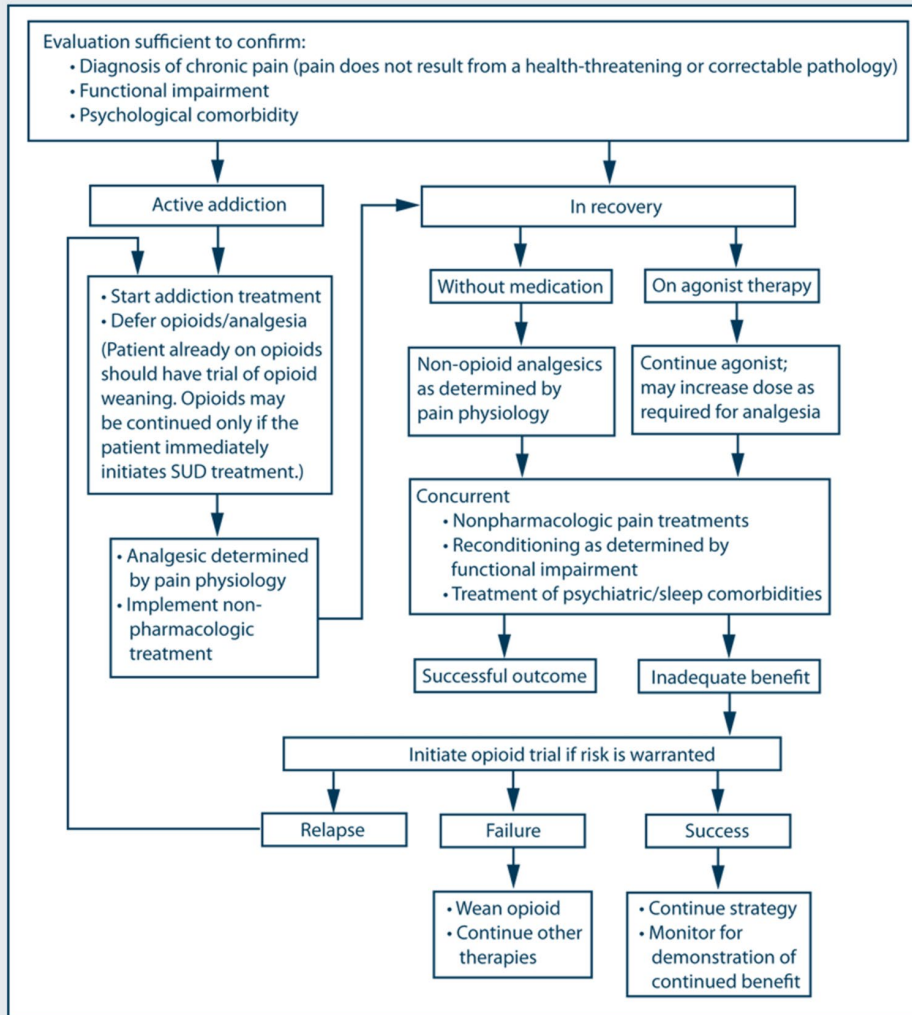


Exhibit 3-1 Algorithm for Managing Chronic Pain in Patients With SUD



Assessment of Chronic Pain Management in the Treatment of Opioid Use Disorder: Gaps in Care and Implications for Treatment Outcomes

Matthew S. Ellis, Zachary Kasper, and Theodore Cicero

Department of Psychiatry, Washington University in St. Louis School of Medicine, St. Louis, Missouri

- ❑ Survey of Key Informants' Patients (SKIP) Program database
 - ❑ New patients entering OUD treatment across 49 states and D.C.
 - ❑ 14,449 respondents from 225 treatment centers
 - ❑ Self-reported chronic pain

- ❑ The Researchers and Participants Interacting Directly (RAPID) Program
 - ❑ Subset of SKIP without anonymity
 - ❑ 309 subjects

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- Of 13,441 subjects, 33.4% reported a lifetime history of chronic pain.
 - Most 35 and over
 - White
 - > high school education
 - Medicare/Medicaid
 - Less likely to be employed
- First opioid from legitimate Rx
- Started self-medicating for physical pain
- Also had psych Dx

Motivation

- easing/avoiding withdrawal pain
- self-medicate psychological issues
- provide energy
- escape from traumatic events
- self-treat other medical disorders.

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- 2/3 indicated chronic pain initiated opioid abuse
 - Half admitted to marijuana and heroin use to self-treat
- 60% **did not expect** pain to be managed in MAT program
- 66% **did not** have pain managed in MAT program

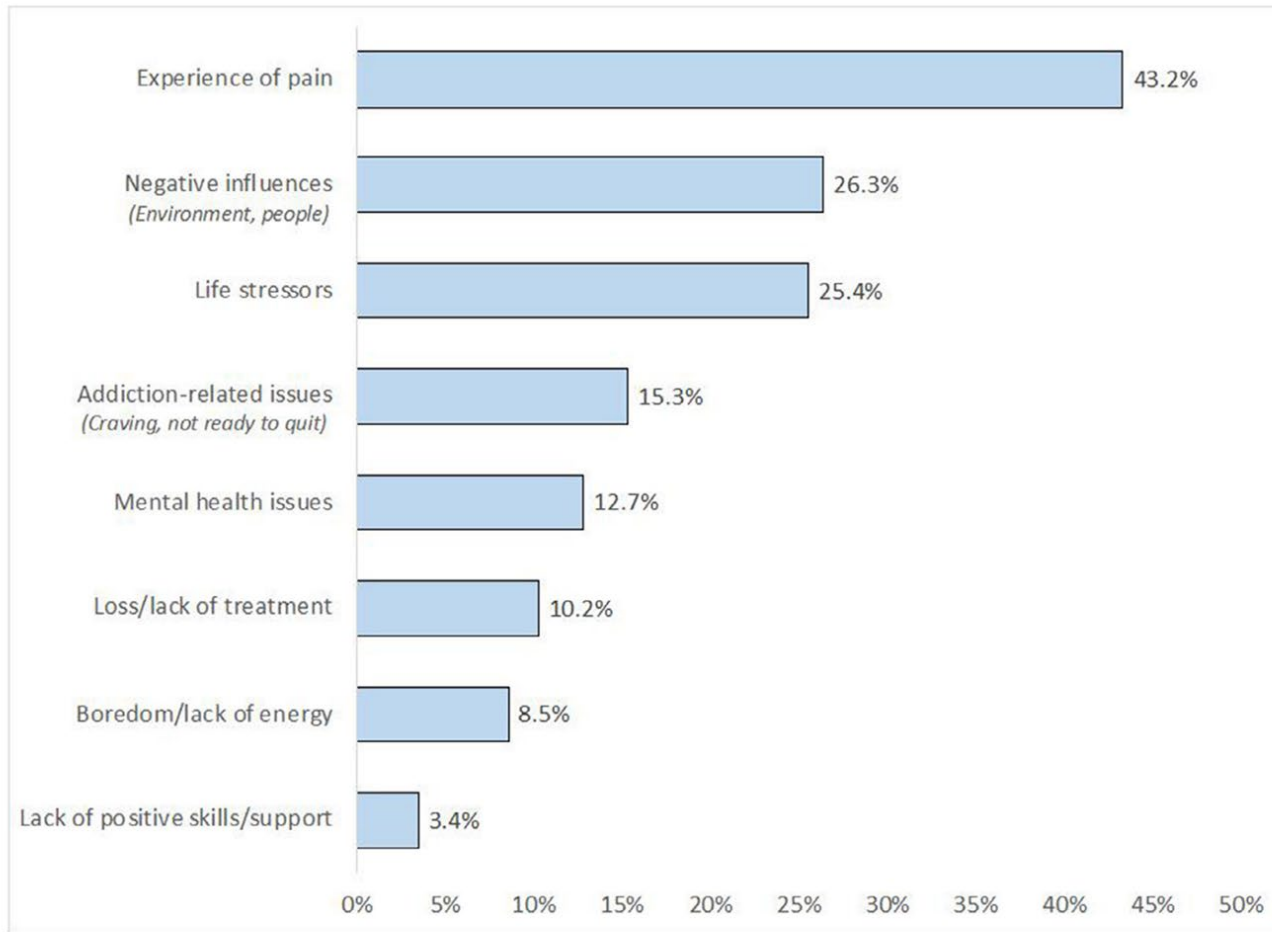


Figure 1. Coded qualitative responses on factors that led to an opioid relapse (n = 119).

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- ❑ Lack of programs equipped to treatment multiple diagnoses
- ❑ Pain is significant cause of relapse
- ❑ > 50% claimed pain worsened after opiate use (hyperalgesia)

- ❑ Requested management of addiction, pain, and mental health
 - ❑ Stress management and coping strategies.
- ❑ Patients unaware of buprenorphine and methadone could also mitigate pain.

Chronic Pain, Opioid Use Disorder, and Clinical Management Among Older Adults

[Sudheer Potru](#), D.O. and [Yi-lang Tang](#), M.D., Ph.D. 

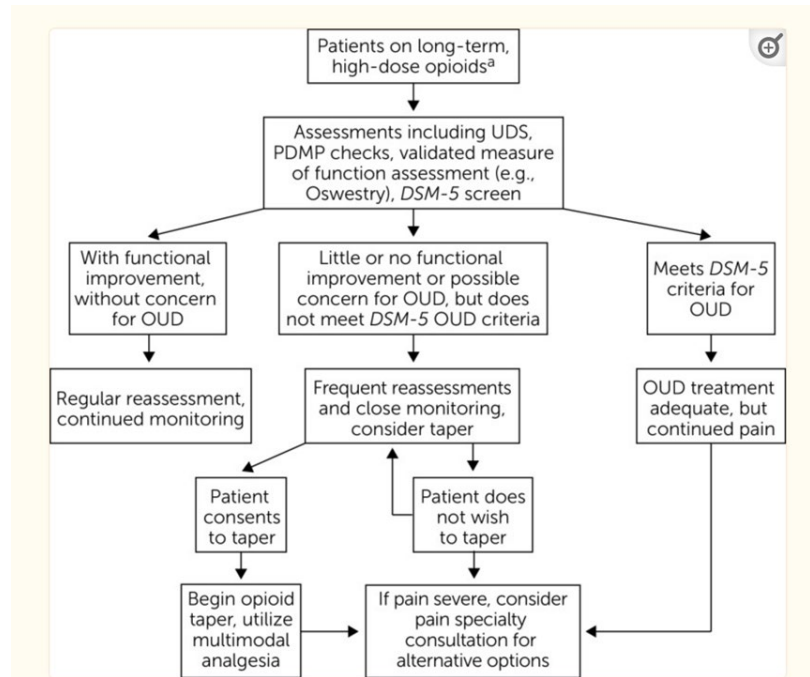


FIGURE 1.

Assessment and management of older adults on long-term, high-dose opioids^a

^a High-dose opioids: ≥ 90 morphine milligram equivalents. Oswestry, Oswestry Disability Index; OUD, opioid use disorder; PDMP, prescription drug monitoring program; UDS, urine drug screening.

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- Risks for treating chronic pain in older adults
 - Complicated, degenerative pain
 - Polypharmacy
 - With OUD, doubled risk of death compared to younger
 - Effects of misuse unrecognized due to less obligations
 - Looks like depression, delirium, dementia
 - Denial of diagnosis, stigmatization

Chronic Pain, Opioid Use Disorder, and Clinical Management Among Older Adults

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Mean age
opioid users
51.8 years

40-50% who
misuse have
legitimate Rx!



Chronic Pain, Opioid Use Disorder, and Clinical Management Among Older Adults

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Assessment and Management

- ❑ Multimodal approach
- ❑ Use caregivers to assist with history
- ❑ Workup MSK and neurologic causes of pain
- ❑ Assessment of ADLs
- ❑ Opioids cause release of dopamine
 - ❑ Is euphoria motivation or pain relief?

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Assessment and Management

- ❑ If transportation/mobility issues
 - ❑ Disuse muscle atrophy
- ❑ Consider decreased medication clearance due to age
 - ❑ Smaller doses of all medications needed due to decreased hepatic metabolism and renal clearance

Assessment and Management

- ❑ 2019 Beers Criteria avoid:
 - ❑ anticholinergic agents, including antihistamines and tricyclic antidepressants
 - ❑ Opioids and benzodiazepines, anticonvulsants, and other sedating antidepressants
 - ❑ so-called “Z-drugs” such as zaleplon, eszopiclone, and zolpidem

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Assessment and Management

- Low back pain example
 - Mindfulness meditation
 - Acetaminophen
 - NSAIDs
 - Muscle Relaxants
 - Lumbosacral orthoses
 - Osteopathic Manipulation (personal bias)
 - Interventional Pain consult (not for those on anticoagulation)
 - Physical Therapy

Chronic Pain, Opioid Use Disorder, and Clinical Management Among Older Adults

[Sudheer Potru](#), D.O. and [Yi-lang Tang](#), M.D., Ph.D. 

Assessment and Management

- ❑ Buprenorphine
- ❑ Methadone
- ❑ Naltrexone
 - ❑ Low-dose naltrexone (LDN) 4.5mg/daily

Take Home Points

- ❑ Complete an inventory of all the patient's complaints
- ❑ Emphasize H&P the evaluation
- ❑ Validate symptoms and assure about the absence of worrisome pathology
- ❑ Minimize expensive or invasive tests and treatments
- ❑ Minimize medications with abuse liability, especially PRN short-acting medications
- ❑ Minimize use of passive modalities of therapy
- ❑ Schedule regular appointments rather than PRN visits
- ❑ Adequately treat comorbid Axis I disorders
- ❑ Refer patients for counseling or relaxation training, as available.

References

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3. Potru S, Tang YL. Chronic Pain, Opioid Use Disorder, and Clinical Management Among Older Adults. *Focus (Am Psychiatr Publ)*. 2021 Jul;19(3):294–302. doi: 10.1176/appi.focus.20210002. Epub 2021 Jul 9. PMID: 34690595; PMCID: PMC8475938.



Thank you!

Any questions?