

The inherited patient with chronic pain on opioids - Case discussion

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Toronto General
Toronto Western
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Conflict of Interest Disclosures

Opioid Manager App for physicians (US\$9.99)

My Opioid Manager App and iBook for patients (FREE)

My Opioid Manager print copy (\$20)

Both Apps are owned by University Health Network (UHN)

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Learning objectives

At the end of this presentation participants will be able to:

1. Remember the questions to use when approached by an inherited patient on opioid
2. Describe the ECHO model

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First visit What should the doctor do?



**Rational?
Confirmation?
Comfort?
Function?
Risk?**

- a) Prescribe the same medications
- b) Prescribe the same non-opioids, but refuse to prescribe any opioids on the first visit
- c) Prescribe the same non-opioids, reduce the dose of all opioids by half
- d) Prescribe the same non-opioids, switch all opioids to morphine once daily and reduce total dose by half
- e) Do not prescribe any medication

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First visit

Mark, 55 year old

Pain diagnosis

- 10 year chronic low-back pain, bilateral knee osteoarthritis


Co-morbidities

- Obesity
- Sleep apnea

Substance use history

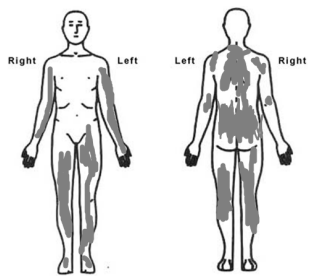
- Cigarettes 1 pack/day
- THC 1g/month, recreationally
- No alcohol or illicit drugs

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First visit

Mark, 55 year old



Right Left Left Right

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First visit

Mark, 55 year old

Past treatments for pain:

- Physiotherapy, aquatherapy, acupuncture, self-hypnosis


Average Pain Ratings:

- Worst: 10/10
- Best: 8/10 (after hydromorphone)

Function:

- Brief Pain Inventory: 85% pain interference with life
- Lives with 80 year old mother
- Drives. ADLs ok

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First visit

Mark, 55 year old

Current prescriptions

- Oxycodone CR 40mg q.8.h.
- Hydromorphone IR 4mg as needed, 5 per day
- Transdermal fentanyl patch 50mcg/h q.3.d.
- Diclofenac drops for knees
- Escitalopram 20 mg daily
- Docusate sodium for constipation
- Dimenhydrinate for nausea

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First visit

Mark, 55 year old

Physical exam

- Pain behaviours, depressed mood
- Very limited lumbar ROM
- SLR 30 degrees bilaterally
- DTR symmetric bilaterally
- Sensory to LT and PP: hyperesthesia midline L5-S1
- Tender points medial thighs and legs bilaterally

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Mark, 55 year old

He has been prescribed by a colleague of yours who used to work in the same team. The colleague moved out of Province. You checked the chart and all medications and doses are correct.

First visit

Point of care urine drug screening: as expected

Many signs and symptoms of CS and OIH


Opioid risk tool: 2 (treated depression) 10

Managing an inherited patient on opioids for chronic pain

1. Is this **rational** polipharmacy?
2. Can I **confirm** that drugs and doses are correct?
3. What is your **comfort** level with that regimen and dose?
4. Is the pain and **function** better with the opioid?
5. Is this patient at **risk** if I maintain the same prescription?

**Rational?
Confirmation?
Comfort?
Function?
Risk?**

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What should the doctor do?

- a) Prescribe the same medications
- b) Prescribe the same non-opioids, but refuse to prescribe any opioids on the first visit
- c) Prescribe the same non-opioids, reduce the dose of all opioids by half
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- e) Do not prescribe any medication

First visit

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Lucy, 31 years old

First visit

Pain diagnosis

- Juvenile rheumatoid arthritis, bilateral hip replacement, R knee replaced, L knee painful, bilateral shoulders painful


Co-morbidities

- none

Substance use history

- none

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Lucy, 31 years old

First visit


Other treatments for pain:

- Daily aquatherapy
- Average Pain Ratings:
- Worst: 9/10
- Best: 4/10 (after hydrotherapy)

Function:

- Brief Pain Inventory: 60% pain interference with life
- Teaches elementary school

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Lucy, 31 years old


First visit

Current prescriptions for pain

- Oxycodone CR 20mg q.12.h.

Over the counter senna for constipation

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Lucy, 31 years old

Physical exam

- Mood normal
- Uses a cane
- Reduced ROM R knee
- Sensory to LT and PP: normal
- Tender points medial thighs bilaterally

First visit

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Lucy, 31 years old

She moved to your town from another Province. She brought the printouts from her pharmacy and the bottle of oxycodone. You confirmed her current dose

Point of care UDS: as expected

ORT: only her age group

First visit

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Managing an inherited patient on opioids for chronic pain

1. Is this **rational** polipharmacy?
2. Can I **confirm** that drugs and doses are correct?
3. What is your **comfort** level with that regimen and dose?
4. Is the pain and **function** better with the opioid?
5. Is this patient at **risk** if I maintain the same prescription?

**Rational?
Confirmation?
Comfort?
Function?
Risk?**

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What should the doctor do?

First visit

- a) Prescribe the same medications
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James, 19 years old

First visit

- Pain diagnosis
- Car accident 2 years ago, partial spinal cord injury T12, neuropathic pain below the level
- Co-morbidities
- none
- Substance use history
- Smokes marijuana recreationally and medically

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James, 19 years old

First visit

- Other treatments for pain:
- Gym 3 days/week
- Average Pain Ratings:
- Worst: 8/10
 - Best: 4/10 (after pain meds)
- Function:
- Brief Pain Inventory: 70% pain interference with life
 - Works as a professional photographer (weddings)

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James, 19 years old

Current prescriptions for pain


- Morphine once daily 260mg

First visit

Docusate sodium
Lactulose
Senna

Gabapentin 600 tid
Baclofen 20 mg bid

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James, 19 years old

Physical exam

- Mood normal
- Walks independently
- Spasticity in knee extensors
- DTR 4+ with clonus
- Reduced power lower extremities
- Sensory to LT and PP: reduced below T12. Some areas of hyperalgesia

First visit

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James, 19 years old

He moved from another town. You checked PharmaNet and the last prescription was for Morphine once daily 100 mg, 6 months ago.

First visit

Urine drug screening: refused to give sample

ORT: used cocaine once when he was 16 years old

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Managing an inherited patient on opioids for chronic pain

1. Is this **rational** polypharmacy?
2. Can I **confirm** that drugs and doses are correct?
3. What is your **comfort** level with that regimen and dose?
4. Is the pain and **function** better with the opioid?
5. Is this patient at **risk** if I maintain the same prescription?

**Rational?
Confirmation?
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What should the doctor do?

First visit

- a) Prescribe the same medications
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ECHO (Extension for Community Healthcare Outcomes) Ontario – Chronic Pain and Opioid Stewardship



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The ECHO Model

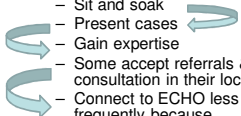
1. Use technology to leverage scarce healthcare resources
2. Share best practices and reduce variation in care
3. Harness practice-based learning and develop specialty training expertise among Primary Care Providers (PCPs)
4. Monitor and evaluate outcomes

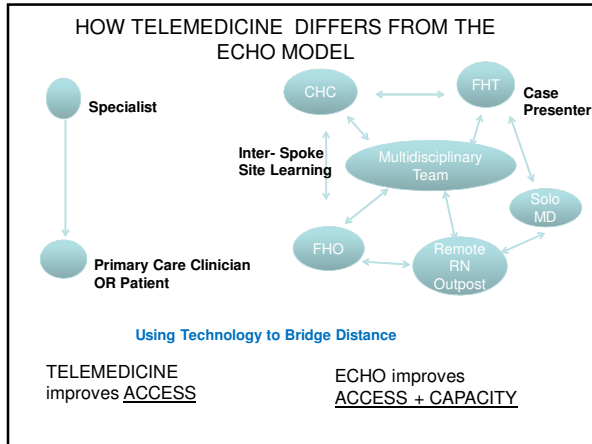
What a typical ECHO session looks like...

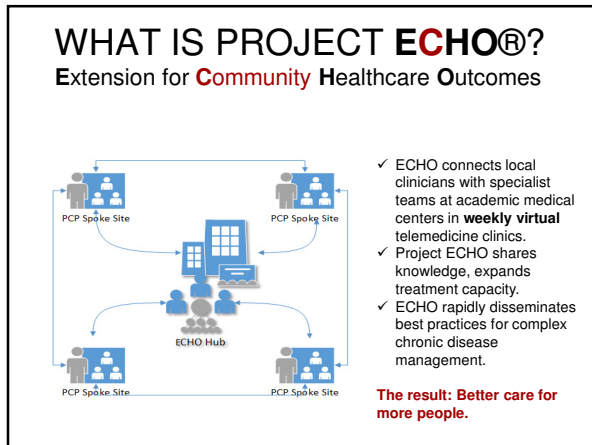


How does one 'ECHO'?

- **The Hub** = Specialists with a personal mission to share their expertise by
 - De-monopolizing professional knowledge
 - Educating in a shame-free environment
 - Employing adult learning principles in a case-based format
 - Improving to meet the needs of participants
- **The Spokes** = anyone with a desire to serve the most common needs of a community
 - Spokes evolve:
 - Sit and soak
 - Present cases
 - Gain expertise
 - Some accept referrals & consultation in their locale
 - Connect to ECHO less frequently because Transformational Learning has taken place







Cases from ECHO

Thank you all for listening!

For more information/to register on ECHO Ontario:

info@echoontario.ca
www.echoontario.ca

Or contact Rhonda Mostyn, Project Manager
rhonda.mostyn@uhn.ca

Or find us on Twitter @EchoOntario!!
