Top 10 Things You Can Do to Treat Pain More Safely and Effectively

1. Prevent future problems

Long-term opioid use often begins with treatment of acute pain. IF opioids are deemed necessary for acute pain, THREE days -worth or less of the lowest effective dose of immediate-release opioid will often be sufficient. Rarely will more than seven days be needed. This CDC guideline pertains to office-based care, emergency room care, and dental care.

2. Don't start opioid medications for conditions for which there is no evidence of long-term efficacy :

Chronic headaches, fibromyalgia, axial back pain, etc. The decision to use opioid medication should always be based on an analysis of expected benefit for improving pain and function, vs. risk.

3. Discuss with your patient

Discuss with your patient you jointly created, realistic treatment goals for pain and function, and how opioids may be discontinued if benefits do not outweigh risks. Documented, informed consent is important to protect both your patient and your practice. Make sure your patient understands the potential side effects of ongoing opioid use: depression and anxiety, fatigue, sleep-cycle disturbance and obstructive sleep apnea, constipation, low testosterone and sexual and reproductive dysfunction, cardiac complications, etc. These are in addition, of course, to the risks of opiate dependency, tolerance, hyperalgesia, and accidental overdose.

4. Avoid the dangerous combination of opioids and benzodiazepines

It's easy to understand why these are commonly found together on many patients' med lists. Underlying mood disorders may drive patients to seek more pain medications, and opiate use can worsen anxiety and insomnia. Many patients end up with dependency to both these classes, and if they use alcohol as well, the combination of three CNS depressants can be deadly.

5. Help your patients taper down from high opioid doses

It's likely that many of your patients on opioids were inherited from another provider and you must deal with a problem you didn't create. There are scripting suggestions available for potentially difficult conversations. It's important to assure your patients that you're not abandoning them and want to work together to treat their pain in the safest way possible. There are tapering guidelines and strategies available; the simplest approach is to decrease the overall morphine-equivalent dose by 10% per week or even per month. Some of your patients may be willing to cooperate when you explain that long-term opiate use usually makes their pain worse, and that most patients who reduce their dose or stop opioids altogether report less pain and a much better quality of life. Or perhaps you'll get your patients' attention if you tell them that for those on >200 morphine-equivalent mg of opiates per day, there is a 1 in 32 chance of dying of an accidental overdose. Recommend non-pharmacologic modalities which show evidence of benefit for chronic pain (PT/exercise, cognitive-behavioral therapy, etc).

6. Monitor your patients carefully

The CDC recommends that you evaluate benefits and harms with your patient within 1 to 4 weeks of starting opioid therapy and at least every 3 months thereafter. Use urine drug testing before starting therapy and then at least annually (at random visits). And check CURES reports periodically for your opioid-treated patients. If you identify even one patient in your practice who is diverting their prescription opiates into the community, you could prevent a tragedy.

7. Consider buprenorphine as a treatment for chronic pain or as Medication-Assisted Treatment for Opioid Use Disorder

When used to treat moderate to severe pain, buprenorphine is very effective and protects your patients from the risks and most of the side-effects of other opioids. It can be prescribed by anyone with a DEA certificate. When used to treat dependency, there is more regulatory oversight and an "X" waiver to a medical license is required. There is an abundance of information, training and support available to any provider in the community who wants to add this very effective option to their armamentarium.

For more information, visit www.rxsafehumboldt.org or call 707-443-4563.

8. Instruct your patients:

Instruct your patients to secure their medications at home. Even if they don't think they are vulnerable to family members or guests rifling through their medicine cabinet or dresser top, it's one of the first places a burglar will check. And encourage your patients to dispose of any unused controlled substances in one of the special bins at Cloney's Pharmacy on Harrison in Eureka, Cloney's Pharmacy in McKinleyville, and Green's Pharmacy in Fortuna.

9. Offer a Narcan prescription to your high risk patients:

Offer a Narcan prescription to your high risk patients, just as you would give an EpiPen to a patient at risk for anaphylaxis. The easiest form for a witness/family member to use is the new Narcan Nasal Spray, covered by some insurance companies and dispensed in two units/doses at a time. Less expensive is generic naloxone, which the pharmacy can dispense in a pair of filled syringes to the patient. Our public health staff or your pharmacy can help with training and coverage questions.

10. Join our Coalition, called Rx Safe Humboldt

We have one large meeting a month, and a handful of smaller workgroups meet periodically. We need help expanding Medication-Assisted Treatment in our community, and also getting appropriate messaging to the public. It's also a great way to hear about the abundant resources available to us for education and support.