

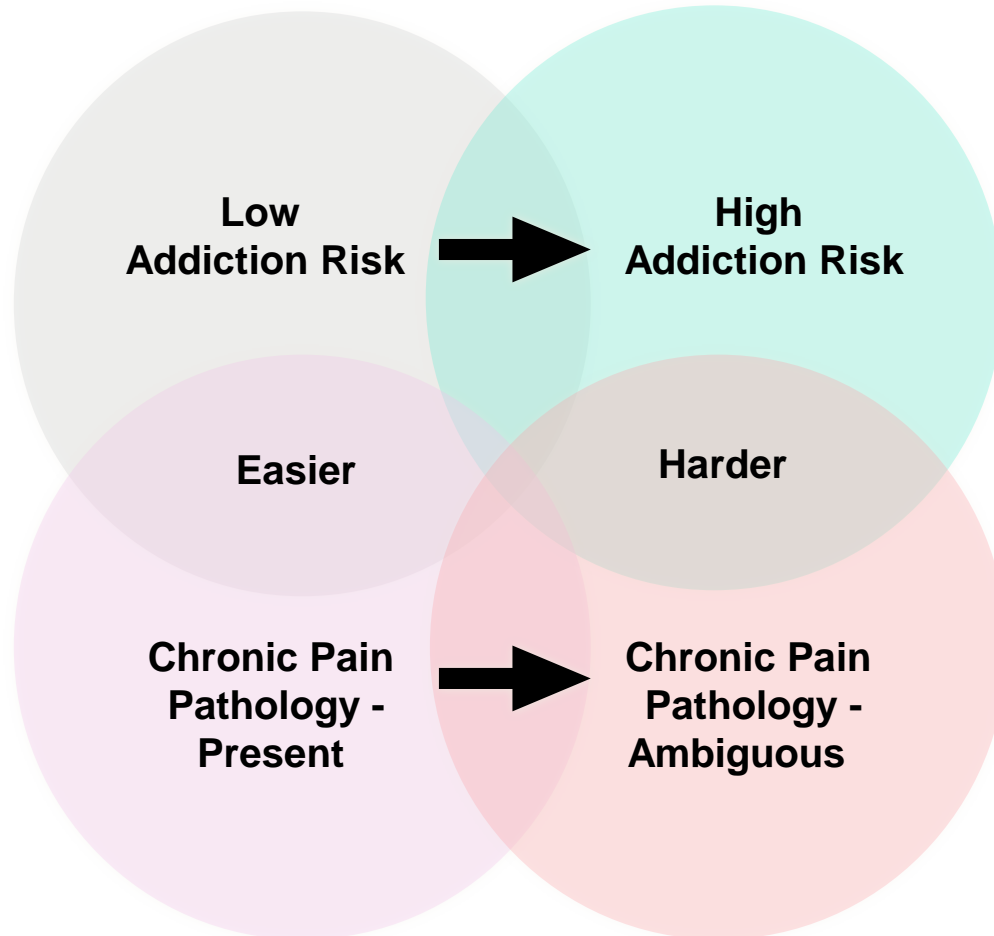


The Challenges of Opioid Prescribing in Family Practice

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Prescribers Course – May 13, 2016

Know your patients



How we feel

- “I have to give them something...”
- “Nobody else will look after them...”
- “I have a very complex practice...”
- “I inherited all these patients...”
- “I don’t know what else to do...”



“Addiction often starts in a hospital”

Vancouver Sun, August 2009

- “Since 2005, the rate of new prescription-drug addicts has outpaced the number of people getting hooked on marijuana.”
- “...most commonly abused ...opioids and benzodiazepines...”
- “...starts with the physician who doesn’t do a thorough substance use and abuse assessment...because the system isn’t set up for that...”

THE VANCOUVER SUN

Historic challenges

- Chronic pain has no home in the medical community
- Family physicians by default
- Few chronic pain programs
- Few guidelines
- Poor education on chronic pain and addictions

Current challenges

- Implementation of new guideline
- Still no home for chronic pain
- College has expectations
- Still few programs for patients
- Still limited education for physicians
- Still family physician's problem

What do you need?

- Knowledge regarding chronic pain treatment
- Knowledge regarding addiction medicine
- Knowledge regarding depression, anxiety and PTSD
- Advanced communications skills
- Awareness of community resources
- Willingness to change
- Create a plan for your practice
- Create individual plans for each patient

Tools that help

- Addiction risk tools
- Depression/anxiety questionnaires
- Opioid manager
- Individualized treatment agreements
- Urine drug screening
- “Universal precautions”
- PharmaNet



Change your approach

- Letter to patients
- Treatment agreements
- Avoid confrontation/gain control
- CME – addiction medicine
- CME – chronic pain
- CME – mental health (depression/anxiety/PTSD)

The main challenge

- The main issue in treating patients with chronic pain is to recognize that some patients are at high risk for addiction, or are already suffering from addiction
- Treating chronic pain in a patient with active addiction, past addiction, or high risk for addiction can be very difficult

Chronic pain and addiction

- Addiction is a biopsychosocial condition characterized by certain behaviours
- Chronic pain is also a biopsychosocial condition, but is easier to manage in patients with low addiction risk

Guiding principles

- Patients with chronic pain deserve good medical care and treatment
- Patients with the disease of addiction deserve good medical care and treatment
- The treatments are different, but both are challenging
- Both often complicated by mental health problems

Medical record

- Keep good clinical notes
- Document treatment plans
- Document your reasoning
- Careful documentation regarding prescriptions



I don't have time

- Consider new mental health fees
- Addiction is a DSM-IV diagnosis
- Most patients with chronic pain have depression or anxiety
- Include mental health care plan for these patients
- Chronic disease management model
- Get help – mental health, addictions and methadone programs
- Chronic pain programs (limited)

42-year-old carpenter

- 2008 – Oxycontin 40 mg TID
- Gabapentin 2400 mg per day
- Zopiclone 15 mg HS
- Effexor XR 225 mg OD
- Ativan 1 mg prn 2-3 per day
- Chlorpromazine 125 mg HS
- Seen by psychiatry and chronic pain docs
- By Feb 2009 – OxyContin 320 mg per day

42-year-old carpenter

- Fracture C-spine (fell off roof)
- Failed shoulder surgery x 3, chronic pain
- Chronic rectal pain/failed surgery
- Past hx childhood sexual abuse
- Private LTD income
- Married, two children
- Past hx alcohol abuse (young adult)

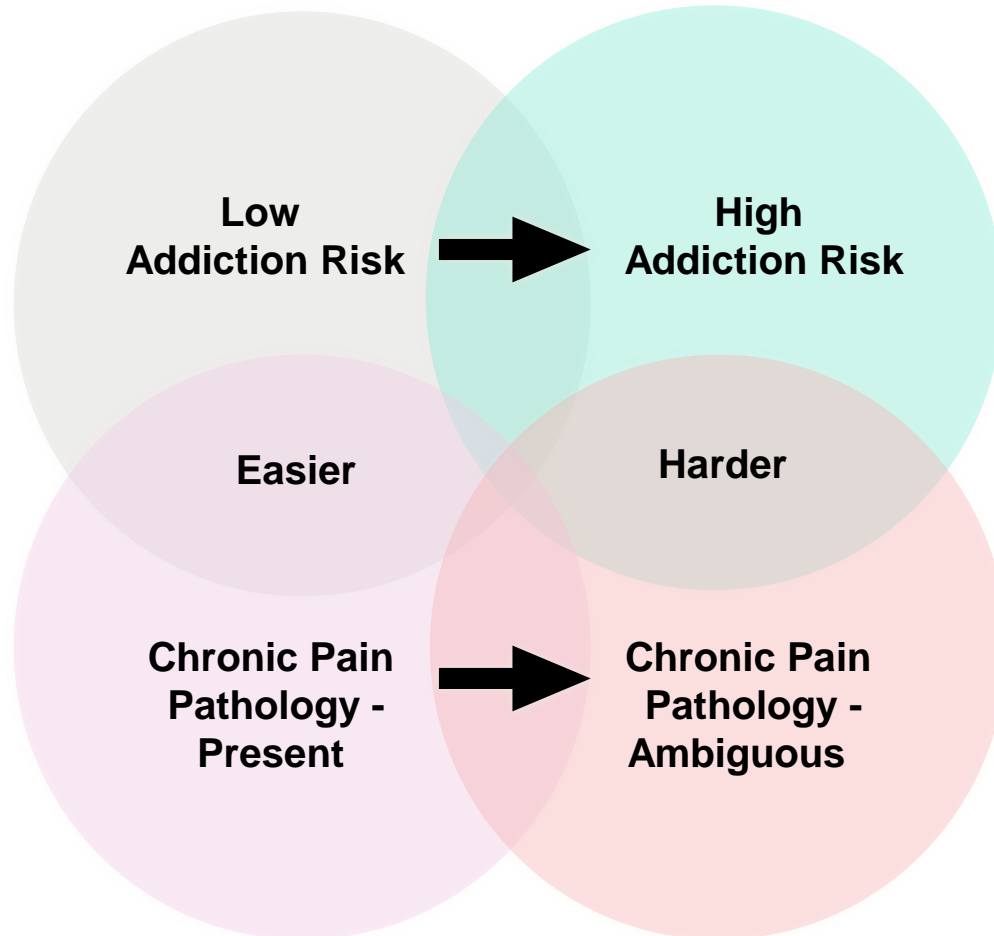
42-year-old carpenter

- March 2009 – Start slow wean off Oxy
- Used OxyContin and OxyIR
- Daily pick up local pharmacy
- “Severe withdrawal” each reduction
- Brief psych admission May 2009
- Oct 2009 – Oxycodone 160 mg per day
- Oct 2009 – Methadone program
- Opioid free July 2010

42-year-old carpenter

- May 2016 – no opioids since 2010
- Studying to qualify as house inspector
- Still has chronic pain but copes with it
- Depression and anxiety under control
- Daily exercise, relaxation, meditation
- Dealing with mental health was key
- Long journey, still not over

Know your patients



One final message

- Avoid benzodiazepines

Benzodiazepines

