The Patient With Complex Chronic Pain and the Busy Primary Care Physician

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Prescribers Course – May 13, 2016

Disclosures

Disclosure

- I have no financial interests or affiliation with any pharmaceutical industry or manufacturer to disclose

Disclaimer

- Views expressed are my own

Key points

- Busy physicians
- Patients with chronic pain
- Sympathy, empathy, codependence?
- Impact of codependency on patients and physicians
- Getting help – healthy boundaries

MDs and the house of medicine?

- Qualities vs. vulnerabilities
- Competitive, controlling, perfectionistic
- Overwork is the norm
- Blurred boundaries
- What does the patient need?
- What does the patient want?

The patient

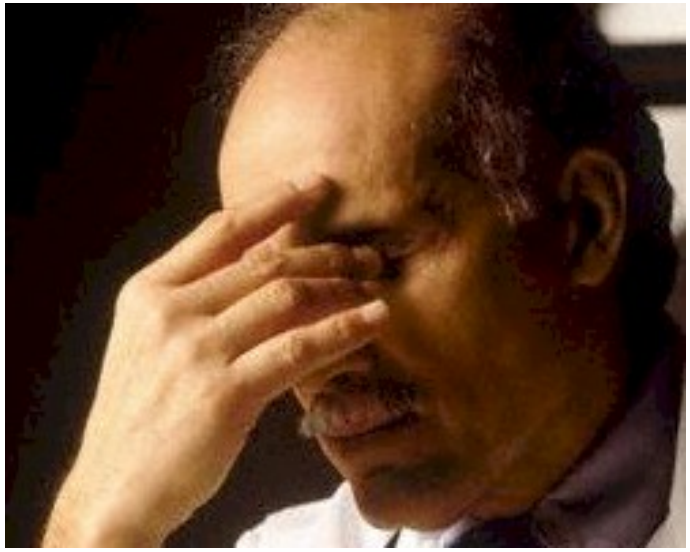
Which patient does the CNCP get?

Loeser

It is the patient who brings the CNCP

- Complex
- Unhappy
- Dependent
- Fearful
- Angry
- Has not responded to or are made worse by pharmacotherapy

Patient with complex chronic pain is psychologically vulnerable and subject to strong emotions



It is not surprising that physicians respond to these patients with emotions of their own.

“I need you to fix my pain, doctor”

“To write prescriptions is easy, but to come to an understanding with people is hard.”

—Franz Kafka. A Country Doctor

One-dimensional solution to multidimensional problem?

“It has been the drug companies that have for years picked the message and the messengers while sponsoring much of the postgraduate education and all the major pain meetings.”

—Ballantyne JC. Pain medicine: repairing a fractured dream. Anesthesiology 2011;114(2):243-6.

New York Times, May 10, 2007

In Guilty Plea, Oxycontin Maker to Pay $600M

“Three current and former executives pleaded guilty today in federal court to criminal charges that they misled regulators, doctors and patients about the drug’s risk of addiction and its potential to be abused.”

Blame the drug,
or blame the patient?

“Adverse selection”:
the pairing of high-risk patients with high-risk opioid regimens...

Dose threshold policies

- **2007:** Washington Agency Medical Directors' Opioid Dosing Guidelines
  - 120 mg MME/day threshold dose
  - Re-evaluation and pain management consultation if needed
- **2009:** APS/AAPM guideline
  - 200 mg MME/day "watchful" dose
  - Based on doses evaluated in trials and observational studies
  - Recommended re-evaluation for appropriateness of therapy, enhanced monitoring, consider consultation
- **2010:** Canadian Guidelines for Opioids in Non-Cancer Pain
  - Watchful dose 200 mg MME/day
- More recent, as **low as 50 mg/day MED** (ACOEM)
- **CDC March 2016:** Carefully when increasing dosage to ≥50 morphine milligram equivalents (MME)/day, and should avoid increasing dosage to **≥90 ….. 75 MME**

High-risk patient for substance dependence and chronic pain

- Dysfunctional/alcoholic family of origin
- Emotionally traumatized
- Past episode of SUD
- Stimulus augmenters – deficit in hedonic tone
- Lack effective coping skills
- Dependent traits
- Problems with relationships

Savage 1991

Physician at risk?

- Strong relationship with patient – “special”
- Pharmacological overconfidence
- Transitions
- Rescue fantasies
- Inability to set limits
- Denial about possibility of boundary issues
- Burnt out
- Doesn’t like “pain”

Empathy? Sympathy?

- Both involve sharing
- Empathy – share understanding… “as if”
- Sympathy – share emotion, feelings
- Sympathy – if excessive could interfere with objectivity in diagnosis and treatment
- An abundance of empathy should not impede patient care?

Caring too much?

- We go into the health-care professions so that we can care for people
- We don’t like pain
- Physicians who over-identify with patients and who have unresolved rescue fantasies are especially vulnerable

Codependence

- A psychological syndrome seen in people affected by someone's addictive/abusive behaviour
- Characterized by a need to meet the needs of, to fix or to control others

Codependent physicians might...

- be over-controlling, over-responsible
- need others' dependence upon them
- derive self-worth from helping others
- have alexithymia
- avoid confrontation
- feel compelled to fix others' problems

From Woititz 1983

Codependent physicians might also...

- feel anger when their help is ineffective
- have trouble saying “no”
- feel safest while giving
- attract, be attracted to needy people
- neglect own needs, feel stressed
- have difficulty accepting help

From Woititz 1983

Enabling?

- What happens when we prevent the patient from experiencing the consequences of their unhealthy behaviour?

History of enabling behaviour?

- Taking too much responsibility
- Embellishing sick notes (stress leave)
- Failing to confront with feedback
- No accountability for “contracts”
- Prescribing to treat emotional consequences
- Continuing to supply drugs when they are not achieving therapeutic goals, or doing more harm than good

Codependency

- Is not about a pathological relationship with an addict patient, it is the absence of a healthy relationship with self

Codependency…

- Is not about a pathological relationship with an addict patient, **it is the absence of a healthy relationship with self**

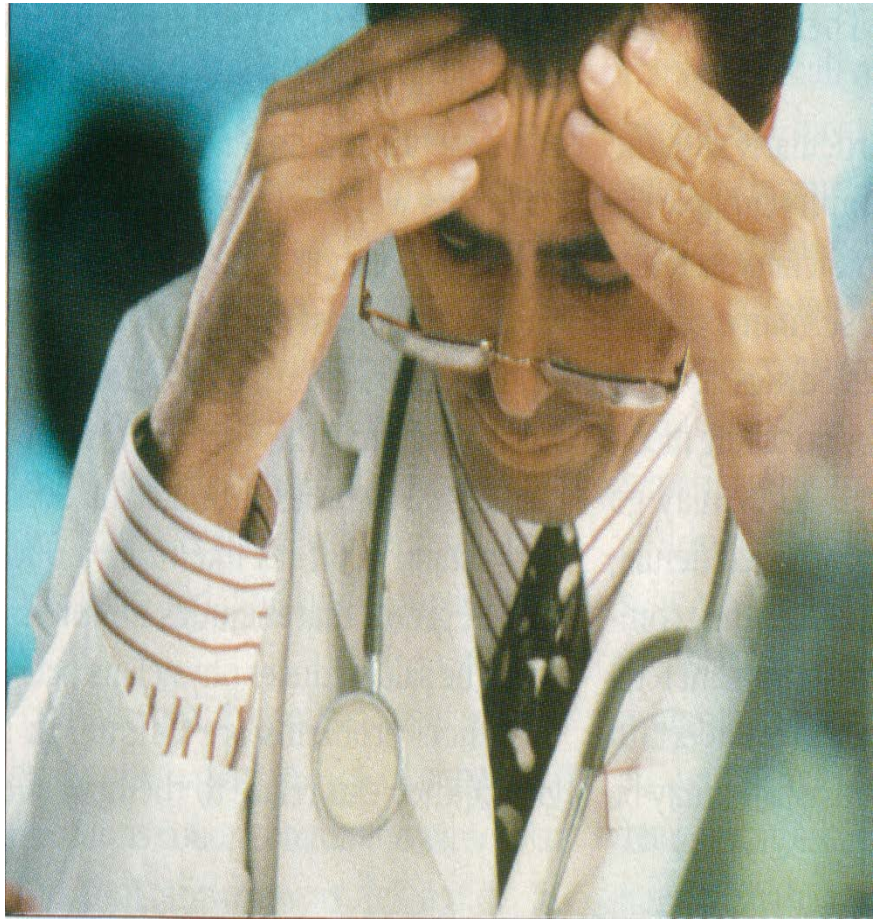
Codependence: emotional status

- Emptiness
- Low self-esteem
- Shame
- Anger
- Confusion
- Numbness

“Universal Precautions”

- Establishing defined boundaries from the outset
- Treatment takes place within a structural and conceptual place defined by certain parameters
- Boundaries exist to prevent harm to the patient
- May also prevent harm to the physician
- Doesn’t mean being defensively inflexible

“If I work hard(er), I will be loved”



- Roots of Physician Stress Explored

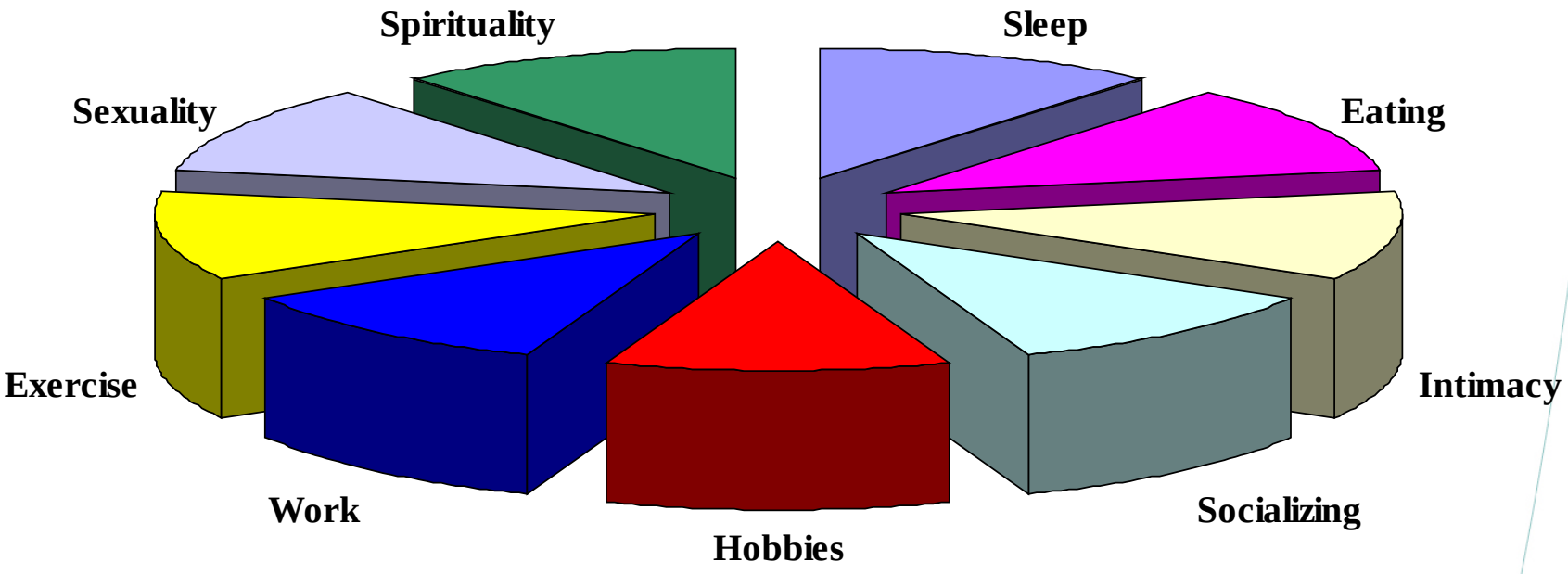
Lynne Lamberg JAMA 1999;282:13-14

Boundaries?

- Who negotiates them?
- Who is primarily responsible?

"The onus for boundary safeguarding is primarily on the physician, him or her being the only professional on duty"

The PIE of LIFE



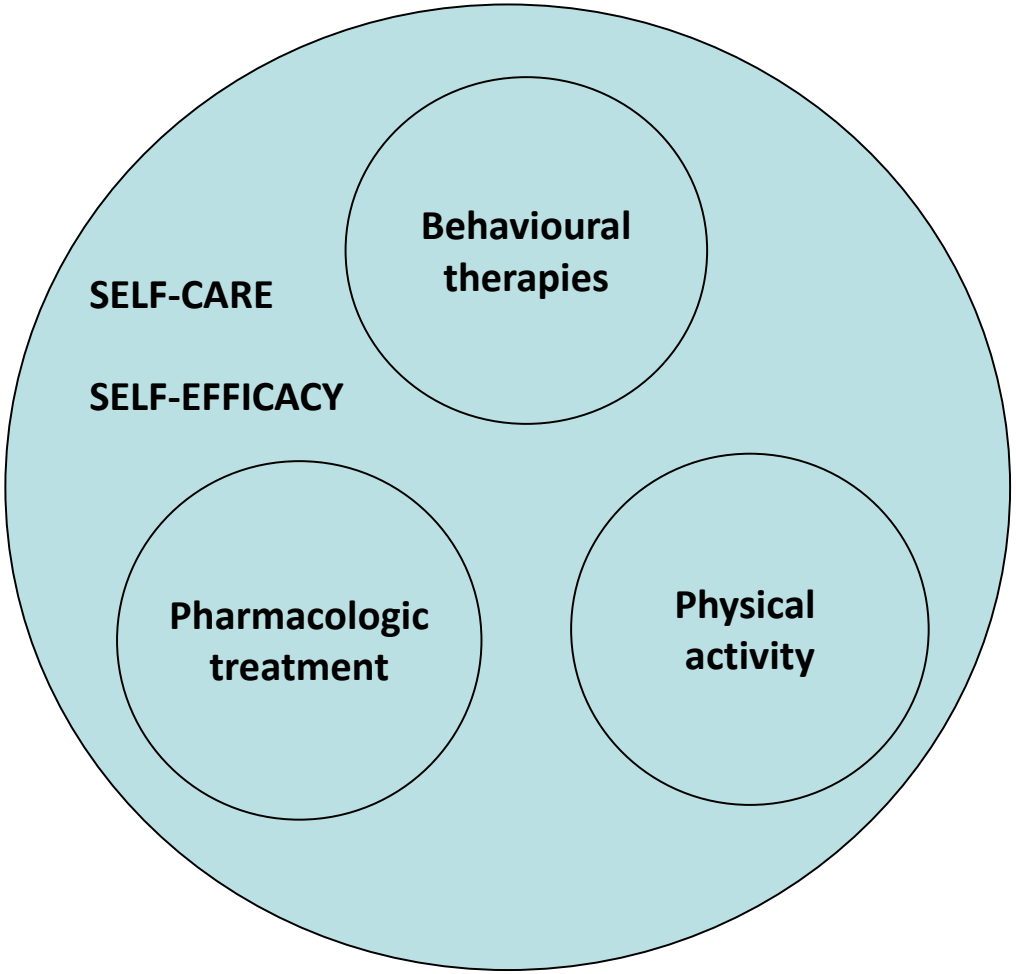
Controlling the epidemic: *a three-pronged approach*

- **Prevent** new cases of adverse events/opioid addiction
- **Treatment** for people who are already addicted
- **Supply control** – provincial colleges and law enforcement efforts to reduce over-prescribing and black-market availability

More important than “drugs”

- Give the patient hope
- Demonstrate therapeutic confidence
- Engaging the patient in their treatment plan
- What would you really like to be able to do?
- Provide an exercise and lifestyle prescription

Employ multi-modal approach



Summary

- Tough patient population
- Qualities and vulnerabilities
- Empathy and sympathy
- We all have codependent traits
- “Codependence”: the syndrome
- Interferes with boundaries, relationships
- Causes enabling rather than empowerment
- Sets up patient for somatization and MD for burnout
- If identified is remediable
- With help, we can make change

How to stop acting and feeling codependent

- Read some literature: e.g. Woititz, Cermak, Beattie
- Go to some meetings: Al-Anon, CODA, ACOA
- Study and practice health boundary setting (Boundaries, *Cloud & Townsend*)
- Learn and practice meditation/mindfulness
- Get a mentor
- Take a prescriber's course, FME
- Schedule fun into your life

Thank you

- Questions?
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