Sinai Health System

Strategies for pain management and complex opioid use in the elderly

Dr. Matthew Sheppard, FRCPC
(Anesthesia and Pain Medicine)

Nov. 1st, 2019

Disclosures

- I have no actual or potential conflict of interest in relation to this presentation
- Previous speaker honorarium : AbbVie Pharmaceuticals, unrestricted educational grant
- No other consultant work/major shareholder/research support
- I will be discussing ‘off-label’ use of Buprenorphine/Naloxone (Suboxone) and Fluticasone (skin)

Sinai Health System

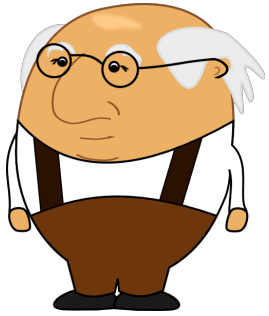
Outline

- Strategies for pain management and safely prescribing medications for pain
- Diagnosis and treatment options of complex opioid use
- Review resources and services

Sinai Health System

Mr. Sweetz

- 77 y/o male in your practice presenting with bilateral foot pain associated with numbness, ‘burning’ ‘pins and needles’ worse at night
- Medical Hx : HTN, Glaucoma, DMII on insulin, BPH
- Meds: Metformin, Insulin, Candesartan, Tamsulosin
- No allergies
- No previous surgeries
- Sleeping very poorly at night



Sinai Health System

Pain Management Strategies

- 5 P's
  - Pathology – (IBD? RA? PMR? DMII?)
  - Pharmacology (Specific illness? Class of pain?)
  - Physical Modalities (Physio, Massage, TENS, etc.)
  - Psychology (Psychiatry/CBT/ACT/Mindfulness/Patient Education)
  - Procedures (Epidural Steroids, Nerve Blocks, Sympathetic blocks, Surgery, SCS)

Sinai Health System

Pain Management Strategies

- 5 P's
  - **Pathology – (IBD? RA? PMR? DMII?)**
  - Pharmacology (Specific illness? Class of pain?)
  - Physical Modalities (Physio, Massage, TENS, etc.)
  - Psychology (Psychiatry/CBT/ACT/Mindfulness/Patient Education)
  - Procedures (Epidural Steroids, Nerve Blocks, Sympathetic blocks, Surgery, SCS)

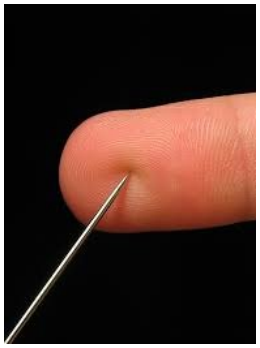
Sinai Health System

Douleur Neuropathique en 4 (DN4)

Does the pain have the following characteristics?	
1. Burning (Branderig gevoel)	Yes/No
2. Painful cold (Pijnlijk koudegevoel)	Yes/No
3. Electric shocks (Electrische schokken))	Yes/No
Is the pain associated with one or more of the following symptoms in the same area?	
4. Tingling (Tintelingen)	Yes/No
5. Pins and needles (Prikken)	Yes/No
6. Numbness (Doof gevoel)	Yes/No
7. Itching (Jeuk)	Yes/No

PINT

Sinai Health System



DN4

EXAMINATION OF THE PATIENT

Question 3: Is the pain located in an area where the physical examination may reveal one or more of the following characteristics?

	Yes	No
8 - Hypoesthesia to touch	☐	☐
9 - Hypoesthesia to prick	☐	☐

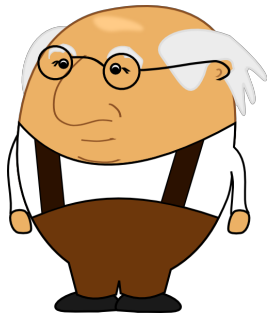
Question 4: In the painful area, can the pain be caused or increased by:

	Yes	No
10 - Brushing	☐	☐

Sinai Health System

Mr. Sweetz

- Mr. Sweetz DN4 score is 6/10, your physical exam reveals distal symmetric polyneuropathy in his feet
- Medical Hx : HTN, Glaucoma, DMII on insulin, BPH
- His goals would be to have better sleep, and to continue his daily walks with his partner Mrs. Sweetz
- You wonder how you can help him meet his goals. What medication would be best for him?



Sinai Health System

Pain Management Strategies

- 5 P's
  - ~~Pathology – (IBD? RA? PMR? DMII?)~~
  - **Pharmacology (Specific illness? Class of pain?)**
  - Physical Modalities (Physio, Massage, TENS, etc.)
  - Psychology (Psychiatry/CBT/ACT/Mindfulness/Patient Education)
  - ~~Procedures (Epidural Steroids, Nerve Blocks, Sympathetic blocks, Surgery, SCS)~~

Sinai Health System

What is the perfect medication?

- Effective
- Easy to order/titrate
- No/few drug interactions
- Inexpensive
- No dependence
- No side effects

Sinai Health System

Challenges with the elderly

- Multiple Comorbidities
- Polypharmacy
- Increased Sensitivities
- Organ dysfunction
- Risk of Falls

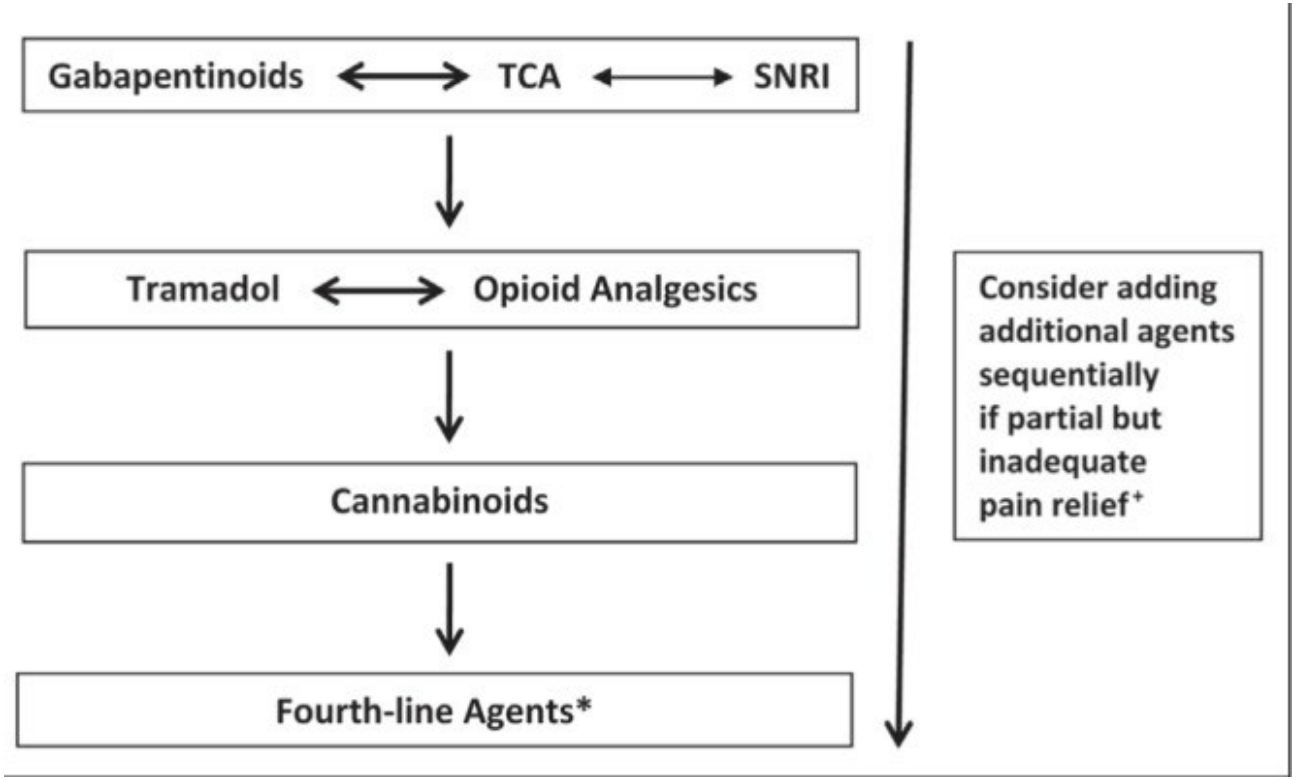
Sinai Health System

Effective strategies

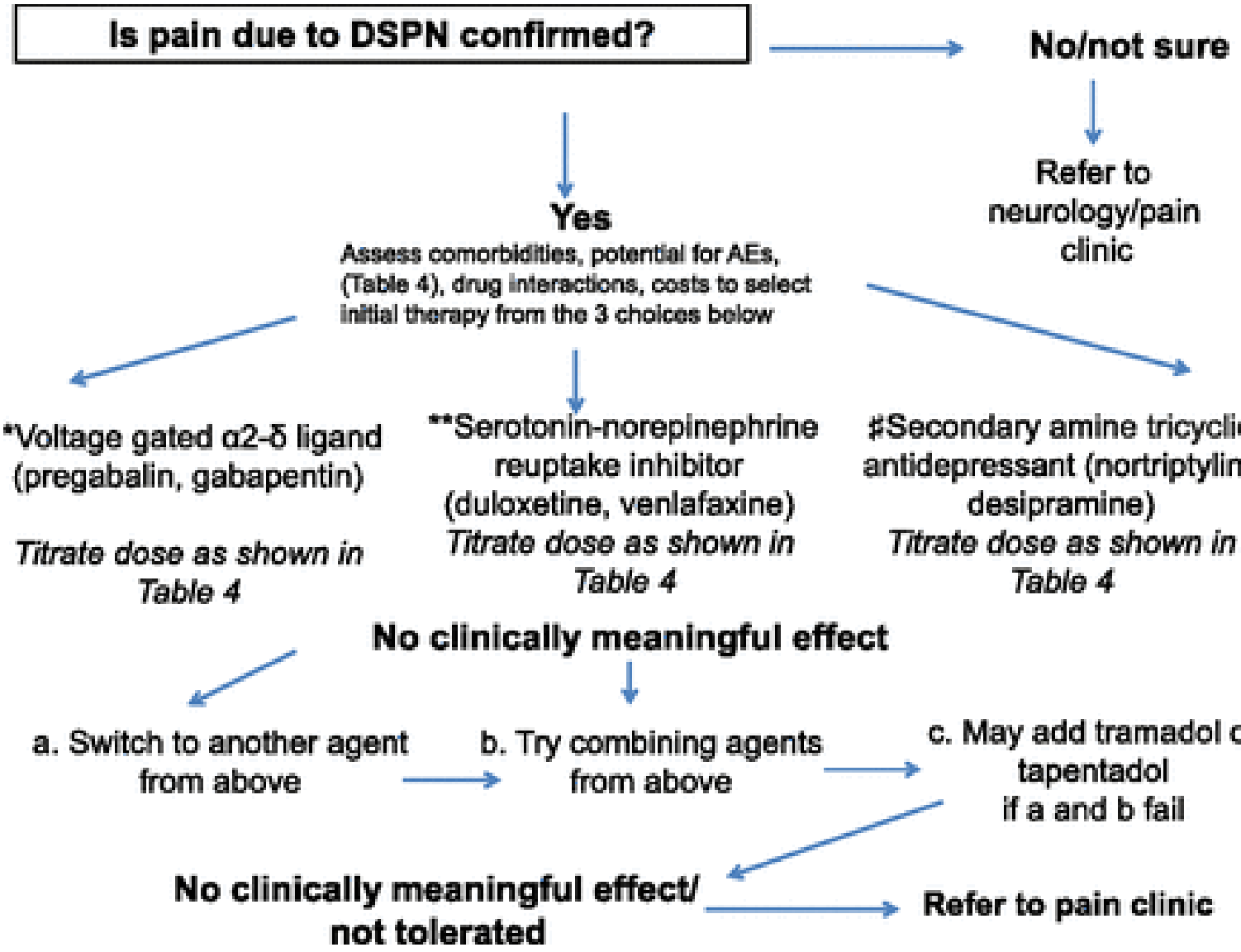
- Careful review of relative/absolute contraindications
- Start low and go slow
- Consider patient adherence/cognition
- Consider side effect profile
- One medication at a time

Sinai Health System

Canadian Neuropathic Pain Guidelines



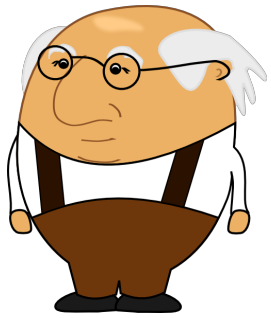
SSRI, Methadone, Topical Lidocaine, Lamotrigine, Lacosamide, Tapentadol, Botulinum toxin A



American Diabetes Association, 2017

Mr. Sweetz

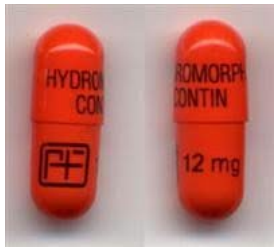
- You consider co-morbidities, and decide against a TCA (Glaucoma, BPH) or Duloxtine (can be activating, HTN)
- Pregabalin 25mg PO qhs, with instructions to increase by 25mg q weekly until he reaches 75mg for reassessment. You decide to optimize the nightly dose to meet his goal of better sleep and to maintain alertness during the day and decrease fall risk
- He returns in two months with a partial response and asks about opioids



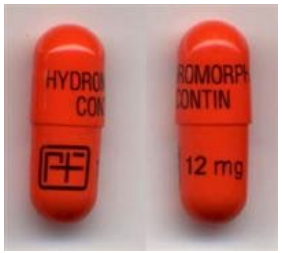
Sinai Health System

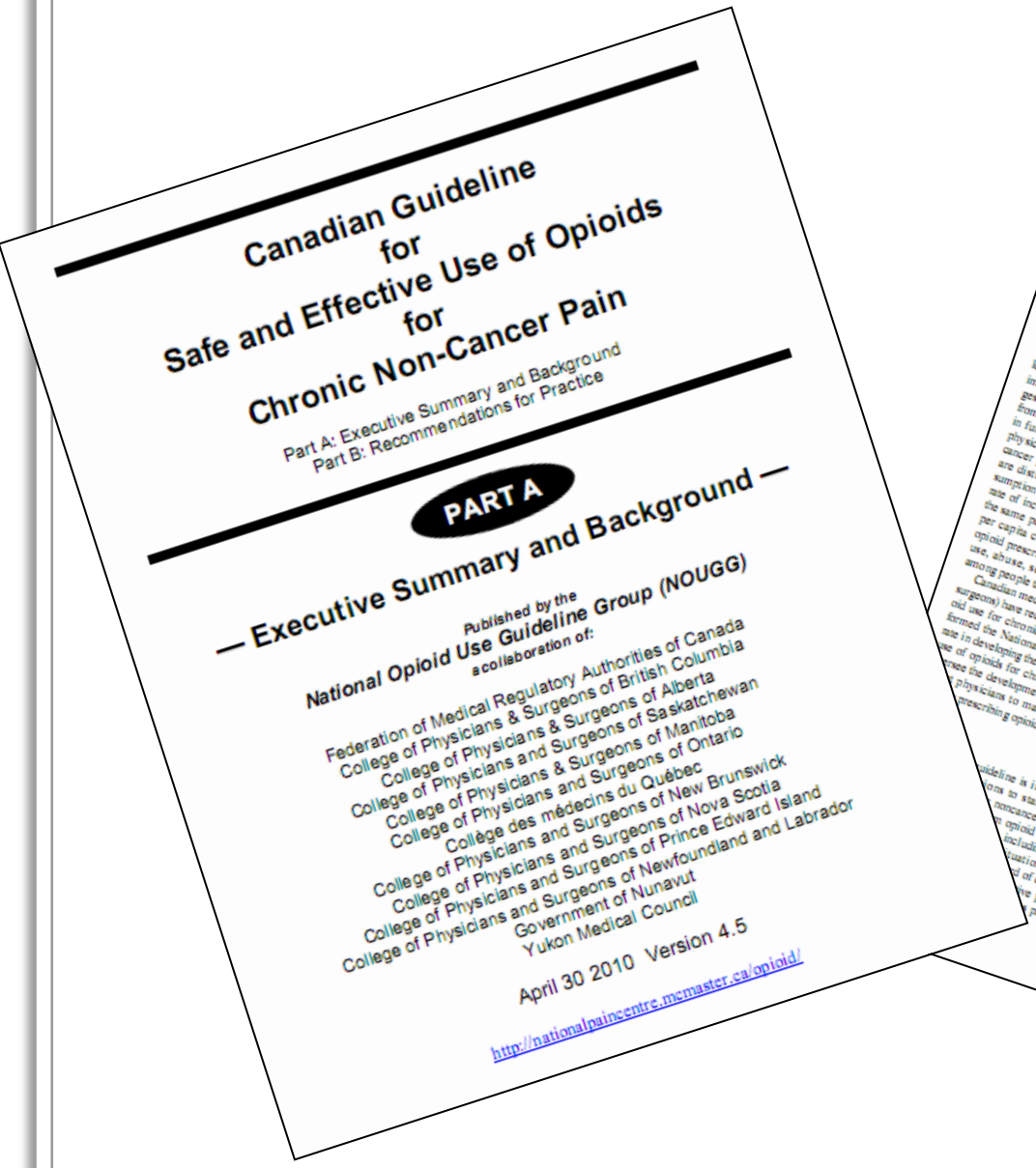
Physician views

Role



No Role





http://nationalpaincentre.mcmaster.ca/opioid/ CMAJ June 15, 2010

2017 Canadian Opioid Guideline

- Consider once non-opioid alternatives have been exhausted, if pain not optimized a trial of opioids is reasonable
- Opioids for chronic non-cancer pain are to be avoided in patients with current or past substance use d/o's and active psych d/o's
- Suggest max dose between 50-90 MDE, likely less in the elderly

Sinai Health System

Opioid Risk Tool
Clinician Form

(includes point values to determine scoring total)

	Mark each box that applies: Female	Male
1. Family History of Substance Abuse:		
Alcohol	☐ 1	☐ 3
Illegal Drugs	☐ 2	☐ 3
Prescription Drugs	☐ 4	☐ 4
2. Personal History of Substance Abuse:		
Alcohol	☐ 3	☐ 3
Illegal Drugs	☐ 4	☐ 4
Prescription Drugs	☐ 5	☐ 5
3. Age (mark box if between 16-45)	☐ 1	☐ 1
4. History of Preadolescent Sexual Abuse	☐ 3	☐ 0
5. Psychological Disease		
Attention Deficit Disorder, Obsessive-Compulsive Disorder, Bipolar, Schizophrenia	☐ 2	☐ 2
Depression	☐ 1	☐ 1
Scoring Totals	_____	_____

The patient can be placed into one of three opioid risk categories based on their total score.

Low Risk = 0 - 3 points
Medium Risk = 4 - 7 points
High Risk = 8 points and above

Recommendation #2 (Canadian Opioid Guideline)

- For patients with chronic non-cancer pain, without current or past substance use disorder and without other active psychiatric disorders, who have persistent problematic pain despite optimized non-opioid therapy, a trial of opioids rather than status quo is suggested

Sinai Health System

What is a trial of opioids/medications

- Opioid Chosen, e.g. Hydromorphone
- SMART goals
- 3-6 months
- Regular assessments
- Constant monitoring for benefits/harm
- Safety

Sinai Health System

Brief Pain Inventory (BPI)

Diagram

VAS (Visual Analogue Scale) pain scores

Treatments, % relief

Interference Score (/70)

General Activity, Mood, Walking, Work, Relationships, Sleep, Enjoyment of Life

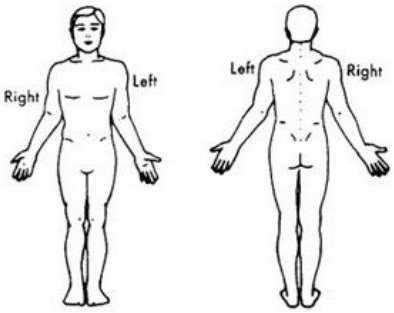
FORM 3.2 **Brief Pain Inventory**

Date____ / ____ / ____ Time:_____

Name: _____ _____ _____
Last First Middle Initial

1) Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today?
1. Yes 2. No

2) On the diagram shade in the areas where you feel pain. Put an X on the area that hurts the most.



3) Please rate your pain by circling the one number that best describes your pain at its **worst** in the past 24 hours.

0 1 2 3 4 5 6 7 8 9 10
No pain — pain as bad as you can imagine

4) Please rate your pain by circling the one number that best describes your pain at its **least** in the past 24 hours.

0 1 2 3 4 5 6 7 8 9 10
No pain — pain as bad as you can imagine

5) Please rate your pain by circling the one number that best describes your pain on the **average**

0 1 2 3 4 5 6 7 8 9 10
No pain — pain as bad as you can imagine

6) Please rate your pain by circling the one number that tells how much pain you have **right now**.

0 1 2 3 4 5 6 7 8 9 10
No pain — pain as bad as you can imagine

7) What treatments or medications are you receiving for your pain?

_____

_____

8) In the Past 24 hours, how much **relief** have pain treatments or medications provided? Please circle the one percentage that most shows how much releif you have received

0% 10 20 30 40 50 60 70 80 90 100%
No relief — Complete relief

9) Circle the one number that describes how, during the past 24 hours, pain has **interfered** with your:

A. General activity

0 1 2 3 4 5 6 7 8 9 10
Does not interfere — Completely interferes

B. Mood

0 1 2 3 4 5 6 7 8 9 10
Does not interfere — Completely interferes

C. Walking ability

0 1 2 3 4 5 6 7 8 9 10
Does not interfere — Completely interferes

D. Normal work (includes both work outside the home and housework

0 1 2 3 4 5 6 7 8 9 10
Does not interfere — Completely interferes

E. Relations with other people

0 1 2 3 4 5 6 7 8 9 10
Does not interfere — Completely interferes

F. Sleep

0 1 2 3 4 5 6 7 8 9 10
Does not interfere — Completely interferes

G. Enjoyment of life

0 1 2 3 4 5 6 7 8 9 10
Does not interfere — Completely interferes

Effective Opioid prescribing strategies

- Careful review of risks and side effects (Sleep Apnea, Hormone dysregulation, Opioid induced hyperalgesia, constipation, falls, cognitive changes)
- Start low doses and increased interval
- Frequent assessments and titrate slowly
- Short dispensing intervals
- Avoid long acting in elderly***

Sinai Health System

Long acting opioids

- Classic teaching to consolidate short acting opioids to decrease risk potential and increase analgesia
- Pederson (2014) performed a systematic review which found no difference in pain relief, improved sleep, amount of rescue analgesics or improved function
- Altered pharmacokinetics decreases drug clearance
- Butrans patch (Buprenorphine) could be considered - easy administration and decreased resp depression, however expensive and skin reactions (Symbicort)
- Can start at 5mcg dose and q2-4 weeks increase by 5 mcg to 20mcg patch max (<50MDE)

Sinai Health System

Sinai Health System

What to do when opioids don't work or aberrancy behaviour?

Bridgepoint Active Healthcare
Circle of Care
Lunenfeld-Tanenbaum Research Institute
Mount Sinai Hospital Joseph & Wolf Lebovic Health Complex

Complex Opioid Use

- Dependence? Addiction? Substance Use d/o? Improper use?
- Options :
  - 1. Weaning/Discontinuation (5-10% weekly reduction)
  - 2. Continued structured opioid therapy
  - 3. Opioid Agonist Therapy (Buprenorphine/Naloxone or Methadone)

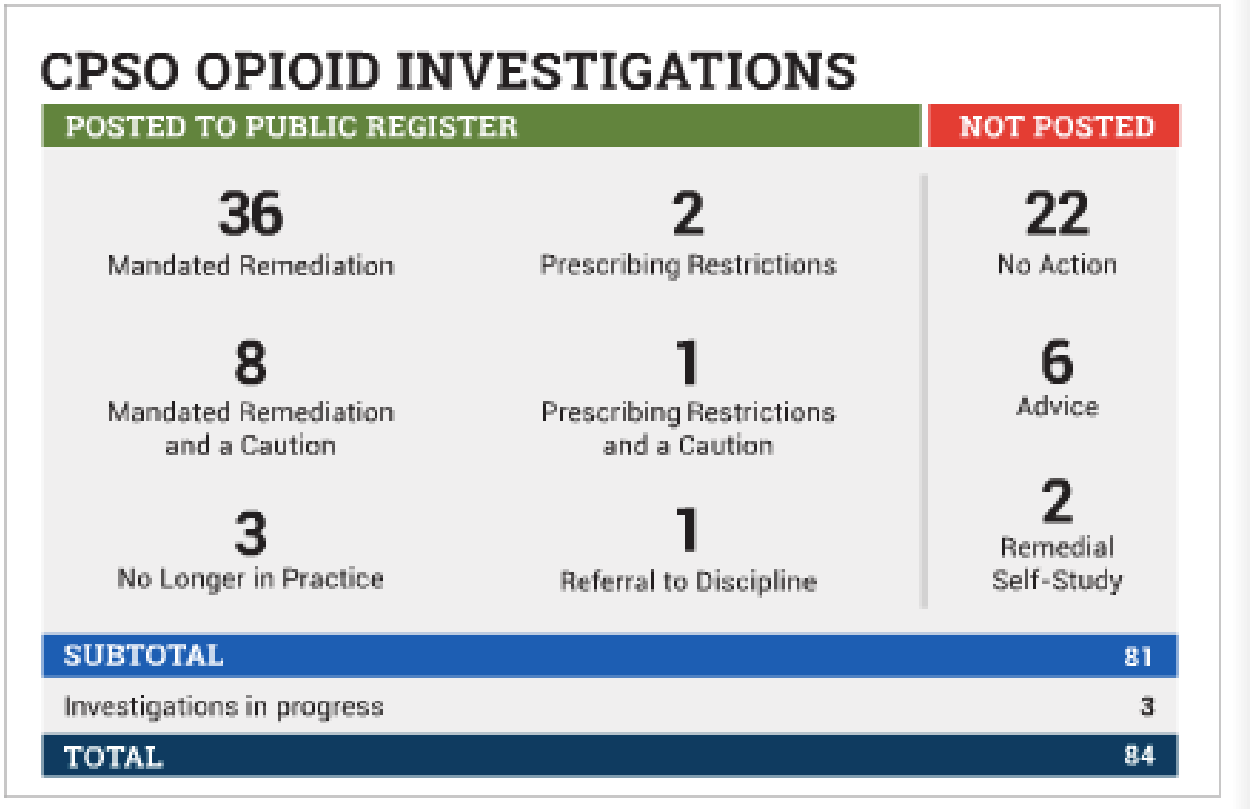
Sinai Health System

Practical Considerations

- Document, document, document
- Opioid Agreements
- Urine Drug Screens
- Close communication with pharmacy
- Methadone can be challenging, few pain prescribers and many patients do not wish to go to Methadone clinics
- Buprenorphine/Naloxone can be a challenging induction, but no specific training for prescription
- Consider expert opinion

Sinai Health System

CPSO



CPSO OPIOID INVESTIGATIONS

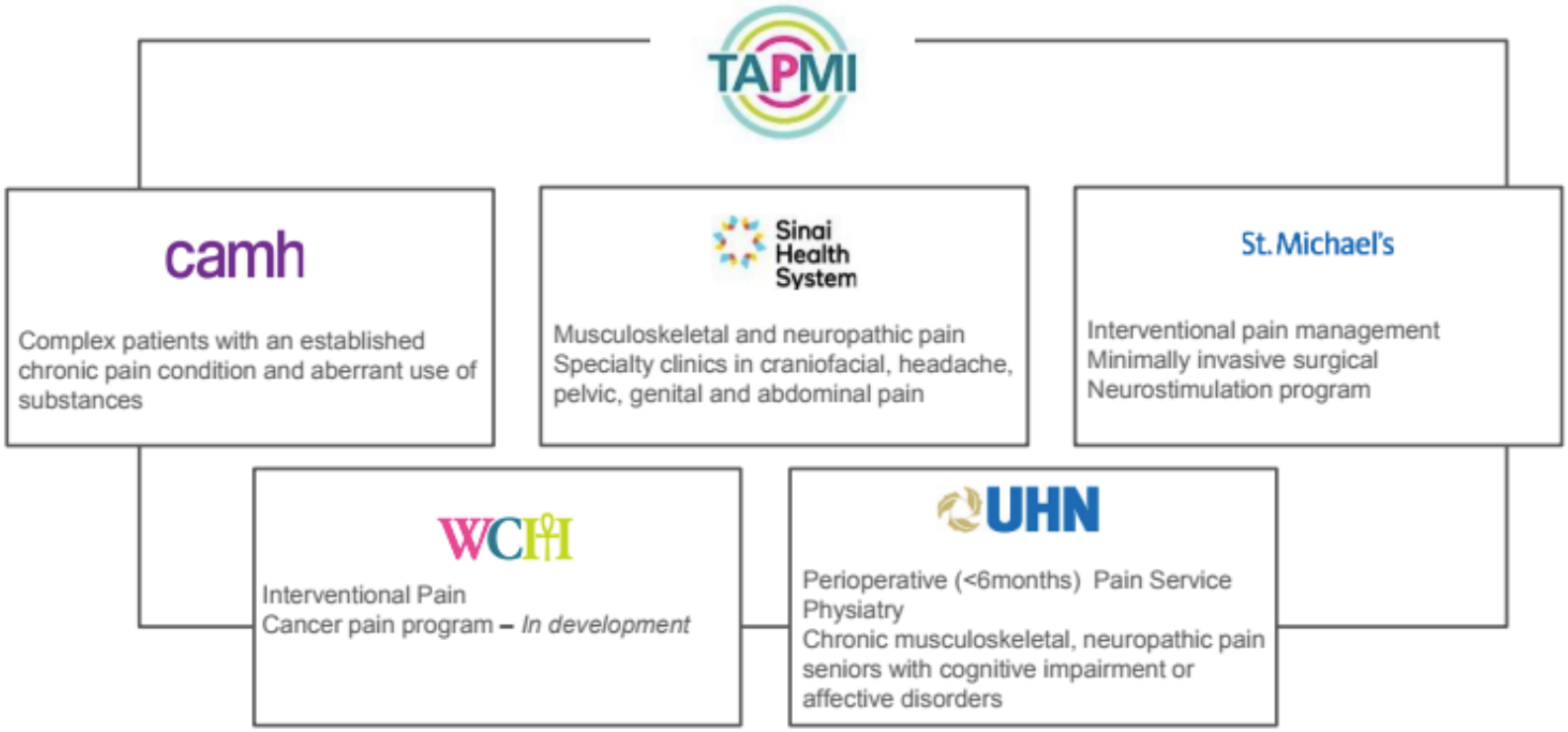
POSTED TO PUBLIC REGISTER		NOT POSTED
36 Mandated Remediation	2 Prescribing Restrictions	22 No Action
8 Mandated Remediation and a Caution	1 Prescribing Restrictions and a Caution	6 Advice
3 No Longer in Practice	1 Referral to Discipline	2 Remedial Self-Study
SUBTOTAL		81
Investigations in progress		3
TOTAL		84

Dialogue, 2018, Volume 14, Issue 1

Physicians should never abruptly cease their patients' access to opioids, nor should they rapidly taper their patients' doses

Sinai Health System

TAPMI (tapmipain.ca)

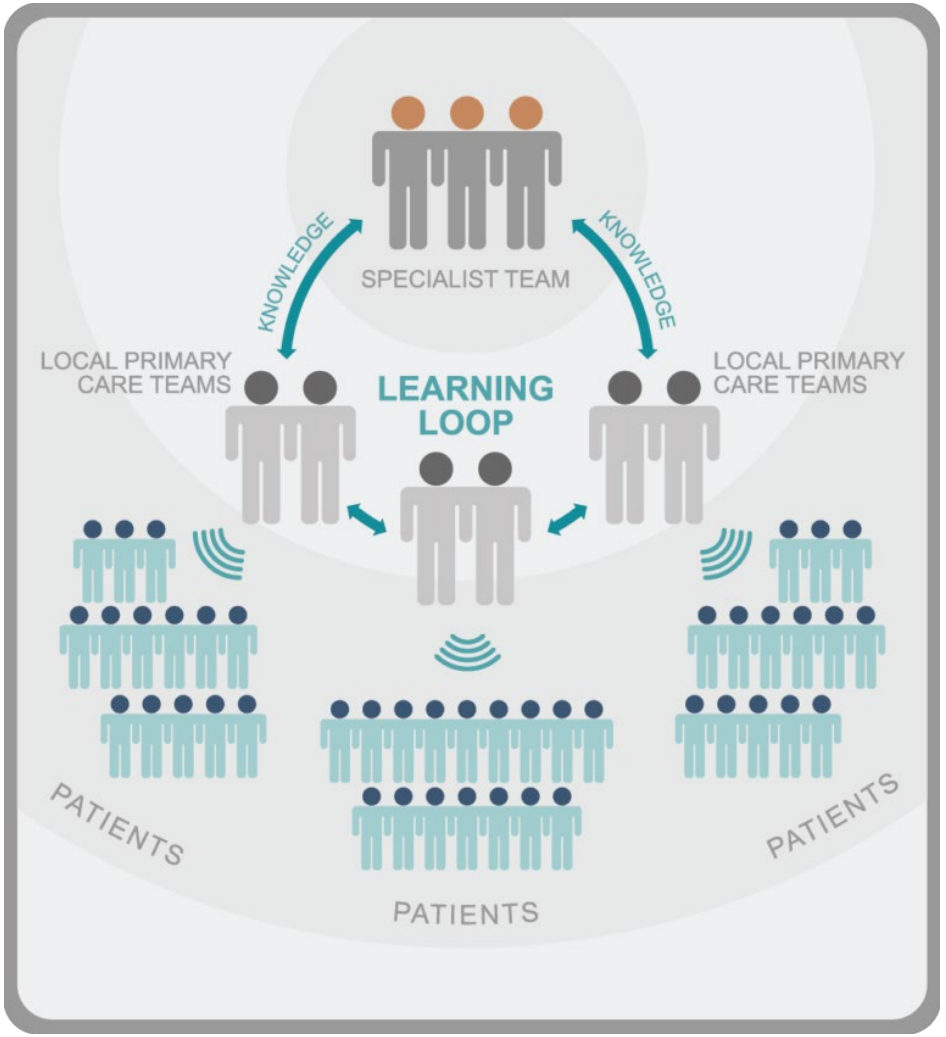


System

Learning Opportunities

Project ECHO®

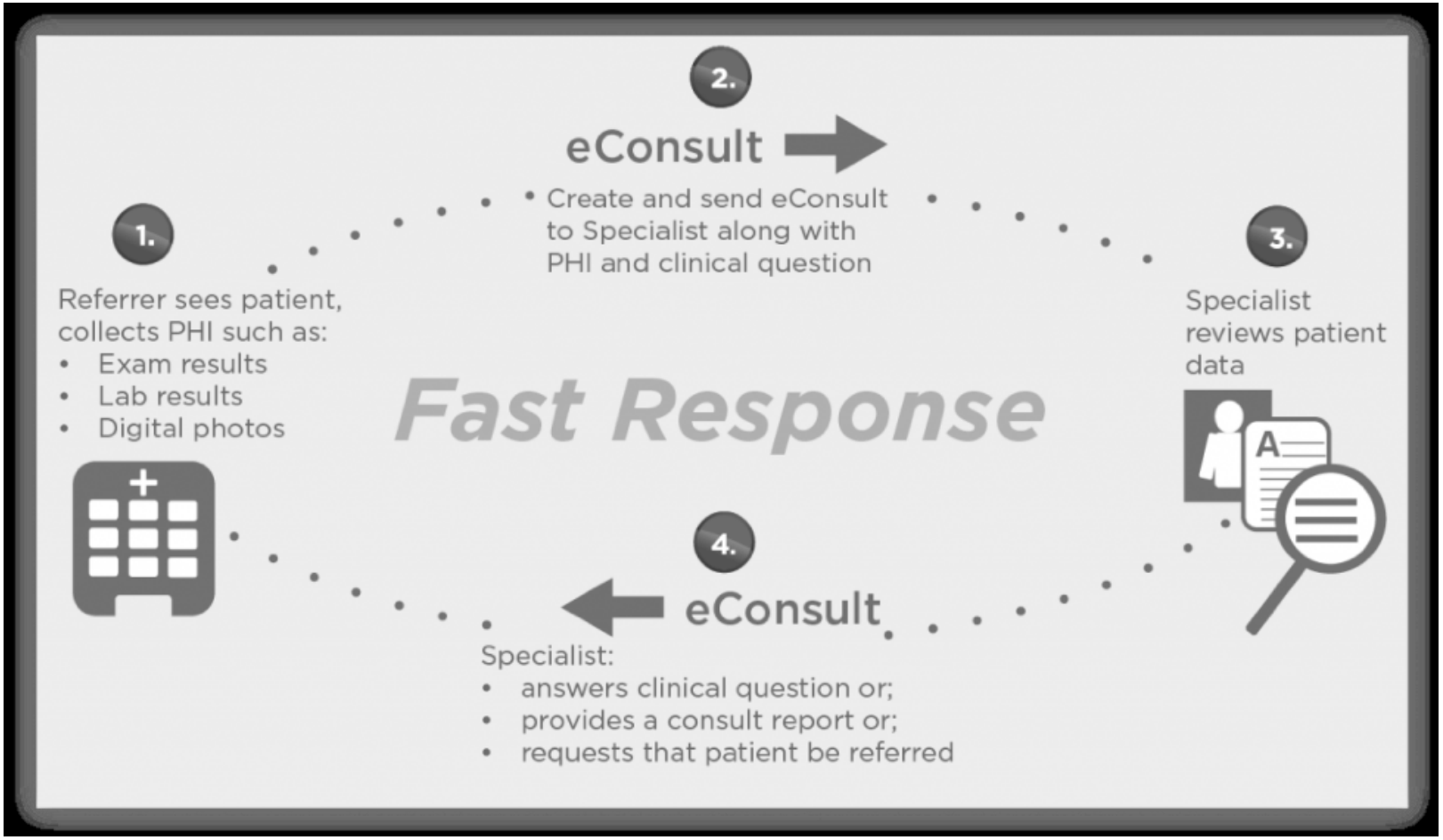
Chronic Pain & Opioid Stewardship
UHN - Queens



Sinai Health System

eConsult

Care. Connected.



Sinai Health System

Thanks! Questions?

@Msheppard08

matthew.sheppard@
sinaihealthsystem.ca

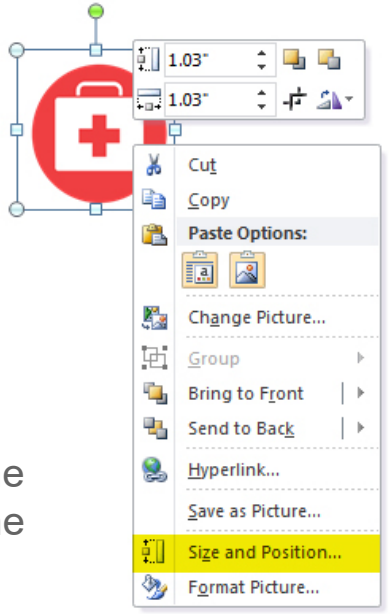
Sinai Health System

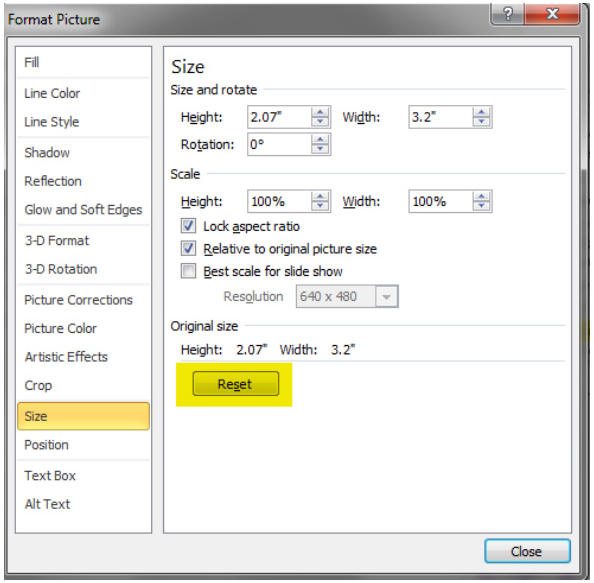
ICONS

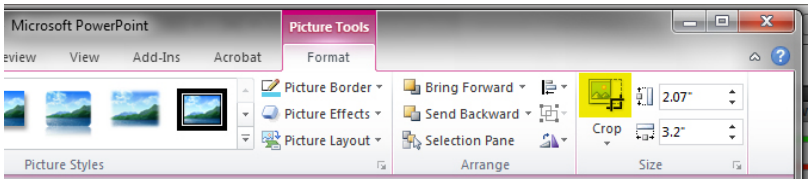
For other colour options

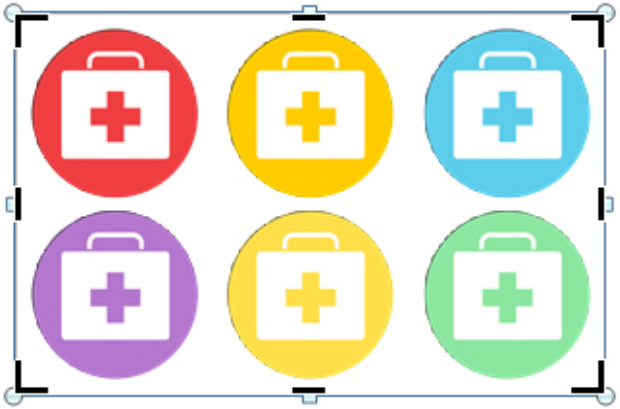
Choose your image:

1. Right Click the image
2. Select “Size and Position”
3. Click on “Reset” button
4. Click on “Format” tab above, choose the “Crop” icon and re-crop the image to the desired colour









Sinai Health System