Non-opioid Chronic Pain Management

Goals and Objectives
- Read the first CDC guideline for opioid prescribing
- Review non-pharmacological treatments for chronic pain
- Discuss pharmacological options
- Understand interventional techniques
- Determine barriers to implementation

DISCLOSURE DECLARATION

Non-opioid Chronic Pain Management

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Dr. Haynes-Henson has No Conflicts of Interest to disclose.
Evidence Basis for CDC Guidelines

1. No evidence shows a long-term benefit of opioids in pain and function versus no opioids for chronic pain with outcomes examined at least 1 year later (with most placebo-controlled randomized trials ≤6 weeks in duration).

2. Extensive evidence shows the possible harms of opioids (including opioid use disorder, overdose, and motor vehicle injury).

3. Extensive evidence suggests some benefits of non-pharmacologic and non-opioid pharmacologic treatments compared with long-term opioid therapy, with less harm.

www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm

#1 CDC Guideline

Non-pharmacologic therapy and non-opioid pharmacologic therapy are preferred for chronic pain.

Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient.

If opioids are used, they should be combined with non-pharmacologic therapy and non-opioid pharmacologic therapy, as appropriate.

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Non-Pharmacologic Therapy

Exercise

Weight Loss

Cognitive Behavioral Therapy with/without exercise
UNMC Pain Management Program
Located in the Specialty Services Pavilion
In operation since 1973
Served pain patients with any pain diagnosis

Visual Analog Scale

Pain Management Program

Visual Analog Scale Pain Ratings - 2013 (n=60)
Non-opioid Therapy

- NSAIDS
- Acetaminophen
- Anti-convulsants
- Anti-depressants
  - Tricyclic
  - Serotonin Norepinephrine Reuptake Inhibitors

NSAIDS/Acetaminophen

Can be useful for arthritis/low back pain

- 881 and 228 deaths vs. opioid deaths of 16,651 (2010)
- Paracetamol used after UE surgery was just as effective as piroxicam or the combo

Anti-convulsants

- Gabapentin and pregabalin—diabetic neuropathy and post-herpetic neuralgia
- Pregabalin, gabapentin and carbamazepine—FDA approved for certain neuropathic conditions
- Pregabalin FDA approved for fibromyalgia
Anti-Depressants

TCA’s and SNRI’s are typical agents used
Duloxetine is FDA approved for diabetic neuropathy and fibromyalgia
Depression can worsen pain

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Interventional Treatments

Epidural
Joint injections-Facet, Sacroiliac, Knee, Shoulder
Sympathetic Blocks
Radiofrequency Ablations
Spinal Cord Stimulation
Ziconotide Pump

Facet Joint Injection

Common source of back and neck pain
55% of Cervical
42% of Thoracic
31% of Lumbar

Manchikanti,L et al BM/Musculoskeletal Disord 2004 May
Spinal Cord Stimulation
Useful for neuropathic pain
A temporary lead is placed as a trial
A battery can be implanted if pain relief is achieved

If Opioids are Deemed Appropriate
Measurable goals of therapy, reassessment and exit strategy
Methadone/transdermal fentanyl only for those with appropriate training
Start with low dose and immediate release formulations
Not for headaches or fibromyalgia
Recognize high risk patients

Barriers to Implementation
Funding for:
  access to care
  medication-assisted treatment
Limited education of providers in medical school and training
Lack of evidenced-based research
Insurance companies deem many non-opioid therapies as “experimental”
Patient’s perception that non-opioid therapy is not pain treatment

www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm
Summary

Non-medication treatments first.
Non-opioid medications and interventional treatments next.
Goal directed opioid therapy with low dosages and close monitoring.
Implementation of alternative therapies is challenging.
How can we make it easier?

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