

Narcotics – Therapy or Addiction

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What's the Problem?

30 to 40 million Americans annually affected by moderate to severe pain.

13 to 15 million Americans suffer from chronic, intractable and severe pain mostly undertreated

- Patient reluctance to take medications out of fear of
- Patient reluctance to report pain
- Physician concerns about the side effects of opiate-derived medications
- Poor physician assessment of pain
- Physician fear of patient addiction
- Inadequate physician knowledge of pain management
- Unavailability of pain treatment programs and facilities
- Inadequate third-party reimbursement for pain treatment
- Low priority for pain treatment
- Restrictive regulation of controlled substances

Falsely perceived illegality of opioids for different categories of intractable pain

Patient History	Level of perceived legality				
	Lawful and generally acceptable medical practice	Lawful, but generally not acceptable medical practice; should be discouraged	Probable violation of medical practice laws and regulations, should be investigated	Probable violation of federal/state controlled substances laws; should be investigated	Don't know
Cancer pain only	75%	14%	5%	5%	7%
Cancer pain with history of opioid abuse	46%	22%	14%	12%	16%
Chronic, non-malignant pain only	12%	47%	32%	27%	7%
Chronic, non-malignant pain with history of opioid abuse	1%	25%	58%	50%	6%

Addiction

- ◆ Physical dependence
- ◆ Tolerance (neuroadaptation)
- ◆ Addiction (drug use despite harm)
- ◆ Pseudo addiction

Patient Selection

- ◆ There is an important role for opiates in clearly defined organic injuries or illness.
- ◆ Pain syndromes, i.e. migraines or fibromyalgia, should not be treated with opiates

Randomized study in people with chronic mixed headaches

- No analgesics
- Analgesics alone
- Amitriptyline alone
- Analgesics and amitriptyline

Initial attrition in both groups without analgesics.
Of the 2 amitriptyline groups, the group without analgesics did best.

Patient Evaluation

- ◆ Pain history and assessment of the impact of pain on the patient
- ◆ Directed physical examination
- ◆ Review of previous diagnostic studies
- ◆ Review of previous interventions
- ◆ Drug history
- ◆ Assessment of coexisting diseases of conditions

Treatment Plan

- ◆ Treatment planning should be tailored
- ◆ Different treatment modalities
- ◆ Informed consent
- ◆ Written agreement

Consultation as Needed

- ◆ Specialist in pain medicine
- ◆ Psychologist
- ◆ Orthopedics
- ◆ Physical therapist

Periodic Review of Treatment Efficacy

- ◆ Functional status
- ◆ Adequate analgesia
- ◆ Side effects
- ◆ Quality of life
- ◆ Indications of medication misuse

Documentation

- ◆ Evaluation
- ◆ Reason for opioids
- ◆ Overall plan
- ◆ Therapeutic interventions
- ◆ Periodic review
- ◆ Patient participation in recording
- ◆ Empowerment

Therapeutic Alliance

- ◆ Positive transference between the patient and the prescribing physician is the best guarantee of treatment compliance
- ◆ Single prescriber
- ◆ Single pharmacy
- ◆ When patients unequivocally know that they are well-known to the treating physician, abuse of treatment is highly unlikely.

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