

# Who Owns the Pain?

## Debating Addiction Medicine's Role in Pain Management

**Julie Childers, MD, FASAM**

**Janet Ho, MD MPH FASAM**

**Heather Richards, MD**

**Non-presenting authors: Melissa Weimer, DO; Caitlin Couper, MD**

Presented at ASAM 2024



# Disclosure Information

- ☀ Presenter 1: Julie Childers, MD
  - ☀ No Disclosures
- ☀ Presenter 2: Janet Ho, MD MPH FASAM
  - ☀ No disclosures
- ☀ Presenter 3: Heather Richards, MD
  - ☀ No disclosures

# Learning Objectives

- ☀ Describe links between chronic pain and substance use disorders
- ☀ Provide a rationale for addressing pain in substance use disorder treatment
- ☀ Develop a model for addressing pain in your practice

# Chronic pain and opioid use are common among US adults

- ☀️ 20.9% (50million) US adults had chronic pain in 2019<sup>1</sup>
  - ☀️ 6.9% report high–impact chronic pain in 2021
  - ☀️ Rates higher among older adults, females, currently unemployed adults, veterans, adults living in poverty, those with public health insurance
- ☀️ 91million people (34% of US population) have used a prescription opioid in the last year
  - ☀️ 10-11 million people report non-medical opioid use/ misuse
  - ☀️ 2 million (2-3% of US population) have an OUD

# Chronic pain is common in individuals with SUDs

- ☀️ Prevalence of OUD in people w chronic non-cancer pain (CNCP) limited by definitions and heterogeneity in studies <sup>2</sup>
  - ☀️ 8-12% rates of addiction reported in one systematic review
  - ☀️ Up to 31% prevalence of 'misuse, abuse, addiction' in a systemic review
  - ☀️ 10-41% of patients on long-term opioid develop OUD/ misuse by DSM5 <sup>3</sup>
- ☀️ 48-74% of patients with OUD report chronic pain <sup>4</sup>
  - ☀️ 61.8% had chronic pain before OUD diagnosis
  - ☀️ 80% of patients in one OTP reported pain



1. CDC 2016 National Health Interview Survey
2. Minozzi, et al. Addiction 2013; Higgins, et al. 2018; Vowles 2015; Voon 2017
3. Boscarino 2015
4. John, et al..2020.; Hser 2017; Rosenblum 2003

# Acute pain is also common

- ☀ People with SUD more likely to experience trauma, vehicle accidents, certain cancers <sup>1</sup>
- ☀ Substance use associated with 3.6% of unintentional injuries, 26.2% of injuries inflicted by another, and 38.9% of self-inflicted injuries in on retrospective study <sup>2</sup>
- ☀ Higher prevalence when substances were used: wound, head and neck injury, burn, poly (>3)trauma, foreign body injuries

# Managing pain in OUD can be complex



- ☀ Patients with OUD have lower pain tolerance
  - ☀ Increased sensitivity predicts craving
- ☀ Patients on methadone as MOUD have lower pain tolerance
  - ☀ Compared to people with OUD not on methadone
- ☀ Long term opioid use leads to hyperalgesia

Martin J (1965), Compton P (2000), Meyer M (2007)

# Substances with analgesic properties



- ☀ Opioids
- ☀ Alcohol
- ☀ Cocaine
- ☀ Cannabis
- ☀ Caffeine\*
- ☀ Ketamine

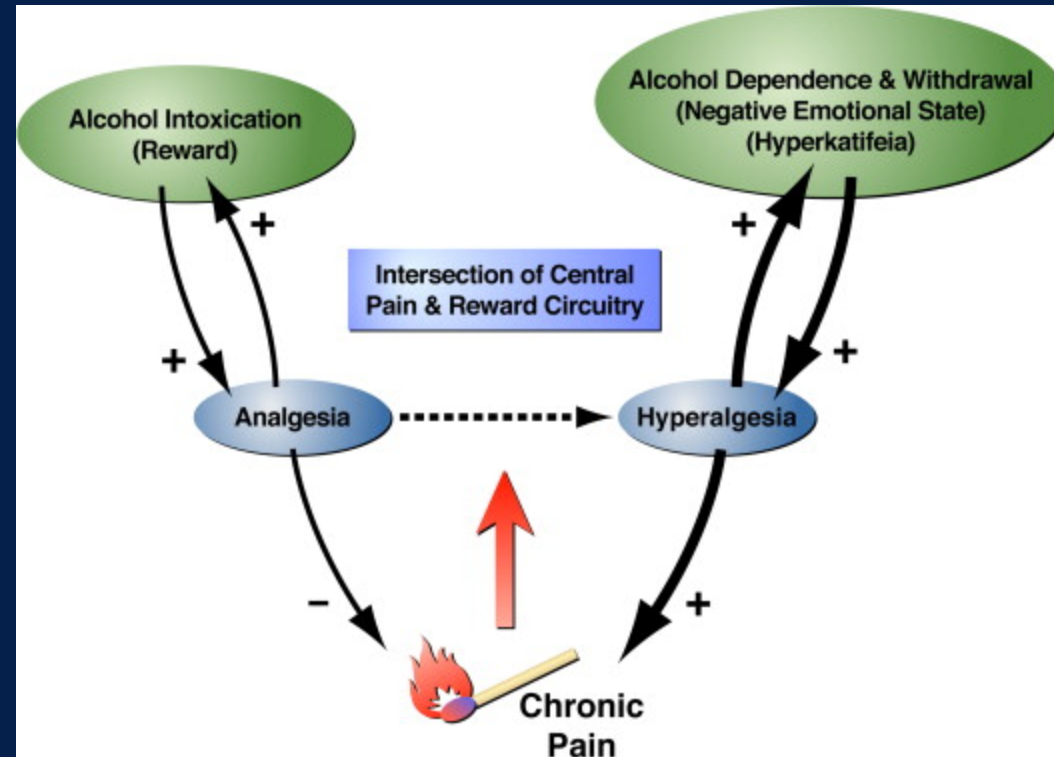
Derry, C. J., Derry, S., & Moore, R. A. (2014). Caffeine as an analgesic adjuvant for acute pain in adults. Cochrane database of systematic reviews, (12)



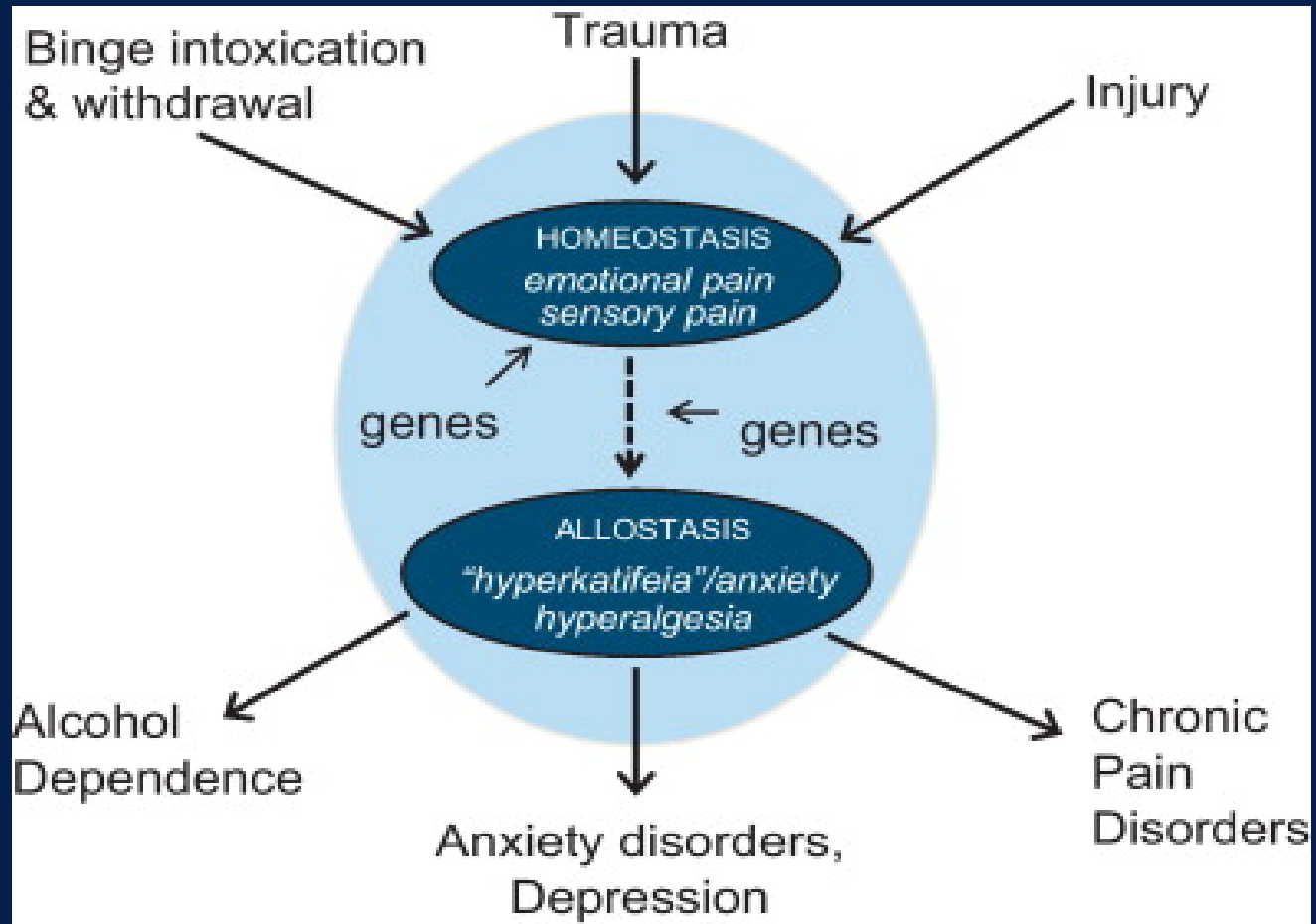
# Self-treatment of pain

- ☀ 63.6% of people who misused opioids reported the most common reason for doing so was to treat pain
  - ☀ > ‘feel good or get high’ (10.6%), ‘relax or relieve tension’ (9.2%)
- ☀ Undertreated pain is one of the most common reasons for a self-directed discharge
  - ☀ “And I’ve gone through points where the pain – they couldn’t get it at a reasonable level, like a tolerable level. And so I left, because I didn’t want to sit there and continue suffering. And then as soon as I left, I went straight into self-medication, trying to self-medicate to make the pain lessen... And doctors don’t do nothing for the pain.”
  - ☀ Self—directed discharges for admissions with OUD and an injection related infection increased from 9.3% to 17%

# There are common pathways between chronic pain and addiction

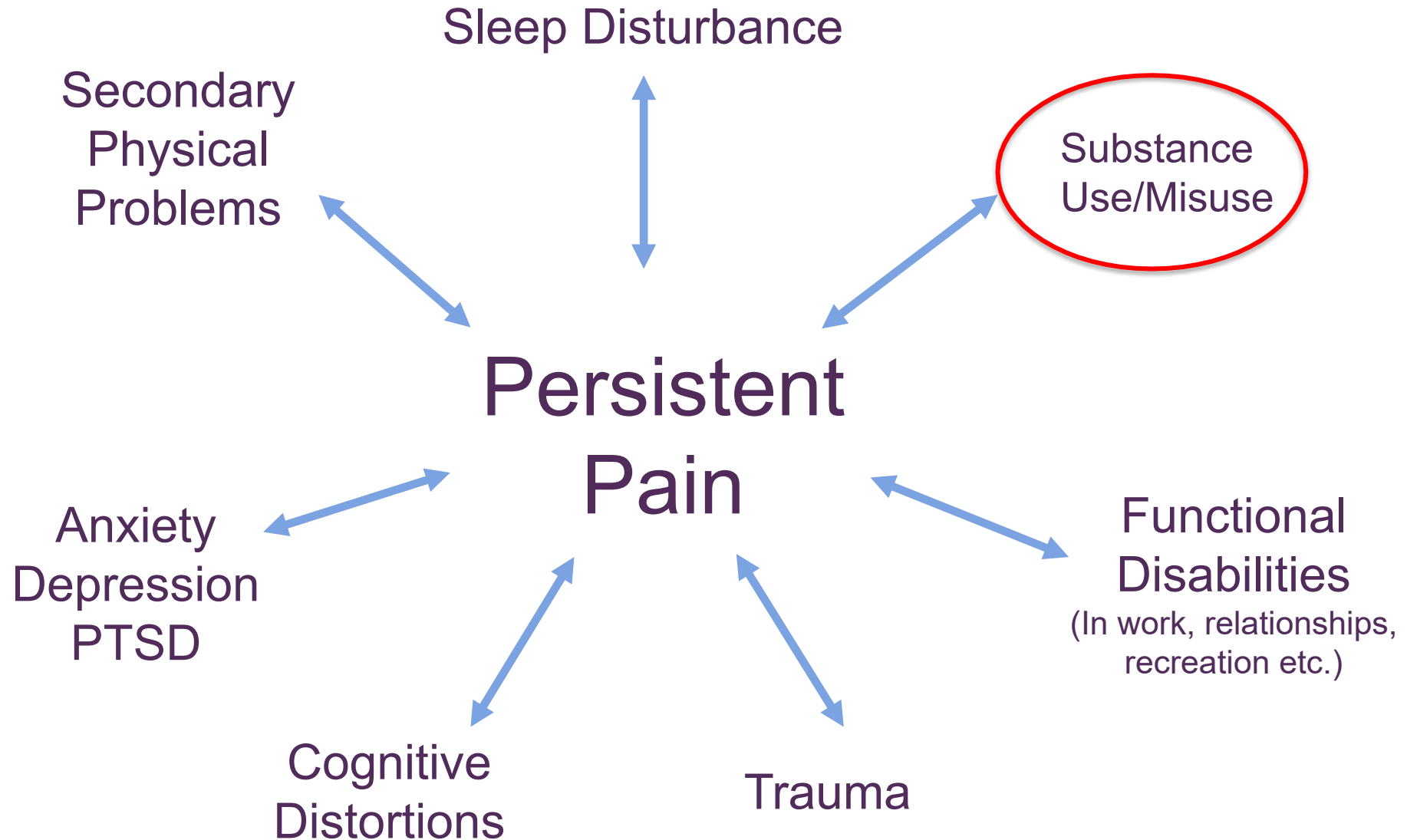


Egli et al 2002



Egli et al 2012

# The Cycle of Chronic Pain



# Childhood Trauma in Chronic Pain

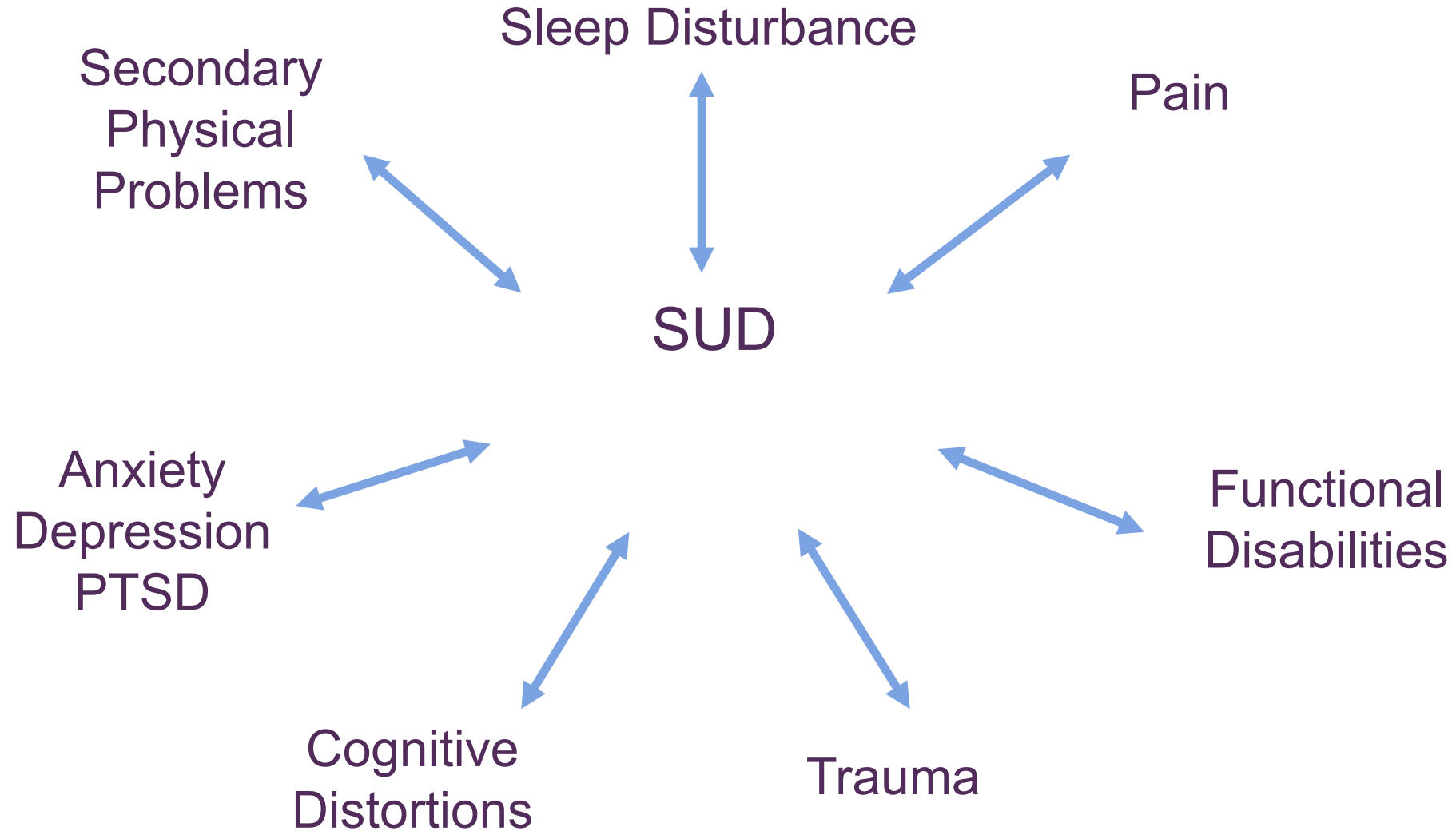
- ☀ 92 patients with chronic pain versus 98 control subjects
- ☀ Individuals with chronic pain were:
  - ☀ 2.6 times more likely to have experienced sexual abuse
  - ☀ 4.4 times more likely to have experienced verbal abuse
  - ☀ Prevalence of abuse as a child was 54%

# Mental Health Disorders in Chronic Pain

- ☀ Those with chronic pain were 4x more likely to have depression or anxiety disorders than those without <sup>1</sup>
- ☀ More severe chronic pain is associated with more severe psychiatric disorders <sup>2</sup>

1. Gureje 1998
2. Velly 2018

# Substance Use Disorders Look Similar



# Why some addiction medicine specialists treat pain

- ✦ Untreated pain is a trigger for substance use
- ✦ Many agents we prescribe have analgesic properties
- ✦ We understand opioid tolerance
- ✦ We are able to talk about substance use and addiction risk
- ✦ We have skills in motivational interviewing and can build rapport
- ✦ Other clinicians need our help



# Why some addiction medicine specialists *do not* treat pain

- ✦ Most of us are not trained
- ✦ Boundaries between specialties
- ✦ We don't enjoy it
  - ✦ Patient expectations
  - ✦ Lack of fulfillment
  - ✦ Discomfort with opioid prescribing decisions
  - ✦ The problem that can't be solved

# UCSF/ ZSFG

- ☀ IP consult: Defer pain management to the pain pharmacist, acute/ chronic pain, palliative care
  - ☀ However, we will advocate for a patient where pain control seems inadequate or biased
  - ☀ Will work with pain teams on complex cases to titrate MOUD
- ☀ OP: AM clinicians who also have primary care practices may manage chronic pain
  - ☀ Chronic pain service/ clinic do not prescribe opioids, except buprenorphine rarely

# Allegheny General/ West Penn Hospitals

- ☀️ Manage acute pain in patients with opioid use disorder
  - ☀️ Types of pain: traumatic, post surgical (pain with a start and expected end date)
  - ☀️ Recommend opioid and non-opioid pain medications
  - ☀️ Prescribe initial opioid prescription at discharge
  - ☀️ Collaboration with outpatient pain pharmacist who continues outpatient taper or transitions to medication for opioid use disorder
- ☀️ Assist outpatient/inpatient palliative care with continuation of care for individuals with chronic, malignancy related pain and SUD

# Allegheny General/ West Penn Hospitals

## ☀ Why our patients benefit:

- ☀ Use higher doses of opioids
- ☀ Addressing pain in a non-stigmatizing manner while also keeping the patients' goals in mind

## ☀ What we don't do:

- ☀ Manage chronic pain (unless they want buprenorphine)

## ☀ Why it works for these hospitals:

- ☀ Acute pain service (anesthesia) only does nerve blocks and chronic pain service only manages patients with chronic prescription opioid use or new chronic pain

# Case 1

- ☀️ 40 year old woman with OUD on methadone 80 mg daily
- ☀️ Hospitalized for nec fasc related to injection
- ☀️ Addiction med consultant increases methadone to 85 mg daily
- ☀️ Surgical team orders oxycodone 5-10 mg q 4 hours prn for pain

# Case 2

- ☀️ 64 year old man seen in outpatient SUD treatment program
- ☀️ History of chronic LBP, previously on opioid therapy
- ☀️ Denies cravings, history of opioid misuse or illicit opioid use
- ☀️ Referred for buprenorphine; requests resumption of full agonist opioids

# Case 3

- ☀️ 40 year old man referred to clinic to start bup treatment
- ☀️ Has been using fentanyl, cocaine, and benzodiazepines
- ☀️ Requests gabapentin 800 mg four times daily for chronic pain

# Case 4

- ☀️ 50 year old woman newly diagnosed with laryngeal cancer
- ☀️ Two days post-op laryngectomy
- ☀️ Uses IV fentanyl and inhaled methamphetamine
- ☀️ Surgical oncology team asks for assistance in pain management



# Final Takeaways

- ☀️ The prevalence of pain in individuals with SUDs is high
- ☀️ Pain can affect outcomes
- ☀️ Addiction medicine specialists need to think about pain
  - ☀️ Collaborating
  - ☀️ Referring and/or
  - ☀️ Providing some pain treatment themselves

# References

1. Boscarino, J. A., Hoffman, S. N., & Han, J. J. (2015). Opioid-use disorder among patients on long-term opioid therapy: impact of final DSM-5 diagnostic criteria on prevalence and correlates. *Substance abuse and rehabilitation*, 83-91.
2. Compton, P., Charuvastra, V. C., Kintaudi, K., & Ling, W. (2000). Pain responses in methadone-maintained opioid abusers. *Journal of pain and symptom management*, 20(4), 237-245.
3. Derry, C. J., Derry, S., & Moore, R. A. (2014). Caffeine as an analgesic adjuvant for acute pain in adults. *Cochrane database of systematic reviews*, (12).
4. Egli, M., Koob, G. F., & Edwards, S. (2012). Alcohol dependence as a chronic pain disorder. *Neuroscience & Biobehavioral Reviews*, 36(10), 2179-2192.
5. Goldberg, R. T., & Goldstein, R. (2000). A comparison of chronic pain patients and controls on traumatic events in childhood. *Disability and rehabilitation*, 22(17), 756-763.
6. Gureje, O., Von Korff, M., Simon, G. E., & Gater, R. (1998). Persistent pain and well-being: a World Health Organization study in primary care. *Jama*, 280(2), 147-151.
7. Higgins, C., Smith, B. H., & Matthews, K. (2018). Incidence of iatrogenic opioid dependence or abuse in patients with pain who were exposed to opioid analgesic therapy: a systematic review and meta-analysis. *British journal of anaesthesia*, 120(6), 1335-1344.
8. Hser, Y. I., Mooney, L. J., Saxon, A. J., Miotto, K., Bell, D. S., & Huang, D. (2017). Chronic pain among patients with opioid use disorder: results from electronic health records data. *Journal of substance abuse treatment*, 77, 26-30.
9. John, W. S., & Wu, L. T. (2020). Chronic non-cancer pain among adults with substance use disorders: prevalence, characteristics, and association with opioid overdose and healthcare utilization. *Drug and alcohol dependence*, 209, 107902.
10. Keyser-Marcus, L., Alvanzo, A., Rieckmann, T., Thacker, L., Sepulveda, A., Forcehimes, A., ... & Svikis, D. S. (2015). Trauma, gender, and mental health symptoms in individuals with substance use disorders. *Journal of Interpersonal Violence*, 30(1), 3-24.
11. Martin, J.E. and Inglis, J., 1965. Pain tolerance and narcotic addiction. *British Journal of Social and Clinical Psychology*, 4(3), pp.224-229.
12. Contribution of substance use in acute injuries with regards to the intent, nature and context of injury: a CHIRPP database study
13. Minozzi, S., Amato, L., & Davoli, M. (2013). Development of dependence following treatment with opioid analgesics for pain relief: a systematic review. *Addiction*, 108(4), 688-698.
14. Rikard, S. M., Strahan, A. E., Schmit, K. M., & Guy Jr, G. P. (2023). Chronic pain among adults—United States, 2019–2021. *Morbidity and Mortality Weekly Report*, 72(15), 379.

# References

14. Rosenblum, A., Joseph, H., Fong, C., Kipnis, S., Cleland, C., & Portenoy, R. K. (2003). Prevalence and characteristics of chronic pain among chemically dependent patients in methadone maintenance and residential treatment facilities. *Jama*, 289(18), 2370-2378.
15. Schulte, M.T. and Hser, Y.I., 2013. Substance use and associated health conditions throughout the lifespan. *Public health reviews*, 35(2), pp.1-27.
16. Simon, R., Snow, R., & Wakeman, S. (2020). Understanding why patients with substance use disorders leave the hospital against medical advice: a qualitative study. *Substance abuse*, 41(4), 519-525.
17. Thakrar, A.P., Lowenstein, M., Greysen, S.R. and Delgado, M.K., 2023. Trends in Before Medically Advised Discharges for Patients With Opioid Use Disorder, 2016-2020.
18. Velly, A. M., & Mohit, S. (2018). Epidemiology of pain and relation to psychiatric disorders. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, 87, 159-167.
19. Vowles, K. E., McEntee, M. L., Julnes, P. S., Frohe, T., Ney, J. P., & Van Der Goes, D. N. (2015). Rates of opioid misuse, abuse, and addiction in chronic pain: a systematic review and data synthesis. *Pain*, 156(4), 569-576.
20. Voon, P., Karamouzian, M., & Kerr, T. (2017). Chronic pain and opioid misuse: a review of reviews. *Substance abuse treatment, prevention, and policy*, 12(1), 1-9.
21. Wachholtz, A., Foster, S., & Cheatle, M. (2015). Psychophysiology of pain and opioid use: implications for managing pain in patients with an opioid use disorder. *Drug and alcohol dependence*, 146, 1-6.
22. Yong, R. J., Mullins, P. M., & Bhattacharyya, N. (2022). Prevalence of chronic pain among adults in the United States. *Pain*, 163(2), e328-e332.