Opioids: Love and Hate in Primary Care

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Disclosure

- Nothing to disclosure.

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Goals and Objectives

- Describe the CDC's Guideline for Prescribing Opioids for Chronic Pain, including patient-centered tapering practices.
- Define the DSM-5 criteria for opioid use disorder (OUD).
- List the three approved medications for medication assisted treatment (MAT) and their indications.

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Opiophobia

- “The only way to prevent the development of an opioid use disorder is to keep a patient opioid-naïve, a solution that for many is neither practical nor optimal care.”
  - (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6699803/)

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- "…The sheer numbers of patients taking a prescription opioid medication for long-term chronic pain has placed an enormous burden on primary care where the majority of opioid prescriptions are written."

Opiophobia

- “Those Who Do Not Learn History are Doomed to Repeat It.”

How Did We Get Here?

- “No drugs, more than opioids, have been the object of human fantasy since the dawn of human civilization.”

How Did We Get Here?

- The use of opium predates human history.
- Opium makes its way to the New World.
- Opium abuse and addiction become problematic in the 18th and 19th century.
- The answer?

Morphine!

- Produced commercially to treat pain.
- Used as substitution therapy for opium addiction.

Morphine!

- The hypodermic needle was developed in 1853.
- The Civil War rages 1861-1865.
  - 1,125,453 American casualties.
  - Morphine addiction becomes known as “Soldiers Disease.”
- The answer?

Heroin!

- Diacetyl morphine is produced and marketed by Bayer in the late 1800s as an alternative to morphine.
- Heroin and syringes are available in the Sears catalog.

Harrison Narcotics Act

- "Considered to be the basis behind most anti-drug legislations in the United States, the Harrison Narcotics Act of 1914 had a major impact on the national and international drug market."

Vietnam (1955-1975)

- 20% of the enlisted were addicted to heroin.
  - Only 1% returned to use upon returning home.

The New Wave(s)

- 1991: Deaths begin to increase after a sharp rise in opioid prescriptions for non-cancer pain.
- 2010: Rapid increase in deaths from heroin.
- 2013: Increases in deaths from synthetic opioids.

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Cautious Celebration?

- Overdose deaths are down to 68,557 in 2018.

Overdose Prevention

- Improve opioid prescribing.
- Reduce exposure to opioids.
- Prevent misuse.
- Treat opioid use disorder.
- Reverse overdoses.

Overdose Prevention

- **Improve opioid prescribing.**
- Reduce exposure to opioids.
- Prevent misuse.
- Treat opioid use disorder.
- Reverse overdoses.

Improve Opioid Prescribing

- CDC Guidelines for Prescribing Opioids for Chronic Pain.
  - Nonopioid therapy is preferred for chronic pain outside of active cancer, palliative, and end of life care.
  - When opioids are used, the lowest possible effective dosage should be prescribed to reduce risks of opioid use disorder and overdose.
  - Clinicians should always exercise caution when prescribing opioids and monitor all patients carefully.

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Overdose Prevention

- Improve opioid prescribing.
- **Reduce exposure to opioids.**
- Prevent misuse.
- Treat opioid use disorder.
- Reverse overdoses.

Reducing Exposure to Opioids

- Screening for patients at high risk for misuse.
- Trial of non-narcotic pain medications.
- Prescribing small amounts of medications for short periods of time.
- Tapering of opioids in patients who are at high doses, are on benzodiazepines, and/or have significant co-morbidities.

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Reducing Exposure to Opioids

- Regular follow-up to determine whether treatment goals are being met.
- Can opioid dose be reduces or discontinued?

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When to Taper

- Patient requests a lower dose.
- Patient does not have a meaningful improvement in pain and function.
- Is on > 50 MME/day without benefit or is on benzodiazepines.
- Exhibits signs of substance use disorder.
- Experiences an overdose or serious adverse event.
- Shows early warning signs of an overdose.

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How to Taper

- "Tapering plans should be individualized and should minimize symptoms of opioid withdrawal while maximizing pain treatment with nonpharmacologic therapies and nonopioid medications."
  - CDC Pocket Guide: Tapering Opioids for Chronic Pain

The Taper

- If on opioids for less than a year, taper by 10% per week.
- If on opioids for greater than a year, taper by 10% per month.

Overdose Prevention

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- **Prevent misuse.**
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Prevent Opioid Use Disorder

- Prescription Drug Monitoring Programs.
- Patient education on the safe storage and disposal of opioid medications.
- Prescriber education and quality improvement programs regarding opioids.

Overdose Prevention

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Treat Opioid Use Disorder

- Or at least recognize it…
  - Screen.
  - Brief Intervention.
  - Refer for Treatment.

Defining Addiction

- “Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences.”
  - American Society of Addiction Medicine (ASAM) Board of Directors, 2019

Defining Addiction

- "People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences."
  - ASAM Board of Directors, 2019

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Defining Addiction

- "Prevention efforts and treatment approaches are generally as successful as those for other chronic diseases."
  - – ASAM Board of Directors, 2019

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Opioid Use Disorder

- 11 criteria broken into 4 categories:
  - Impaired control.
  - Social impairment.
  - Risky use.
  - Pharmacological properties.

Opioid Use Disorder

- Mild: 2-3 criteria.
- Moderate: 4-5 criteria.
- Severe: 6 or more criteria.

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Opioid Use Disorder

- Physical dependence is different than addiction.

Medication Assisted Treatment (MAT)

- Or Medication for Addiction Treatment.
  - Methadone.
  - Naltrexone.
  - Buprenorphine.

Methadone

- Dispensed through a Opioid Treatment Program.
- Associated with QTc prolongation and respiratory depression.
- Associated with multiple drug interactions.

Naltrexone

- Given IM every 28 days.
- Acts as an antagonist at the mu receptor.
- Extinguishes cravings.
- Requires little training and no DEA waiver.

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Buprenorphine

- Partial agonist at the mu receptor.
- Blocks the effects of opioids.
- Decreases cravings.
- Retains patients in treatment.

Buprenorphine

- Requires 8 hours of training to prescribe and a DEA waiver.
  - 30 patients in the first year.
  - 100 patients in the second year.
  - 275 patients in the third year.

Barriers to Treatment

- Stigma.
- Lack of addiction education.
- Time.
- Regulations.

Buprenorphine

- 60.1% of rural counties have no physician with a DEA waiver to prescribe buprenorphine.

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Overdose Prevention

- Improve opioid prescribing.
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- Prevent misuse.
- Treat opioid use disorder.
- **Reverse overdoses.**

Reverse Overdose and Prevent Death

- Prescribe Naloxone.
  - History of overdose.
  - History of substance use disorder.
  - Higher opioid doses (50 MME/day).
  - Concurrent benzodiazepine use.