

WELCOME TO THE PAIN OPTIONS CLASS

- Please **sign in** with an instructor
- Take “**Fact Sheet** for Great Pain Management” and **booklets** “Taking Opioids Responsibly” and “Patient Health Inventory”
- **Get comfortable**
- Please **save questions and comments** for the end of class

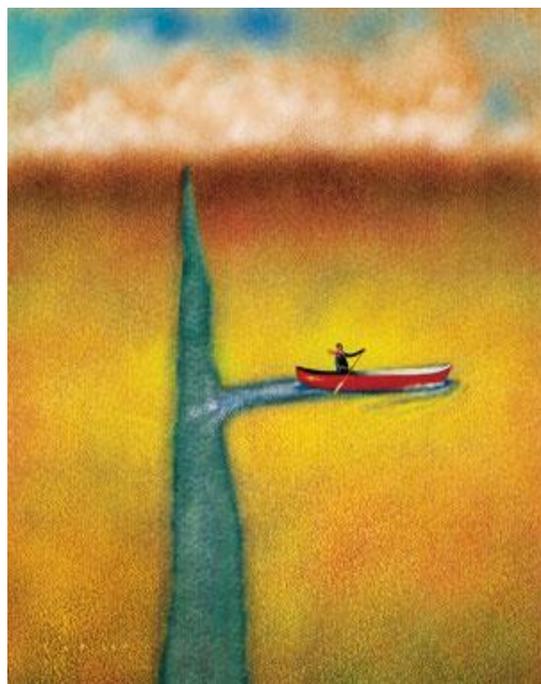
Overview appointment for Pain Options Class

- Discuss **Complexity** of Chronic Pain
- Discuss changes for **safer / better care**
- Note **other resources** for pain management
- Answer **questions**
- Review and sign “**Signature Consent**”
- Give **urine specimen**

Who Needs Opioid Safety Counseling?

- All Veterans receiving VA Pharmacy Long Term Opioid Therapy (LTOT) (“Narcotic”), or considering LTOT
- Family Members or Supportive Others of Veterans who are on Opioids

Pain Management is changing



- Fewer opioids
- Focus on **function** and quality of life
- Focus on **safety**
- **Team support** for help in returning to a full, satisfying, productive life even if pain persists

National changes for your safety:

Opioid Safety Initiative (OSI)

Signature Consent

for Long Term Opioid Therapy
and “Taking Opioids Responsibly” booklet

Urine Drug Testing (UDT) at least twice a year

Re-ordering of opioids **every 28 days**

For some

Naloxone overdose education and kit

TAKING OPIOIDS RESPONSIBLY

for Your Safety
and the Safety of Others

Patient Information Guide
on Long-term Opioid
Therapy for Pain



VA
HEALTH
CARE | Defining
EXCELLENCE
in the 21st Century

VA National Pain Management Program
VA National Center for Ethics in Health Care

Pain is...

“An unpleasant sensory and emotional experience arising from actual or potential tissue damage or described in terms of such damage”

IASP definition

International Association for the Study of Pain

PAIN

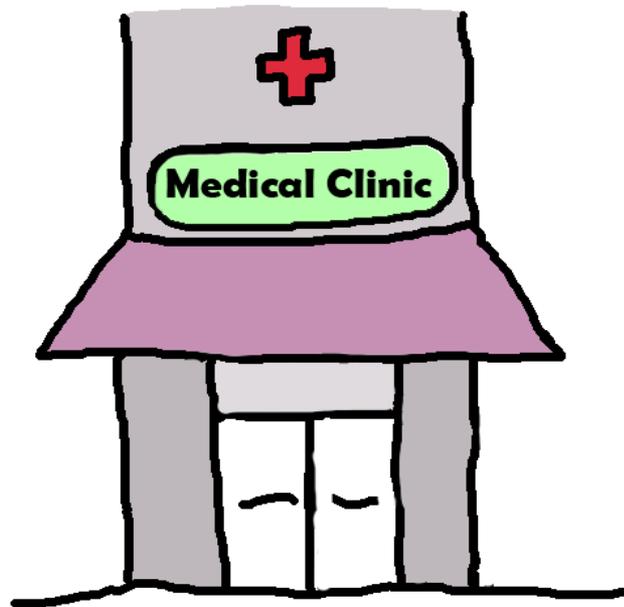
Sometimes the source, or solution,
is unknown or unavailable

This can be frustrating!

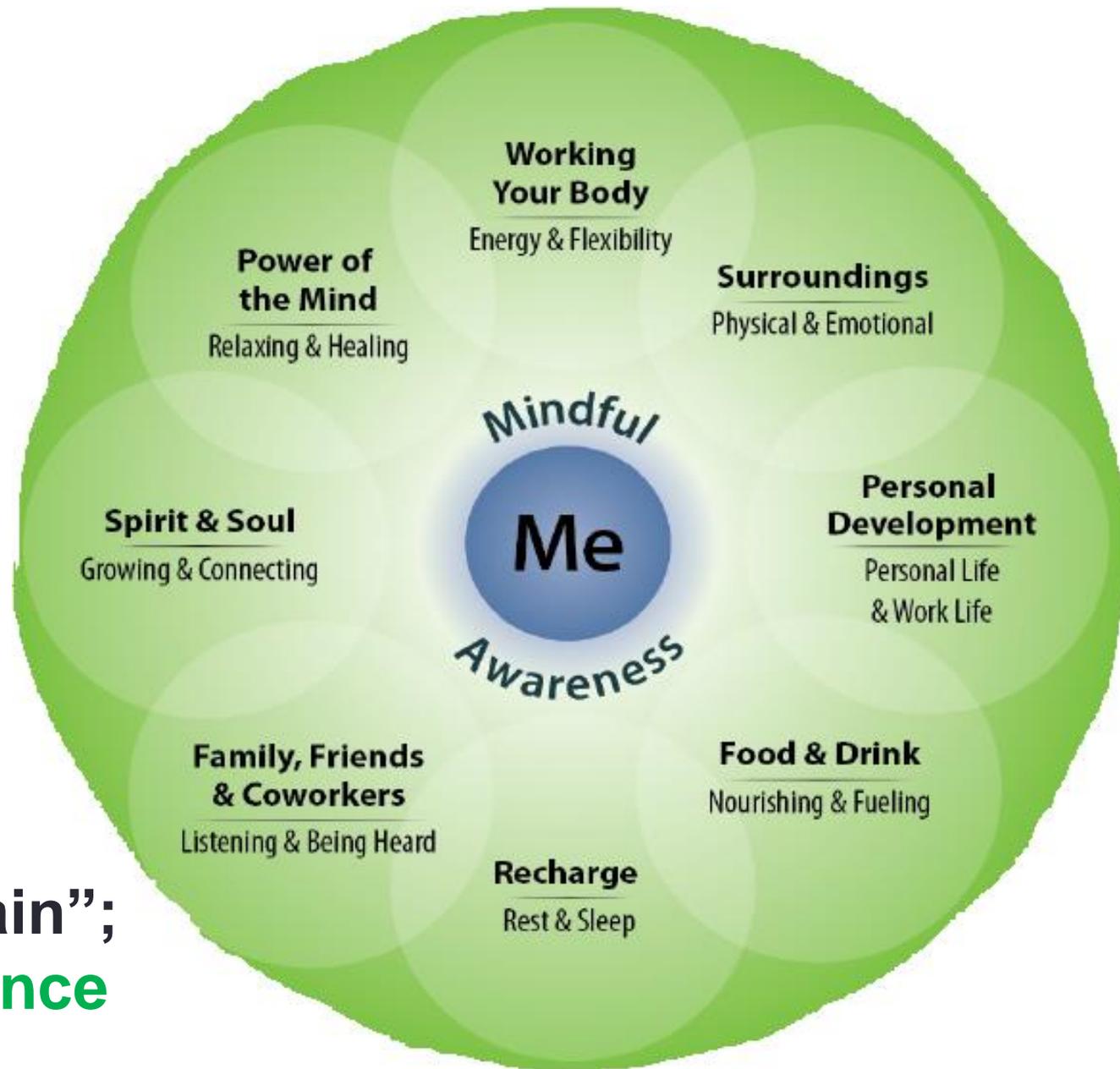
Pain types

- **Acute pain =**
pain related to injury, disease, or medical procedure
 - Short lived
 - Expected to heal
- **Cancer pain =**
pain associated with active cancer and/or its treatment
- **Chronic pain =**
pain that persists beyond expected healing time
 - Likely not to resolve on its own
 - May be constant or episodic

Bio-medical Model

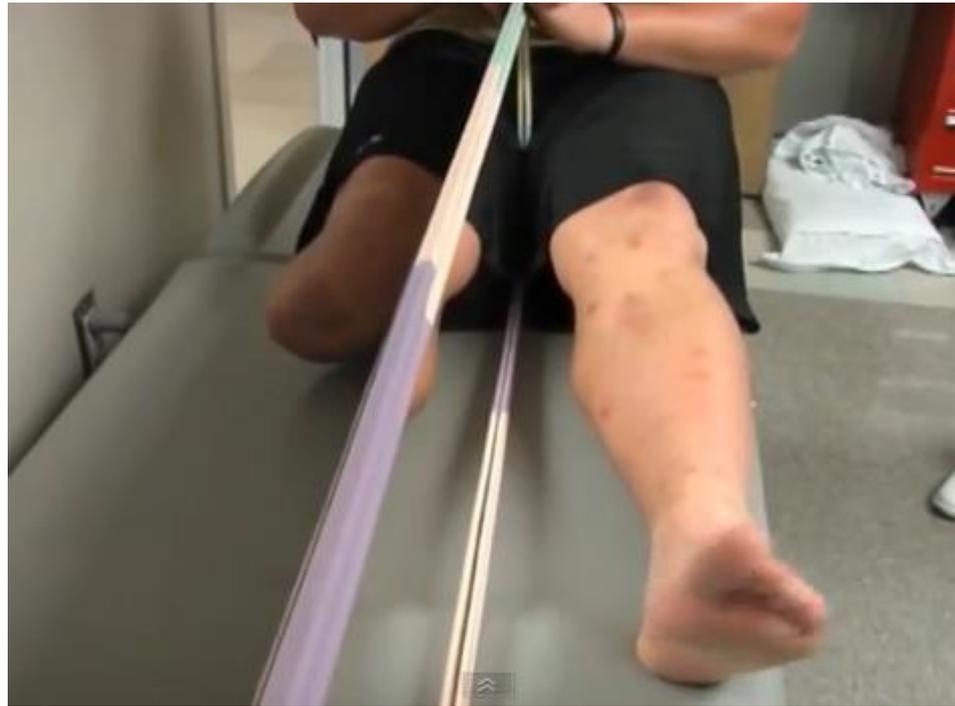


You are
complex



You are:
More than “Pain”;
Complex Balance

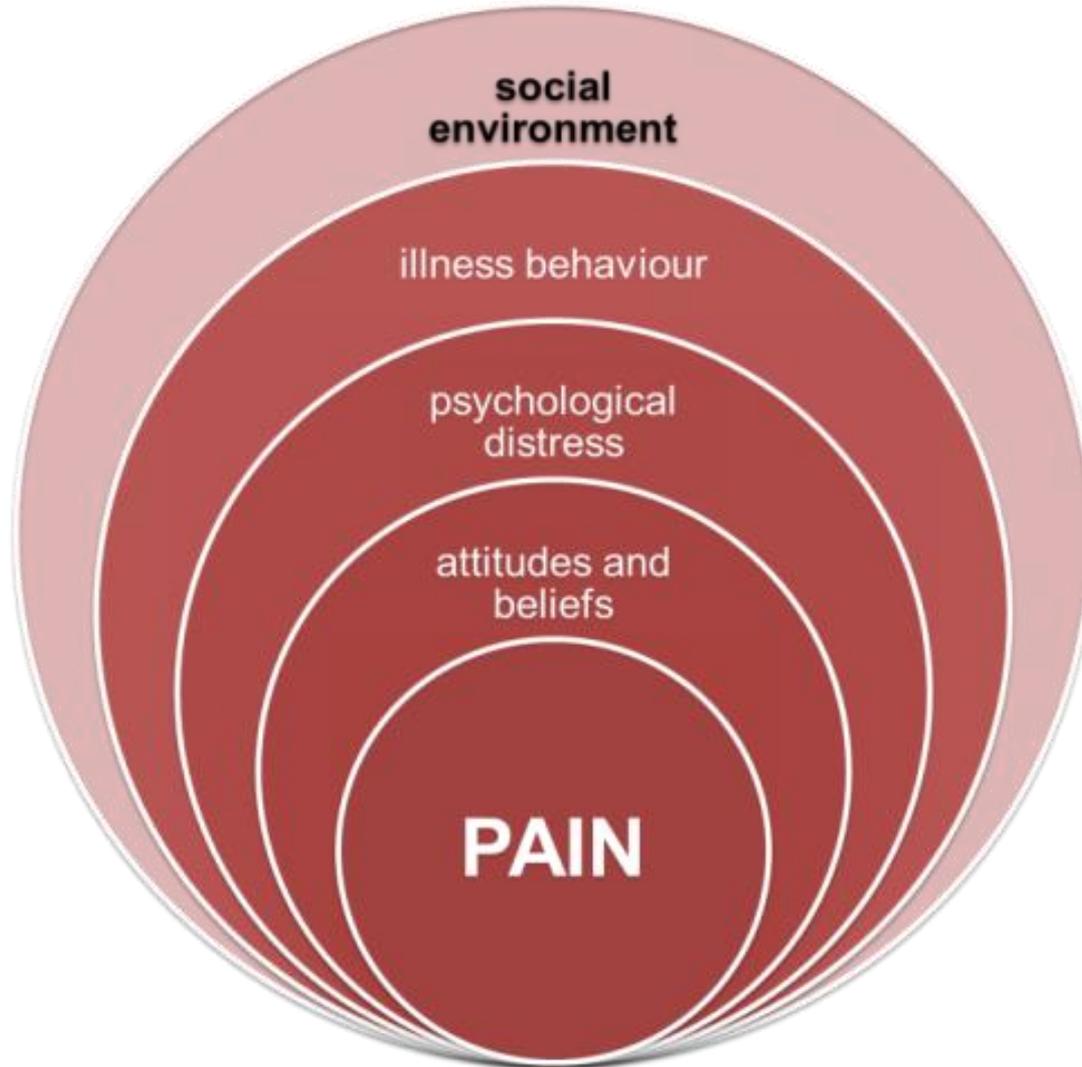
Video Showing Power of the Mind over Pain



- Mirror Therapy

- https://www.youtube.com/watch?v=YL_6OMPpywnQ

Bio-psycho-social Model



Explains why:

Another test
may not help;

Another
[something
done to me]
may have
no effect

Chronic Pain is Complex

Your pain is **REAL**, and it is

Made **worse** by

- Imbalance in one aspect of life

- Anxiety or depression

- Alcohol, nicotine or street drugs

Made **better** by

- Stress relief

- Gradual movement: “Motion is Lotion”

CHRONIC PAIN IS COMPLEX



MANAGEMENT PLAN MUST BE
BROAD AND
PERSON-FOCUSED

Opioids and pain

- Chronic pain may be treated with opioids
But never with only opioids
- Chronic pain may **increase** with opioids

Chronic Pain Management

Goals and Direction

- Improve **function**
- Better **quality of life**



Practicing Relaxation Improves all of life

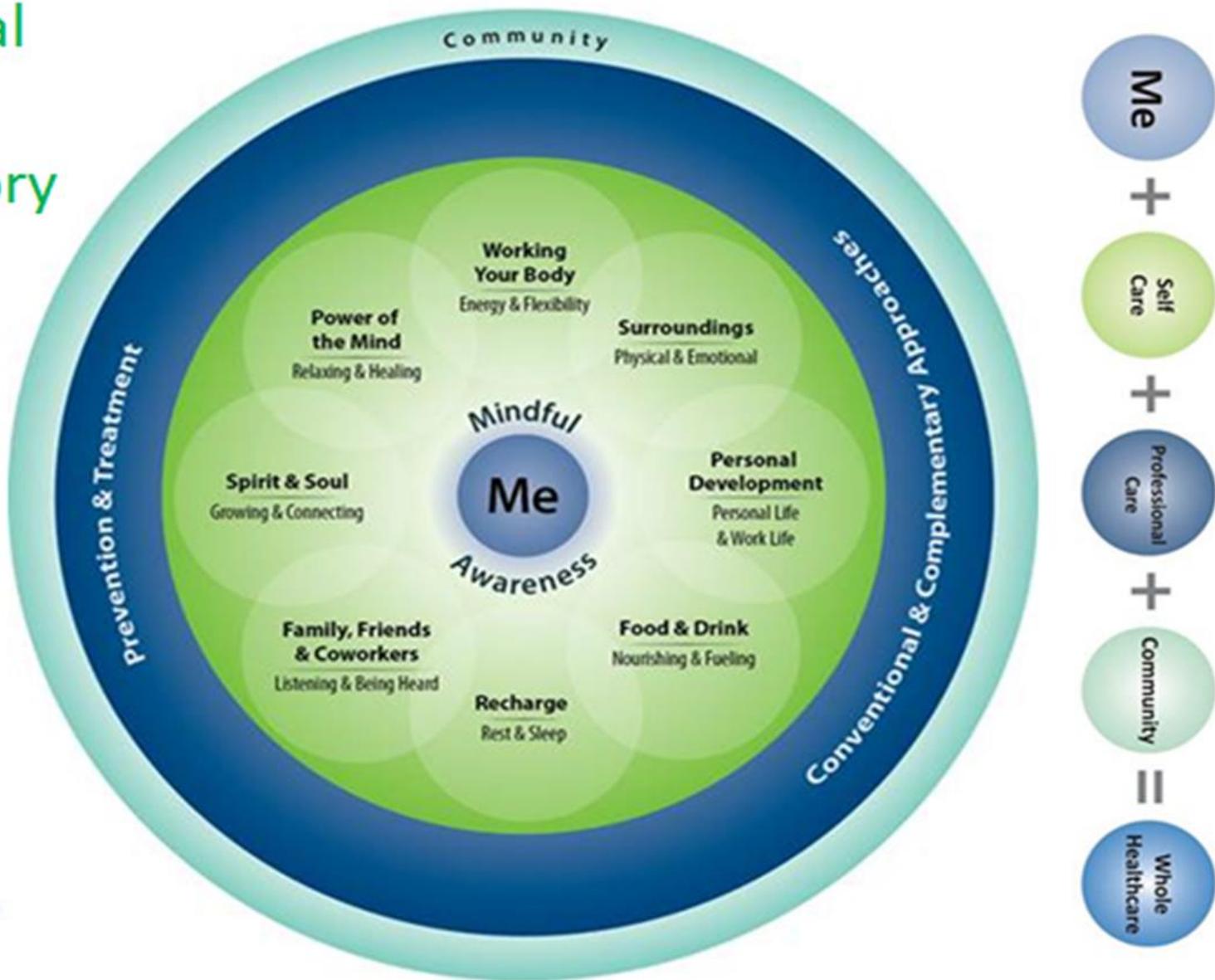
Deep Breathing exercises;

Youtube Demo and Free App: “**Breathe2Relax**”

<https://www.youtube.com/watch?v=YdsipKCACac>

<http://www.t2.health.mil/apps/breathe2relax>

Personal Health Inventory

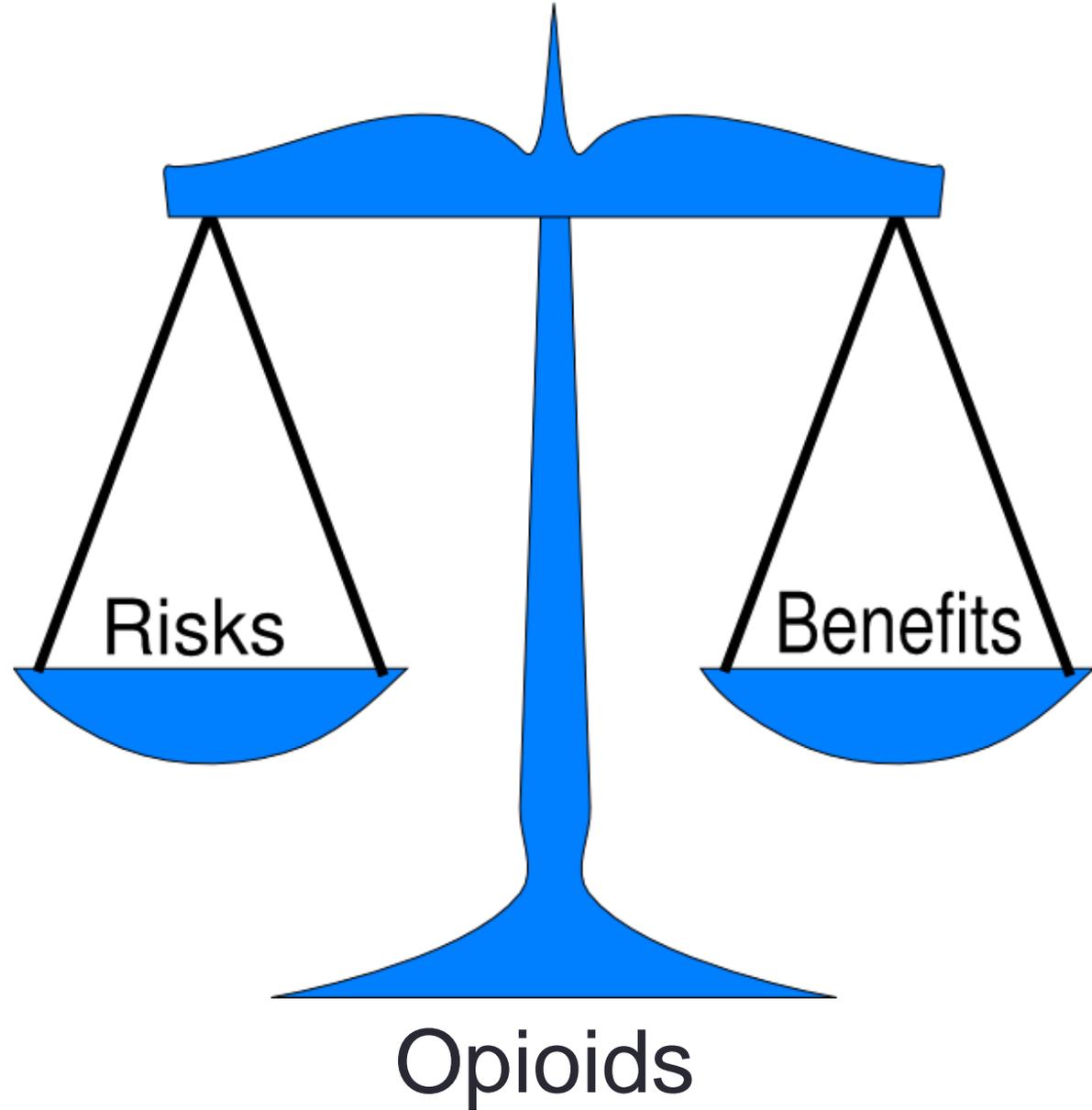


From VHA
Office of
Patient
Centered Care
and Cultural
Transformation

Personal Health Inventory

- **What do you want you health for?**
- **Which “Coaches” do you want on your team?**
- Consider completing booklet with your friends and family
- Then communicate with your healthcare team

Worth
considering



Bottom line ...

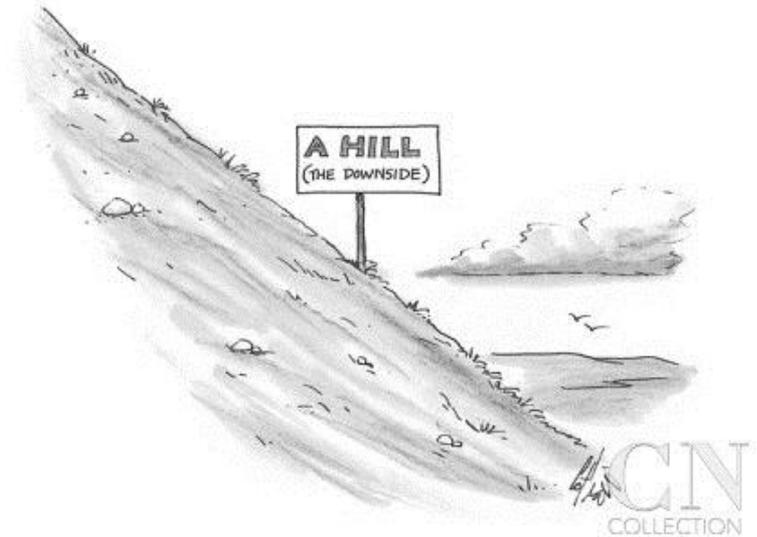


Pain medications
do not usually **ELIMINATE** pain

20-30% relief is a very good result!

Side Effects of Opioids

- Sleepiness or “slow thinking”
- Mental confusion, bad dreams, or hallucinations
- Constipation. Possibly intestinal blockage.
- Itching



More Side Effects

- **Sweating**
- **Nausea and vomiting**
- **Decreased hormones**
- **Dry Mouth and Tooth Decay**
- **Allergies**

Opioid-related Risks:

Unintentional Overdose Deaths in the U.S.

CDC estimates up to **100 Americans**

Did not wake up this morning

Because of **accidental prescription opioid overdose death**

Veterans Are At Increased Risk

Veterans are **twice as likely to die** from accidental overdose compared to the non-Veteran population

Veteran risk of accidental death **doubles** for daily dosages above 20-50 mg of hydrocodone or morphine
- Like a several “Lortab” a day

Accidental Prescription Overdose Death Epidemic

- Do not take **more** than prescribed
- Do not **increase** the dose on your own
- Some people die even taking as prescribed
- Do not mix with alcohol or other sedatives
- Do not share Opioids

- Never **break**, chew, or crush extended release (ER) or long-acting (LA) capsule or tablet.
- Never **cut** or tear patches prior to use.
- Never drink **alcohol** with opioids.

These practices may lead to rapid release of ER/LA opioid causing overdose and death!

Opioid-related Risks:

Addiction and non-fatal Medical Emergencies

For every **1** death there are...



10 treatment admissions for abuse⁹

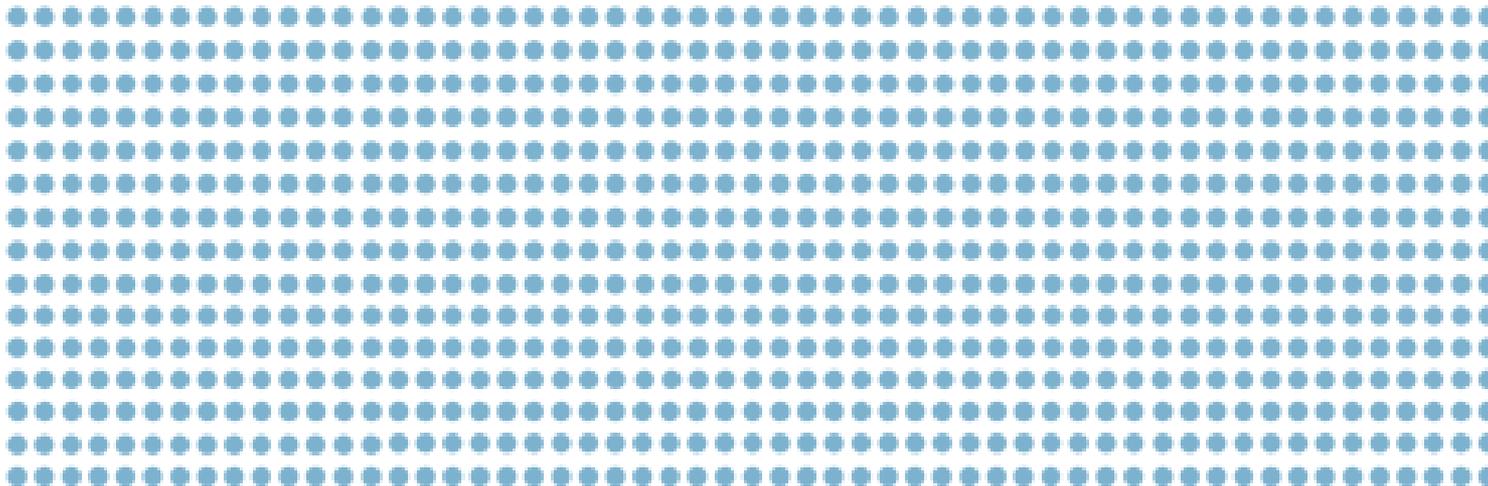


32 emergency dept visits for misuse

Opioid-related Risks:

Harm to Society (those around us) IF Opioids are Lost or Stolen

For every **1** death there are...

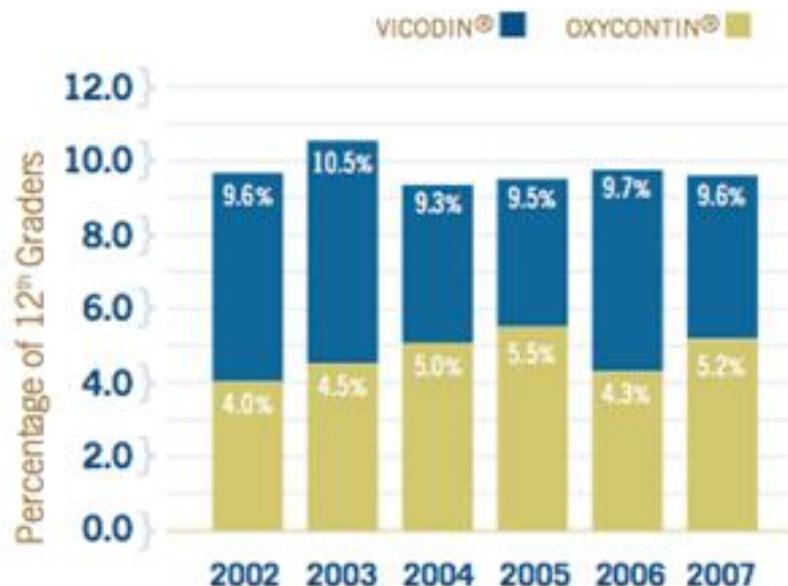


825
nonmedical
users⁷

12th Graders getting high

IN THE PAST YEAR:

Nearly 1 in 10 seniors has used Vicodin[®] to get high.
Over 5 percent admitted using OxyContin[®] to get high.



What 12th Graders Are Using To Get High:
(NON-MEDICAL USE)

| | |
|------------------------|-------|
| Marijuana | 31.7% |
| Vicodin | 9.6% |
| Amphetamines | 7.5% |
| Sedatives | 6.2% |
| Tranquilizers | 6.2% |
| Cough Medicine | 5.8% |
| Cocaine (any form) | 5.2% |
| OxyContin [®] | 5.2% |
| Cocaine (powder) | 4.5% |
| Ritalin [®] | 3.8% |
| Inhalants | 3.7% |

Opioid-related Risks

Central Sleep apnea



Sleep apnea is **abnormal breathing** pauses during sleep.

Sleep apnea is serious and is made **worse by opioids**.

Opioid-related Risks:

Impaired driving



Opioids may affect your ability to safely drive a car or use other machinery safely.

Also marijuana or alcohol... makes driving worse:

DUI = “Driving Under the Influence”

Opioid-related Risks: Tolerance

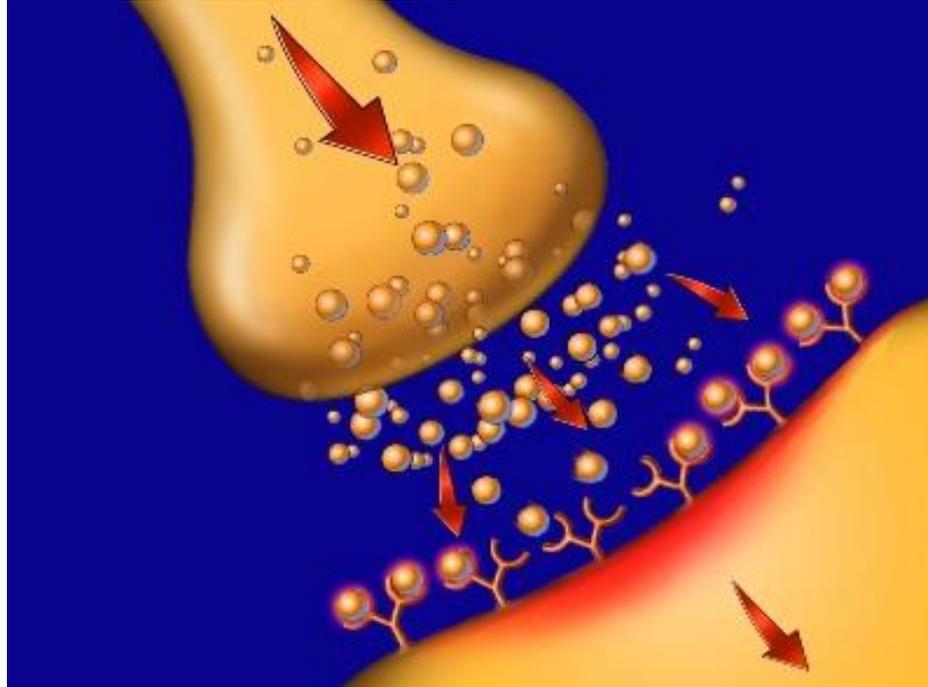


If tolerance develops,
you'll need a higher dose to get the same pain relief.
But increases makes side effects and other risks more likely.

Tolerance \neq addiction

Opioid-related Risks:

Worsening Pain: “Hyperalgesia”



Opioid-related Risks:

Withdrawal Symptoms



Your body will get used to receiving opioid medication. Withdrawal symptoms will occur if you suddenly stop taking opioids too quickly. **Withdrawal ≠ addiction**

Opioid-related Risks:

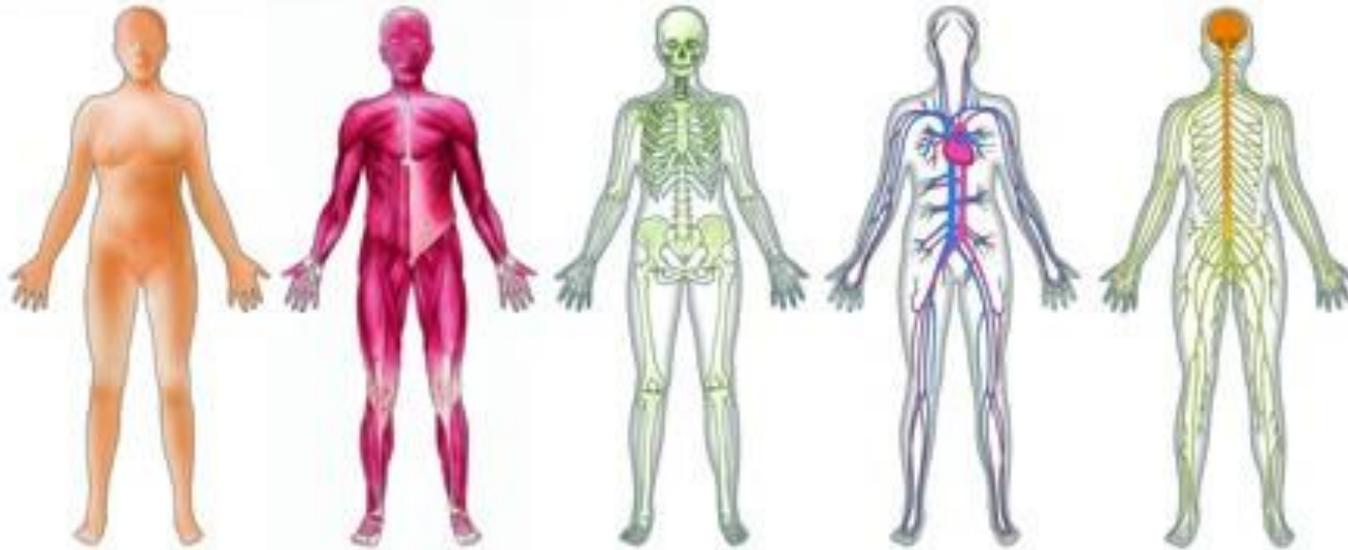
Drug Interactions



There may be problems when drugs are taken together

Opioid-related Risks:

Immune System Changes



Taking opioids long-term may result in infections or weakened immunity.

Opioid-related Risks

Hormonal Changes

“Low T” for men

Irregular menses for women

Weak bones for everyone

Opioid-related Risks

Birth defects and Neonatal Abstinence Syndrome



Long Term Opioid Therapy Safety Guidelines

- “Protect your opioids like cash”
- Opioids must be secured at all times
for your safety, and **safety of others**
- Lost or stolen Opioids **will not be replaced**

Long Term Opioid Therapy Safety Guidelines

One prescriber for all opioids

Through regularly **scheduled appointment**
and/or refill on **28 day cycle**

NOT safe to refill in ER nor Walk-in

VA Required Opioid Safety Monitoring

- Ongoing **assessment** of Opioid Therapy.

Your provider will be looking at:

- Changes in function and pain
 - Progress towards treatment goals
 - Behaviors indicating difficulties with managing opioids
 - Side effects
-
- **State Prescription Monitoring Program**
 - Checking who else is prescribing you controlled substances
 - **UDT = Urine Drug Testing**

Regular and random
Urine Drug Testing (UDT)
For all on Long Term
Opioid Therapy



Not because we think you are an addict
But because **we cannot predict who is at risk**

We test because we care

What happens if “Marijuana” is detected?

- VA does not use these tests for law enforcement
- While Marijuana use is controversial,
 - It is illegal per Georgia and the Federal Government, and
 - Credible pain doctors don't encourage smoking for pain control, and
 - Marijuana plus opioids are extra danger for driving...
- Choice has to be made as
The Atlanta VA will rapidly taper off opioids
for those remaining “+” for THC/Marijuana

Changing providers/clinics
does not change process
nor need for safety

If one provider says it is unsafe to continue opioids
long term, they will:

NOT abandon you, and will

Help with **gradual transition** to safer/better care

YOUR PAIN CARE PLAN MAY INCLUDE

Heating pads, ice packs

Cognitive behavioral therapy and self management techniques

Exercise

Weight loss

Massage

Acupuncture

Chiropractic

Nerve stimulation

Relaxation or stress reduction training

Physical therapy

Occupational therapy

Mental health therapy

YOUR PAIN CARE PLAN MAY INCLUDE

- Stretching
- Counseling and coaching
- Meditation
- Rehabilitation
- Non-opioid pain medicines
- Injections
- Specialist pain care
- Surgical therapy
- Pain school or classes
- Social support groups
- Attention to proper sleep
- Opioids

IF YOU HAVE TO STOP OPIOIDS

- For safety, some Veterans will need to be slowly tapered from high doses of opioids
- If your provider stops your opioids because they are not helping you or because of addiction, abuse, or misuse, your provider will offer **other forms of treatment for pain or substance use problems.**
- **Your Healthcare Team will work with you!**

Taking Opioids Responsibly **Do's and Don'ts**

- Take your opioid and non-opioid pain medicines as prescribed
- Inform all providers that you are currently prescribed opioids
- Tell your provider if you get an opioid prescription from another
- Tell your provider if you are pregnant or planning
- **Get help from your friends and family**
- DON'T stop taking opioids on your own

Taking Opioids Responsibly Do's and Don'ts

- Be **cautious about driving** or operating machinery
- DON'T drink alcohol or take “street” drugs
 - Opioids cannot continue to be prescribed with **Alcohol and Marijuana** ...
- **DON'T sell or give away** your opioids
- **DON'T take extra doses**

Changing Gears

- **Signature Consent** for Long Term Opioid Therapy

Signature Consent for Long Term Opioid Therapy

- For all on opioids for > 90 days
 - Except for End-of-Life care
- VHA wide requirement as of May, 2014
- Supersedes prior “Medication Agreements”

What is Your Personalized Functional Goal ?

“With my pain management

I want to start _____”

Pick a “stretch” goal that is:

Specific:

What

Measurable:

Where

Achievable:

How

Relevant

Why

Timely:

When

Setting a Goal

SMART Examples:

- Walk in place for 5 minutes before each meal
- Practice 3 minutes of slow deep “belly” breathing at 10 and 2 each day

Not so smart examples:

- Get more exercise
- Relax more

Potential benefits of Opioid treatment:

- Opioids -- when added to other treatments as part of your pain care plan -- may reduce your pain enough for you to feel better and do more.
- Opioids will not eliminate your pain.
- It is possible that you may not receive any benefits from opioid therapy.

Opioid **SIDE EFFECTS & RISKS**

- Sleepiness or "slow thinking"
- Bad dreams, or hallucinations
- Constipation
- Itching
- Sweating
- Nausea
- Less sex drive
- Dry mouth and tooth decay
- Allergies

Opioid **SIDE EFFECTS & RISKS**

Sleep apnea

Worsening of pain

Impaired driving

Tolerance

Withdrawal symptoms

Addiction

Drug interactions

Immune system changes

Birth Defects

Death

Alternatives to Opioid therapy

- Heating pads, ice packs
- Stretching
- Exercise
- Weight loss
- Massage
- Acupuncture
- Chiropractic
- Nerve Stimulation
- Relaxation or stress reduction training
- Physical therapy
- Occupational therapy
- Mental health treatment
- Self-care techniques
- Counseling and coaching
- Meditation
- Rehabilitation
- Non-opioid pain medicines
- Injections
- Specialist pain care
- Surgery
- Pain classes
- Support groups
- Attention to proper sleep

Important Safety Considerations for All Taking Opioid Medication

- Always tell your health care team about side effects.
- It is important to only get opioids from one provider.
- Never sell or give away your medication.
- Opioids need to be stored in a safe place.
- Discuss disposing of unused and unneeded opioids with your health care team.
- Do not drink alcohol or take any street drugs while using opioids.
- Let your health care team know if you are pregnant or considering a pregnancy.
- Because of safety concerns your health care team will check the prescription drug monitoring program in your state as well as a urine drug screen.

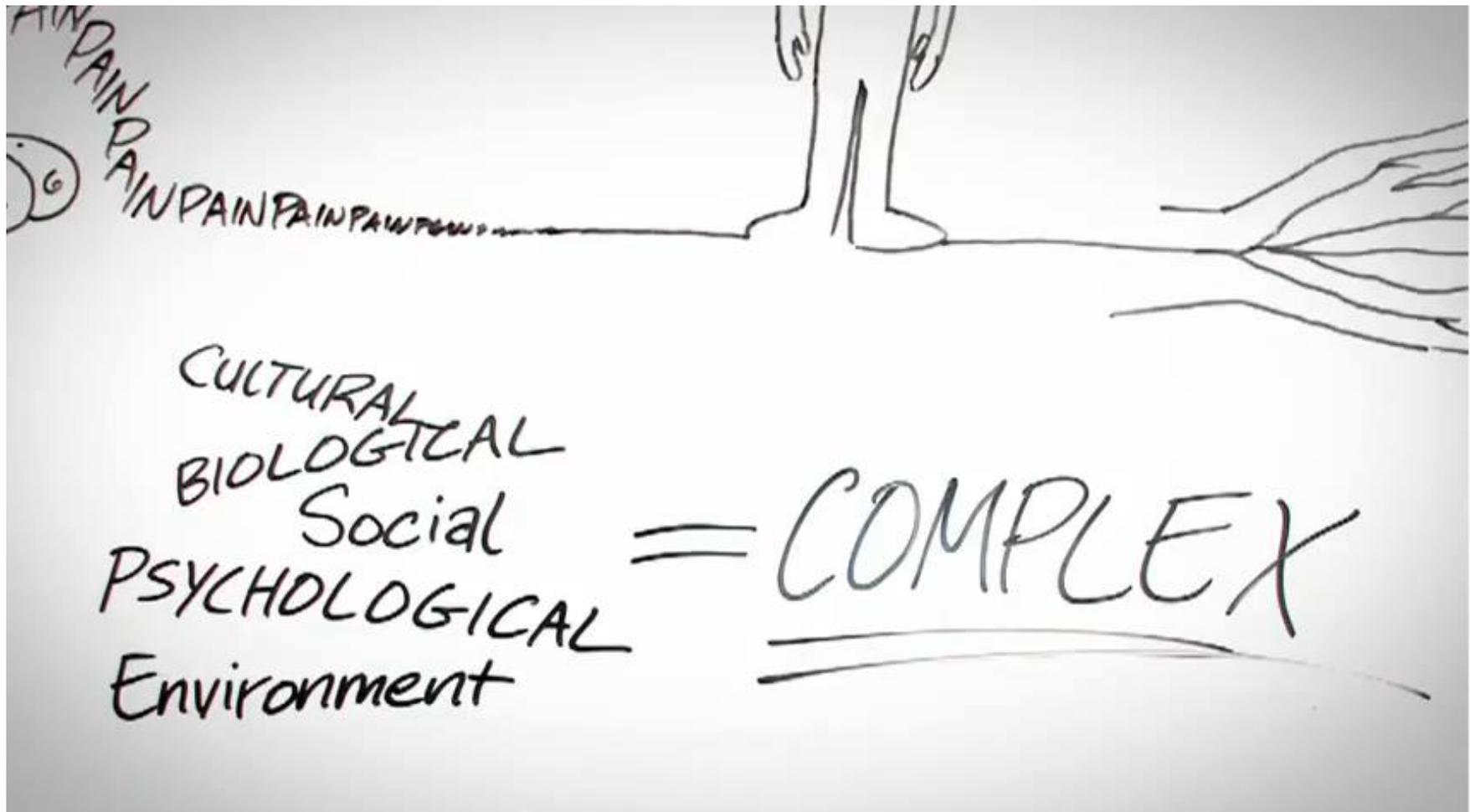
FILLING OPIOID PRESCRIPTIONS

Your provider or pharmacist can direct you on the process for requesting refills or for renewing your opioid prescriptions.

- **Plan ahead!**
 - Allow time for requests or refills to be processed.
 - The pharmacy may be closed on weekends, holidays, and after regular clinic hours

Brainman Stops His Opioids

<https://www.youtube.com/watch?v=MI1myFQPdCE>



Be honest with the health care team and treat them with **respect**.

They will be honest with you and treat you with respect.

Be honest and complete when you report your health, drug, and alcohol history. You should also tell your provider about drug or alcohol use in your family.

Tell all of your providers who prescribes opioids for you and where you get your prescription filled.



Pain Management is Changing

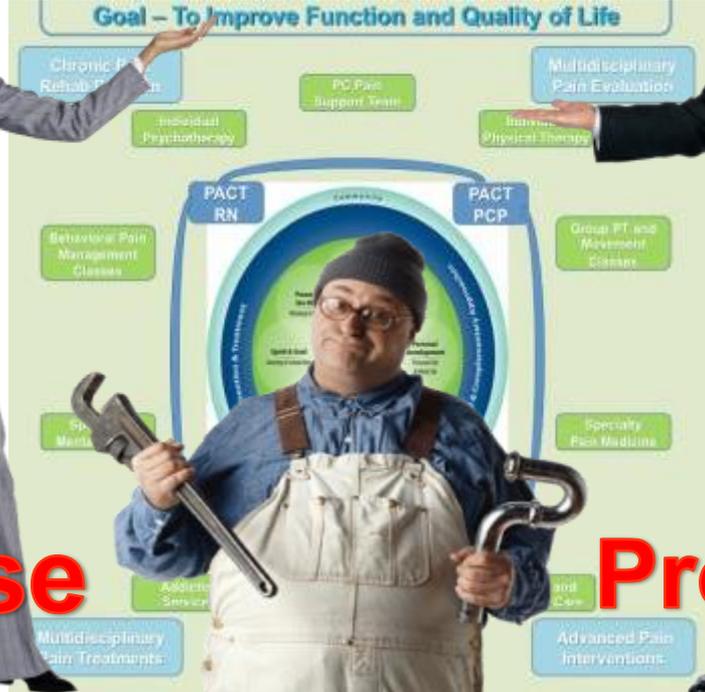
Fewer opioids

More focus on needs and goals of the WHOLE PERSON

More focus on improving FUNCTION and QUALITY of LIFE

Great pain care takes TEAMWORK

PC Pain Team



Nurse

Provider

Pharmacist

Mental Health

Patient

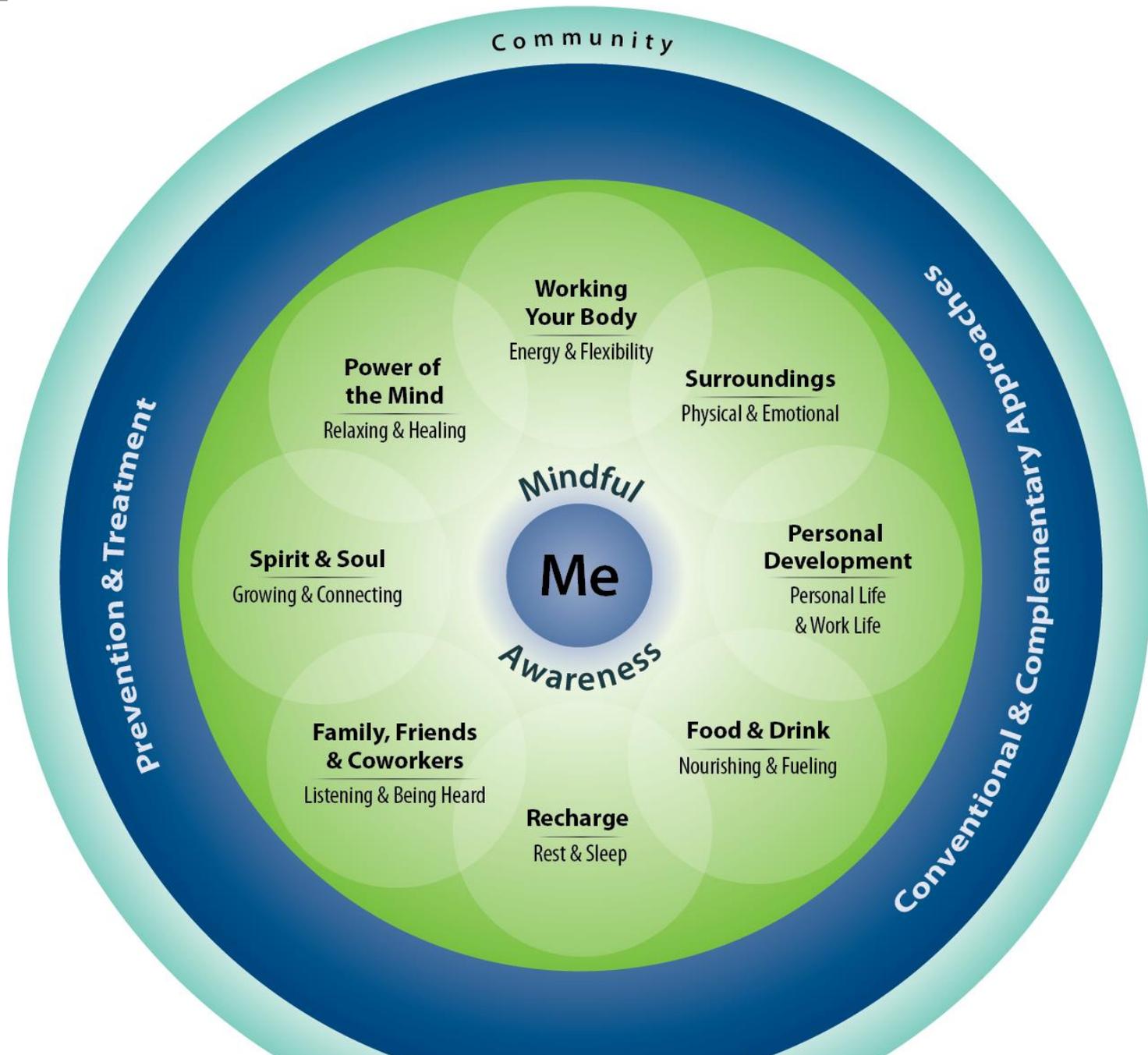


Treatment team

- Provider
 - RN Care Manager
 - Psychologist
 - Pharmacist
-
- **You**



Whole Health



Treatment plan:

Non-medication options

- Physical Modalities
- Behavioral Modalities
- Integrative Practices
- Wellness practices
- Pain Interventions
- Pain Education
- Social support groups
- Medications

Next Steps

- **i-Med Consent for Long-term Opioid Therapy**
- **UDT**
- **Use “Personal Health Inventory” with your Supportive Others**
 - **Goal setting**
- **Work with your team**
 - **Additional Pain Education/resources**



Thoughts, reflections or questions



Urine drug testing

- Collection before and after other Veterans completing Signature Consent

Review and Signature of Consent

- With provider

[While Waiting
for Consent Signing
or Urine Testing]

Addition Resources

More Non-Opioid Resources

Motivational Video: “Never Give Up”

Arthur’s Inspirational Transformation

<http://www.youtube.com/watch?v=qX9FSZJu448>

Other Videos to Understand New Better Ways to Manage Pain

- **Understanding Pain** – Brainman
 - <http://www.youtube.com/watch?v=4b8oB757DKc>

A car with four flat tires:

Getting Medications right (including Opioids)
only fixes one of the four tires



credit: The American Chronic Pain Association
<http://www.theacpa.org/a-car-with-four-flat-tires>

More Relaxation Resources:

“Chill Drill 3” Military One Source

http://www.militaryonesource.mil/non-medical-counseling?content_id=269532

More Non-Opioid Resources

- **Better Sleep**

CBT-i Coach – Tools and Education

<http://www.ptsd.va.gov/public/materials/apps/cbti-coach-app.asp>

- **Better PTSD treatment**

**National Center for
Post Traumatic Stress Disorder**

<http://www.ptsd.va.gov/apps/AboutFace/>

More Non-Opioid Resources

American Chronic Pain Association www.theacpa.org

“Veterans in Pain”: <http://theacpa.org/video/veteransinpain>

Introduction to **Complementary Medicine options:**

VA Star Well Kit

<https://www.youtube.com/watch?v=3VYPwgi8zrw>