Confessions of a Recovering Chronic Pain Physician

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Pain

- An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.

Chronic Pain

- Chronic pain may begin as acute pain, but it continues beyond the normal time expected for resolution of the problem or persists or recurs for other reasons.

Objectives

- Tell you how I got here
- Tell you what I learned
- Tell you how to use it

My Story

- Recruited from Primary Care
- No advanced training
- Job was .7FTE Spine evaluations and .2 FTE Chronic Pain

Fantasy
(Making the World A Better Place)

- Moving people to less pain focused life
- I would be helping them make change
- Focus would be on self management

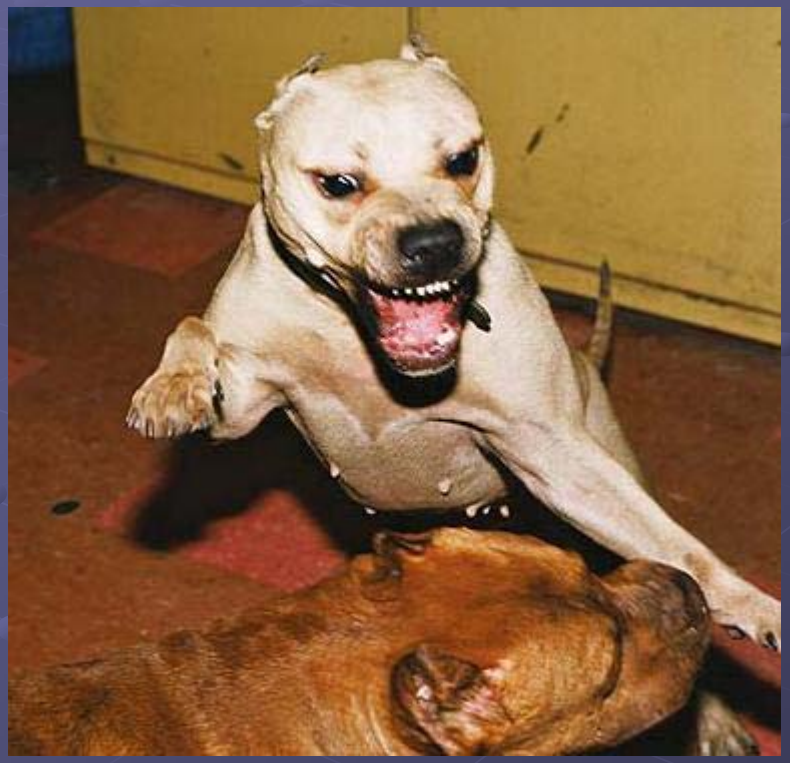
Fantasy
(I thought they would look like this)

Fantasy
(I would look like this)

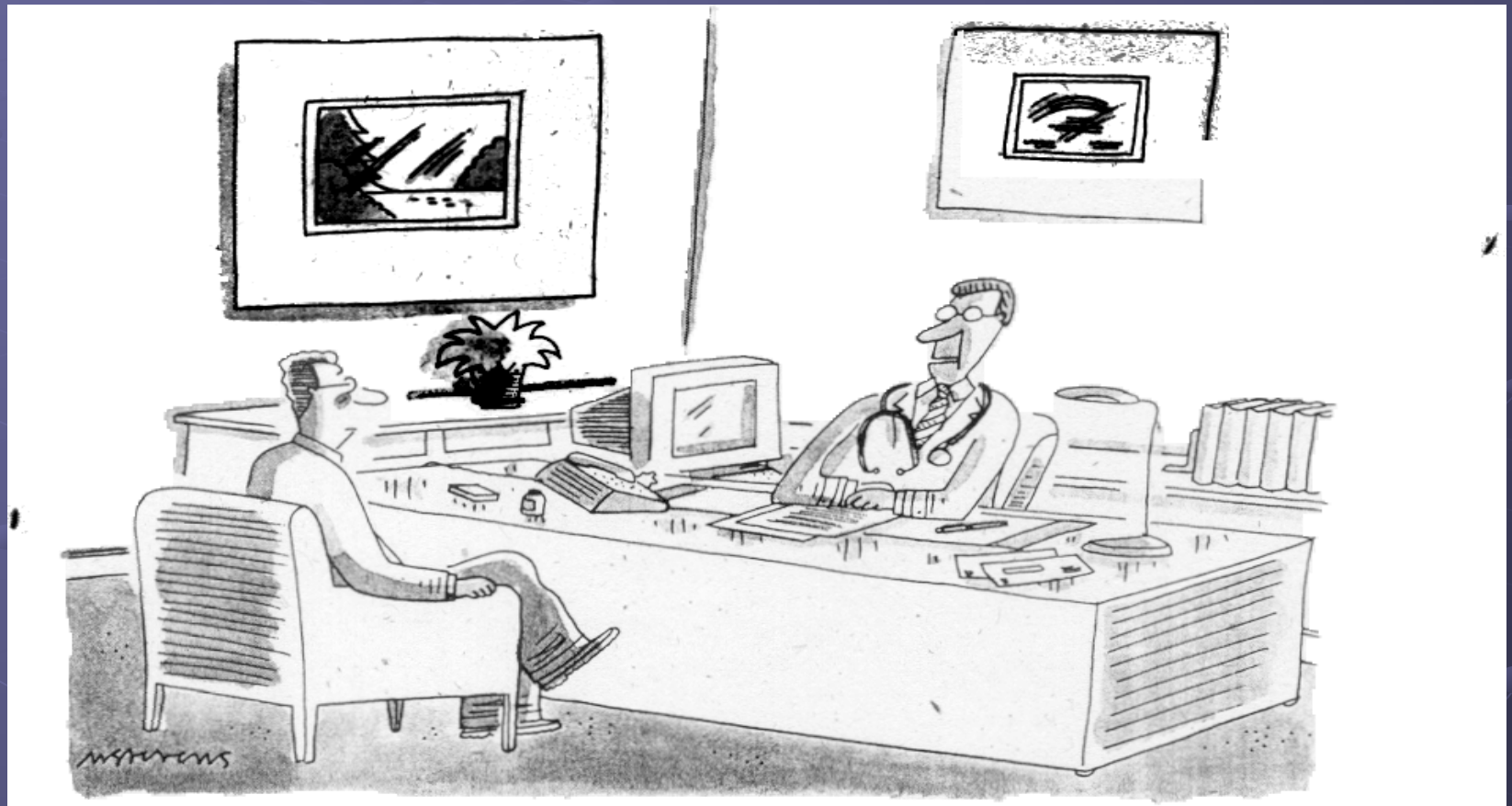
Reality

- Focus was on patients on opioids
- Dependent population
- Dysfunctional
- Disenfranchised
- Hostile
- Depressed

Reality
(Many Really Looked Like This)

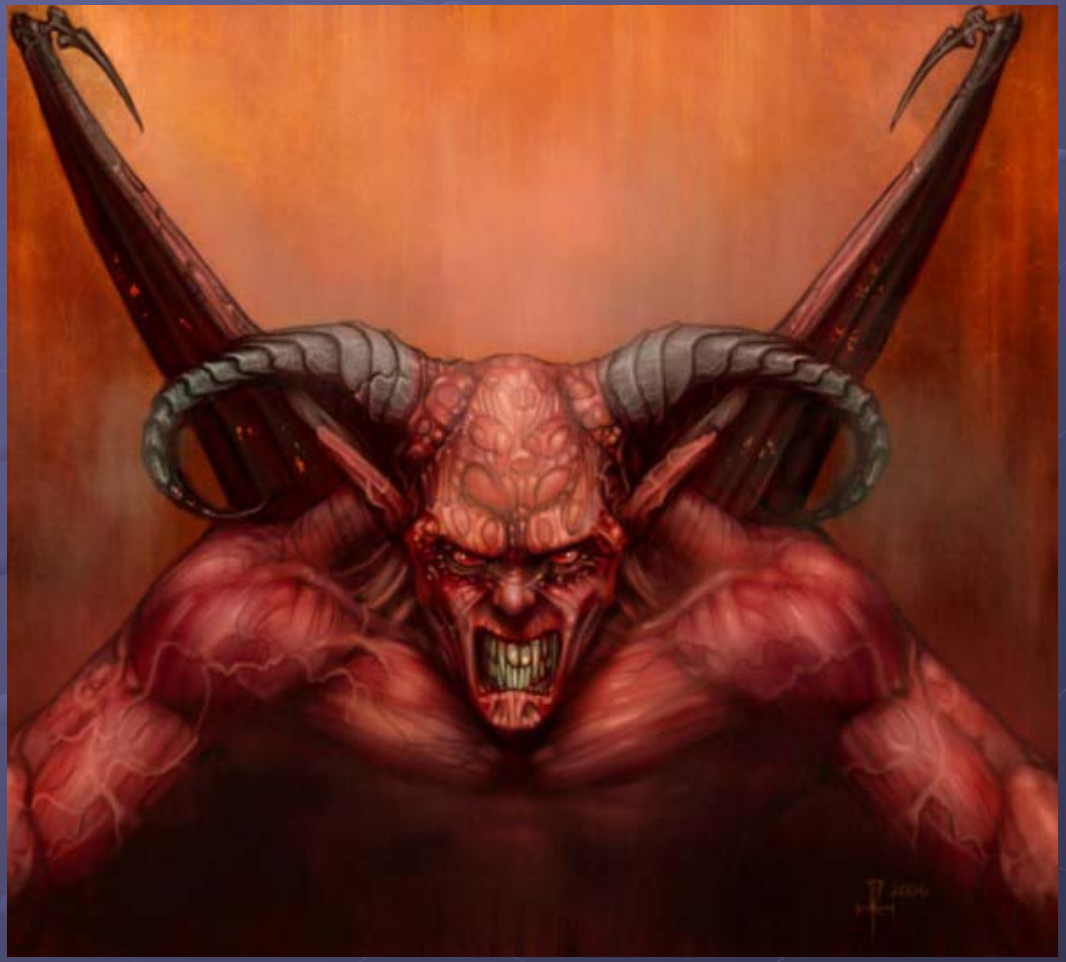


Reality
(Sometimes felt like this)



"Your condition is serious, Mr. Reynolds, but fortunately I recently scored some excellent weed that should alleviate your symptoms."

Reality
(If I said no I was like this)



Facts

- 1998
  - Nationally Pain undertreated
  - More liberal approach to use of opioids
  - I was only dedicated Chronic Pain Provider
    - Population base about 400,000
    - No staffing support
    - .25 FTE psychologist co-led monthly clinic that saw 5 patients maximum in multidisciplinary fashion
      - Most recommendations didn't appear to be implemented in primary care

What Happened Nationally

- Guidelines for opioid therapy were developed
- Criticism of opioid therapy increased
  - Lack of evidence
  - ODs
  - Sky rocketing prescription drug abuse

What Happened Organizationally

- Expanded practice to try to accommodate demand
  - Centralized Chronic Pain
  - Overwhelmed limited support staff
    - 1 FTE just for writing prescriptions
    - Partners not comfortable with covering for prescriptions
- More clear structured approach needed
  - More consultative approach
- Support
  - Given some support but not enough

What Happened Personally

- Isolated
- Disillusioned
- Defensive

How Did I learn

- By being accountable
- By being an advocate
- By making mistakes
- By being human
- By stopping

How Did It Feel

- Humbling
- Frightening
- Maddening
- Clumsy
- Exhilarating

What I learned

- It is not about me
- Most people don’t know how to feel good
- I can’t make them feel good
- If they can’t set limits I must
  - Saying No IS compassionate behavior
- Ground yourself in Structure
- Unless it is catastrophic change takes a while
- Don’t Do It Alone
- You must make yourself happy

What did I use to learn

- Following Cases will help illustrate

Case 1

- 40 y.o. Male
  - Pain Diagnosis
    - History of MVA with multiple injuries including back and neck.
    - Chronic headaches related to above perhaps.
    - Arm pain and wrist injuries on disability as fishmonger from L&I.
  - Medication Regimen
    - Initial visit in Otober, 2000 on 6 Percocet per day and 12 Darvon
  - Comorbidities
    - Depression tried and failed some antidepressants
    - Personality Disorder
  - Intercurrent pain issues
    - Disc herniation with radiculopathy
  - Significant weight gain ?related to opioids

Case 1
What Happened

- Switched to Oxycontin 60 mg every 8 hours
- Directed him toward reading about pain management
- Claimed it (Oxycontin) gave him his life back
  - Getting out of the house
  - Fishing
  - Kung Fu
- Gradual dose escalation over time
  - From 2-6 month intervals (consulted with national colleagues)
- Currently 320 mg bid
  - Oxycodone short acting 3 per day

Questions From Case 1

- What about those co-morbidities?
- Did he really make changes?
- Was I chasing pain?
- What about long acting versus the short acting?

What Did I learn

- Be aggressive about managing co-morbidities
  - Get mental health involved somehow in those situations
    - Coping with pain is a mental health issue
  - Understand their impact on self regulation and modulation
  - I would not have made the switch until I had that support or clarity

What Did I learn

- Changing
  - Limit setting is the big key
    - Many are very poor at this
  - Can they help themselves?
    - Do they know and value it
    - Can they comfort themselves effectively
  - Get evidence that they are making changes
    - This not only means doing things differently
    - It means behaving, thinking, and feeling differently
      - So they don’t undermine their pain control

What Did I Learn?

- Escalating doses
  - Expectations
    - Can’t make pain go away
    - Studies suggest at best 30% improvement
  - Chasing the pain
    - Hypersensitivity
      - Opioids actually increase sensitivity to pain
    - Tolerance

What Did I Learn

- Short acting versus long acting
  - Dogma was to switch to long acting
    - More even control and less frequent dosing
      - Many require dosing frequency less than recommended
        - i.e. 8 hour dosing instead of 12, 6 hour dosing instead of 8
  - No evidence to suggest this is better
  - Some still find that short acting works for them
    - Even when maintenance dose is substantially more
      - I think it is peak effect
- I would have worked to taper him off rather than convert
  - Once he got “his life back” hard to go back

Case 2

- Pain diagnosis
  - Post laminectomy syndrome with neuropathic pain
    - 3 surgeries on his back at L5-S1
    - EMG demonstrates denervation
- Medication Regimen
  - Stable dose of Oxycontin 60 mg bid and Percocet 40 per month over 4 years
  - Gabapentin and Amitriptyline
- Co-morbidities
  - Depression

Case 2
What Happened

- Depression significant with suicidal ideation
- Report of selling drugs
  - States this was issue with his daughter
- Visit compliance
  - Missing visits
- Multiple providers
  - Getting additional medications through VA
  - Ultimately tried to fill photocopied prescription

Case 2 Questions

- Should the pathology justify treatment?
- What to do when integrity questioned?
- Those Co-morbidities what to do?
- Did I ask if he sought care anywhere else?

What I learned

- Always ask who they have been seeing and are seeing.
  - He may not have told me but he might.
  - One clue in his case was that he was seen for kidney stone at VA hospital led to discovery that they were prescribing as well.

What I Learned

- Diagnosis is important
  - It helps with understanding of natural history
  - It is not a justification to use medication
  - It may heighten the sense of helplessness
- Diagnosis was key to treatment
  - He was also on adjuvants (maximum therapy)
  - Possible barrier to recovery
    - Helplessness and powerlessness
    - Catastrophizing

What I Learned

- Reports of abuse or misuse are difficult
  - Do you confront?
  - How do you know?
- Compliance tools are helpful
  - Drug screens
  - Pain contracts
  - Activity logs

What I Learned

- Co-Morbidities Again
  - Understand that these are routinely undertreated

Case 3

- 25 y.o. male
- Pain Diagnosis
  - Knee pain
    - History of recurrent injuries since childhood related to motocross
- Pain Medication Regimen
  - Off and on opiates to some degree
- Co-morbidities
  - Newly wed with some marital issues?
  - Work situation
    - Working for promotion performance based

Case 3
What Happened

- Began limited use of short acting medication
- He kept having excuses why he couldn't cut back
- Told me reading turned the light on for him
- Couldn't taper off the medication

Case 3 Questions

- Why let someone that age start opioids to begin with?
- What about his Co-morbidities?
- What is the solution for him?

What I Learned

- Most of the time the medication use starts innocently
- In the absence of limit setting it will drift to a utilization pattern that reflects self control or lack of it
- His lifestyle pushed him so that determined the need in many ways for medication
- His appearance and life style were not alarming on the surface and so it was easier to be lenient

What I Learned

- Co-Morbidities again
  - In his case his marriage and his work
- Medications are useful when
  - Clearly improve function
  - Don’t arouse concern
  - Stable utilization pattern
  - Don’t change behavior in uncomfortable way

What I Learned

- I would have just said no/Limit setting
- This would ideally reveal the issues he needs to confront
  - Better now than later
    - Even if ultimately the decision was made to use opioids he would benefit from understanding his role in his own life better

What I Ultimately Did

- Moved people to less pain focused life
  - Motivational interviewing important tool
- Was helping them make change
- Focused on self management

What Could You Do

- Understand the national culture
- Know the state and local culture
- Know your resources or consultants
- Get the information you need to make decisions
  - Consider the following
    - No records no medications
    - No Medications on first visit
    - Contracts for everyone
    - Routine drug testing

Structured Approach

- Treatment Plan
  - Identify functional goals
    - Physically
    - Psychologically
    - Socially
  - Medication management
    - Titration and conversion
    - Compliance tools
      - Contracts
      - Pill logs and counts
      - Drug screening
    - Exit strategies
  - Take your time and make time

Remember

- This is a chronic problem
  - It will have relapses
  - It will take time to master
  - It may change
- Have someone to talk to
  - Ventilation
  - Perspective

Resources

- http://www1.va.gov/pain_management/docs/ChronicpainguidelinesVA2003.pdf
  - Extensive document that goes into detail about guidelines for pain management and use of opioids. Includes information on drug classes, potency, initiating therapy and withdrawing therapy and evidence tables.
- http://www1.va.gov/Pain_Management/
  - Go to methadone dosing guidelines for good resource for dosing schedule

- http://www.agencymeddirectors.wa.gov/opioiddosing.asp#GD
  - Not as elaborate as VA document but well thought out and discusses rationale and has resources for dosing and conversion tables.

- Federation of State Medical Boards Pain Policy
  - http://www.fsmb.org/grpol_pain_policy_resource_center.html
    - General information page for pain policy

  - http://www.fsmb.org/pdf/2004_grpol_Controlled_Substances.pdf
    - PDF file that describes what key elements of pain management are from legal perspective

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Resources (Motivational Interviewing)

- Health Behavior Change: A Guide for Practitioners (Paperback) by Stephen Rollnick BSocSci(Hons) MSc DipClinPsych PhD (Author), Pip Mason RGN BSc(Econ) MSocSc (Author), Christopher Butler BA MBChB DCH MRCGP (Author), Chris Butler (Author), Pip Mason (Author), Stephen Rollnick (Author)

- Motivational Interviewing in Health Care: Helping Patients Change Behavior (Applications of Motivational Interviewing) (Paperback) by Stephen Rollnick (Author), William R. Miller (Author), Christopher C. Butler (Author)