Introduction

**Objectives**

1. To be able to list the 3 main sections of the guidelines

2. To be able to list what needs to be documented when prescribing opioids to patients with chronic pain
Tennessee Chronic Pain Guidelines

Do not apply to:

• End-of-life / Hospice / Palliative Care
• ED or Acute Pain
• Patients admitted to the Hospital

Do use your judgement

Goals of the TN Chronic Pain Guidelines

1. To define appropriate treatment of chronic pain

2. To foster timely and appropriate treatment for pain that improves ability to function and quality of life

3. To support clinicians in their treatment of chronic pain with particular reference to the prescribing of opioids

4. To avoid addiction and adverse outcomes

These guidelines can help providers reduce problems associated with prescription opiates while maintaining access to compassionate care and appropriate medications for patients living with chronic pain
Chronic Pain

Pain lasting > 90 days

Tennessee Chronic Pain Guidelines

Key Principle #1

A patient having been prescribed opioids by a previous provider is not, in and of itself, a reason to continue opioids.
Tennessee Chronic Pain Guidelines

Section I  Prior to Initiating Opioid Therapy for Chronic (Non-Malignant) Pain

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Key Principle #2

Reasonable non-opioid treatments should be tried....

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Who is an appropriate candidate for opioid therapy?
No list of diagnoses given...so it is up to you to

- use your judgement,
- after consideration of risks to the patient and society,
- considering and evaluating benefits, and
- following the practices recommended here to ensure good functional outcome

SECTION I: B. INITIAL EVALUATION

1. Evaluation and History

Primary Pain Assessment

Goal to determine pain TYPE and pain IMPACT

- Pain HP: Location / Radiation
  - Qualification (severity)
    - Diaphragm, Spine, Scalp, abdomen, chest, head, ribs
  - Sensation:刺Pain, burning, throbbing, aching, shooting, stabbing
  - Duration: 10 days, 1 week, since surgery
  - Association: headache, myalgia, somatoform disorder

No Hurt | Hurts Little Bit | Hurts More | Hurts Even More | Hurts Whole Lot | Hurts Worst
Types of Pain

Nociceptive

- Adaptive (protective) pain; pain sensed by pain receptors (nociceptors) that sense thermal, mechanical, or chemical stimuli
  - Somatic pain - musculoskeletal pain (broken bones, unhealed wounds, surgical)
  - Visceral pain - pain from organs (bladder, bowel, ovaries)
- Superficial somatic: sharp, easily localized (burns)
- Deep somatic: throbbing, aching, worse with movement, poorly localized (broken bones)
- Visceral: pressure, deep, diffuse, poorly localized, referred

Inflammatory

- Adaptive (protective) pain; results from local inflammation (arthritis, infection, tissue injury)
  - Superficial somatic: sharp, easily localized (burns)
  - Deep somatic: throbbing, aching, worse with movement, poorly localized (broken bones)
  - Visceral: pressure, deep, diffuse, poorly localized, referred

Pathologic

- Maladaptive pain; damage/dysfunction of nervous system (diabetes, surgical transection, nerve injury)
  - Neuropathic pain - diabetic neuropathy
  - Dysfunctional pain - fibromyalgia, irritable bowel, tension type headache
  - Electric, burning, fire, stabbing, cutting, pins and needles, tingling, shooting

Multimodal analgesics (non-opioids)

Options for treating pain
SECTION I: B. INITIAL EVALUATION

Establish the Diagnosis

Establish a current diagnosis that justifies the need for opioid medications

Screen and Weigh the Risks & Benefits

Risks
- sedation
- poor concentration
- mood changes
- dry mouth
- nausea
- sexual dysfunction
- hormone changes

Benefits
- pain control
- quality of life
- improved function
- progress toward therapeutic goal
Not a good candidate

- High risk that outweighs benefits
  - Medical comorbid conditions
  - Patient behaviors
- Diagnoses unlikely to benefit in the long-term

Screening Tools

1. Use a Validated Risk Assessment Tool (see Appendix for examples)

2. Obtain Urine Drug Test (UDT) prior to starting an opioid

3. Check the CSMD!

Controlled Substance Monitoring Database
GOAL = Function

INCLUDE other treatments

P – Pain
E – Enjoyment
G – General Activity

We don’t give opioids in isolation

• PROMIS Pain Intensity
• PROMIS Pain Interference

PROMIS Pain Intensity – Short Form 2a

Pain Intensity – Short Form 2a

Please respond to each item by marking one box per row.

In the past 7 days...

1. How intense was your pain at worst? [ ] Not at all [ ] Mild [ ] Moderate [ ] Severe [ ] Very severe

2. How intense was your average pain? [ ] Not at all [ ] Mild [ ] Moderate [ ] Severe [ ] Very severe

3. What is your level of pain right now? [ ] Not at all [ ] Mild [ ] Moderate [ ] Severe [ ] Very severe

PROMIS Pain Interference – Short Form 2a

Please respond to each question or statement by marking one box per row.

In the past 7 days...

1. How much did your pain interfere with your daily activities? [ ] Not at all [ ] A little [ ] Some[ ] A lot [ ] Very much

2. How much did your pain interfere with your ability to participate in social activities? [ ] Not at all [ ] A little [ ] Some [ ] A lot [ ] Very much

3. How much did your pain interfere with your household chores? [ ] Not at all [ ] A little [ ] Some [ ] A lot [ ] Very much

4. How much did your pain interfere with the things you enjoy doing the past week? [ ] Not at all [ ] A little [ ] Some [ ] A lot [ ] Very much

5. How much did your pain interfere with your enjoyment of usual activities? [ ] Not at all [ ] A little [ ] Some [ ] A lot [ ] Very much

6. How much did your pain interfere with your ability to sleep? [ ] Not at all [ ] A little [ ] Some [ ] A lot [ ] Very much

7. How much did your pain interfere with your ability to work or do your job? [ ] Not at all [ ] A little [ ] Some [ ] A lot [ ] Very much

8. How much did your pain interfere with your ability to eat? [ ] Not at all [ ] A little [ ] Some [ ] A lot [ ] Very much

9. How much did your pain interfere with your ability to socialize? [ ] Not at all [ ] A little [ ] Some [ ] A lot [ ] Very much

10. How much did your pain interfere with your ability to agree with friends and family? [ ] Not at all [ ] A little [ ] Some [ ] A lot [ ] Very much

11. How much did your pain interfere with your ability to perform sex or sexual activities? [ ] Not at all [ ] A little [ ] Some [ ] A lot [ ] Very much

12. How much did your pain interfere with your ability to perform other activities? [ ] Not at all [ ] A little [ ] Some [ ] A lot [ ] Very much
A 60-year-old opioid-naive woman with severe debilitating osteoarthritis, s/p thoracolumbar fusion 1 year ago, no surgical options...on MMA......is started on a prescription for oxycodone 10 mg PO q4h PRN x 14 days. What is her relative risk of overdose compared to a patient taking 15 morphine milligram equivalents (MME)/day?

Answers:
A. approximately half
B. approximately equal
C. approximately 2-4 times more
D. approximately 10 times more

**Working Question**

- oxycodone is 1.5 X as potent as morphine
- oxycodone 10 mg PO q4h = 90 MME

Relative to <20 MME, the adjusted hazard ratio is:
- 20-49 MME = 1.44X
- 50-99 MME = 3.73X
- ≥100 MME = 8.87X
- >100 MME + Benzo = 20X

**MME**

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<th>PO</th>
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<tr>
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<td>1x</td>
<td></td>
</tr>
<tr>
<td>oxycodone</td>
<td>1.5x</td>
<td></td>
</tr>
<tr>
<td>hydromorphone</td>
<td>7x</td>
<td></td>
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</tbody>
</table>
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It’s a Trial!
Determining appropriateness of opioids

- Full Evaluation
- Safe starting dose
- Appropriate Screens
- Continued Monitoring
- Goals of Care
- Agreement & Consent

Ongoing Opioids

- Single provider/practice
- Single pharmacy
- Lowest effective dose
- Only 1 short-acting agent at a time
Ongoing Opioids

≥ 120 MME

Pain Medicine Specialist

- Certify the plan and give recommendations or take over care

It’s a Trial!
5 reasons to STOP OPIOIDs

I. Anticipated pain relief or functional goals are not being met
II. Side effects or risk events intolerable at analgesic doses, despite trialing other opioids
III. Non-adherence to opioid contract
IV. Deterioration in physical, emotional, social function with opioids
V. Resolution of painful condition

Safe Care is the most Compassionate Care

Thank-you