

## SECTION 1: STARTING POINTS

### *Current Consensus on Opioids in Chronic Non-Malignant Pain*

There is general consensus that:

- **Opioid analgesics are accepted as part of a comprehensive management plan for chronic non-malignant pain.**
  - A comprehensive treatment plan should include physical activity, treatment of physical and psychological co-morbidities, and other adjunctive and complementary medicines.
  - An effective, comprehensive pain management plan may take months to develop. Patients need to be informed of this early on.
  - While first line therapy for pain remains non-opioid analgesics, a trial of opioids may be indicated.
  - Opioids are not recommended as sole therapy to treat chronic non-malignant pain but are often combined with non-opioid analgesics (e.g. NSAIDs, adjuvants) for a dose-sparing and additive analgesic effect.
  - Prescription of opioids for chronic non-malignant pain is governed by state and federal laws (see Part I, Section 2).
- **Not all pain responds to opioids.**
  - There are no well defined “types” of pain, either nociceptive or neuropathic, that are known to be consistently opioid responsive.
  - Opioid responsiveness can be determined only by therapeutic trial.
- **Success of therapy needs to be defined on a case-by-case basis.**
  - The desired outcome of treatment is improvement of both pain and function. Improvement of pain should result in some improved function, whether in social, physical, psychological, and/or work activities.
- **Opioids may not provide complete pain relief.**
  - For many patients with chronic pain, it is unrealistic to expect complete relief. Reduction in pain is an acceptable goal and should be made explicit.

## PART I: PRINCIPLES OF PRESCRIBING OPIOIDS

### *Section 1: Starting Points*

- **Abuse and diversion of opioids can be minimized by making expectations and goals explicit and by careful documentation.**
  - Tools that may minimize ambiguity and misunderstanding about treatment goals and medication use are available. These include standardized quantitative pain scales, pain diaries, medication flow sheets, and medication contracts.
  - Accurate documentation of all medications prescribed and all refill requests is essential. Regularly scheduled follow-up appointments for reassessment of compliance, analgesic efficacy, adverse effects, adherence to the treatment plan, and physical and psychosocial functioning can help identify and address aberrant drug taking behavior.
  - **Concern about abuse should not override the patient’s right to respectful consideration and access to medical management for pain.**
  
- **Patients must be engaged in taking an active part in their recovery.**
  - Let the patient set the treatment goals. Ask the patient to describe their perception of the problem, how it affects their life physically and emotionally, and exactly what they expect from treatment.
  - Help patients build self-management skills. Discuss at each visit what they are currently doing to manage their pain and how those “strategies” might be improved.

### ***Patient Education and Self-Management***

As with other chronic conditions such as diabetes, congestive heart failure, or asthma, the outcome of chronic pain management is highly dependent on what the patient does on a daily basis between office visits. The more the patient knows about their pain and has a realistic understanding of the options for medical and non-medical treatment, including behavior and lifestyle changes, the more they will be able to manage it.

- It is important for the patient to understand from the start the potential limitations of opioid therapy: that it is offered on a trial basis, may not be helpful or only partially helpful, and is only one part of the management for chronic pain. The following statements may help make this explicit.
  - “Some types of pain are improved with opioid pain medicine but some are not. The only way to know is to try.”
  - “No pain medicine is likely to make all of your pain go away”

- “The goal is to help you feel better and be able to lead a better life. This usually takes more than medicine.”
  - “Since medicine usually cannot make all the pain go away, it is important for you to learn what you can do to improve your pain.”
  - “With or without medication, chronic pain only improves in small steps and with continued effort. We can use clinic visits to set realistic goals for things you want to do and figure out ways to accomplish them.”
- Focus from the beginning on concrete self-management goals in order to give as much emphasis on the patient learning new ways to manage their pain as on the medical management.
- Identify something that the patient wants to do, letting the patient be the key decision maker in setting the goal.
  - Do not try to change too much at one time. Break the goal down into smaller parts that can be accomplished within a reasonable amount of time.
  - Describe in measurable terms what is to be accomplished (how, what, when, where, how often) so that it is easy to see progress or lack thereof.
  - Discuss potential barriers to progress and list possible alternative solutions that might be tried.
  - Reaffirm that learning new ways to manage pain takes time and practice and that not all plans are initially successful.
  - Agree on a follow-up time to review the plan.
  - If a patient is unwilling to set goals for behavior change this visit, maintain goal setting as an expectation for future visits.
  - A copy of the patient information on the next page, or similar materials, may be helpful to reinforce these points.

**EXAMPLE:** A 33-year-old morbidly obese patient with non-surgical back pain complains that she is unable to care for her family because of her pain. Together you list the different activities she would like to be able to do (grocery shopping, cooking meals, doing laundry, etc) and narrow the list down to two or three things she feels she most wants to try. She would like to try grocery shopping but worries that the weekly trip is “too much.” Reviewing alternatives, it is decided that instead of shopping for an entire week’s groceries, she will go more frequently, do as much as she can even if it is just buying a few items, and return home. She agrees to keep track of how often she goes and how long it takes on a calendar that she can bring back to the next visit in two weeks.



## *Patient Information*

### *Using Opioid Pain Medications for Your Pain*

- “Opioids” or “narcotics” are medications like morphine that come from the opium poppy. They have been used for hundreds of years all over the world for pain relief. Their medical use is tightly controlled by state and federal laws. They should only be used as directed and only by the person for whom they are prescribed.
- Opioid pain medications may help with chronic pain. Some types of pain get better with opioid pain medications, but some do not. The only way to know is to try the medication as it has been prescribed and talk about the results with your medical provider.
- No pain medication is guaranteed to make all of your pain go away. Sometimes partial improvement in pain is the best that can be done.
- The goals of pain management are to help you feel better and be able to lead a more active life. This usually takes more than medications.
- Pain medications work best when they are combined with other pain management methods. Non-drug treatments such as exercise, relaxation, or counseling may also be recommended to help give you relief.
- When used to treat pain, opioid pain medications rarely cause addiction, which is an emotional need for medication. However, your body may react physically if you stop taking these medications suddenly. Do not stop your medications on your own. Stopping the medications gradually, and with your provider’s help, is recommended.
- Most side effects from opioid medications can be managed. Nausea, drowsiness, itching, and other side effects usually last only a few days. Constipation often does not go away but can be managed by eating the right foods, drinking enough liquids, and taking medications.
- Work as a team with your health care provider. Learn about your pain and what can be expected from treatment. Ask what you can do to have a more active role in your health care. Do your part by trying different ways to manage your pain and talking about the results with your provider.
- Set goals. Use clinic visits to set realistic goals for the things you most want to do, such as sleeping, working, exercising, improving your social life, etc. Begin with the easiest goals first and use follow-up visits to keep you moving in the right direction.

