



Trillium Talks

Chronic pain and prescription drug abuse

By Coleen Connolly

Pain is a big problem: about 10% of Trillium members suffer from chronic painful conditions. It's also a difficult problem. It's difficult for those who suffer, and it's difficult for providers who find that the treatments are inadequate. This has been an area of active medical research; changes are coming.

Providers are learning that there has been too much focus on prescribing medications, and not enough focus on other treatments to reduce pain and improve wellbeing. Trillium providers have recently adopted guidelines for chronic non-cancer pain, which reflect these new strategies. The guidelines are generally consistent with the direction prescribed in new back pain guidelines being developed by the Oregon Health Plan for Medicaid members. Providers are encouraged to discuss opioid use with their patients, to consider decreasing the doses and encourage alternate approaches.

We've learned that opioids quickly sensitize the brain and although they may help temporarily, actually make the sensation of pain worse. There are well known side effects like sedation and constipation. Opioid use also interferes with healthy sleep, decreases sex drive, and suppresses immune function. We have learned that dependence or addiction can develop quickly, and that it can happen to as many as 1/3 of patients who receive these medications. There is also the serious risk of accidental overdose and death. This risk is increased when the opioid medications are combined with alcohol or benzodiazepines or when they are diverted to family members or others. In fact, opioid overdose is now the leading cause of accidental death in the US, even greater than motor vehicle accidents.

Chronic pain needs to be treated; what can we do? The new focus addresses the whole person, not just damaged body structures. After assessment to rule out a dangerous condition, the goal is to make the patient as functional as possible. Treatment involves teaching patients about pain. It involves addressing emotional aspects of the problem, whether they existed before, or are a result of living with chronic pain. It can include relaxation or meditation techniques. Physical therapy may be helpful. For some conditions there is a role for chiropractic or acupuncture treatment. Beyond the therapy sessions, patients are encouraged to be as active as possible. This may require addressing specific barriers to being more functional in the home and the community. Nutrition is also important; simple changes in diet can reduce inflammation and improve energy levels. If excess weight is contributing to the problem, diet and activity changes can help. Since sleep is the body's opportunity to recharge; improving sleep can reduce pain and improve function. The goal is to help patients who have been in a loop of suffering to reconnect to life.

There is still a role for medications. Old treatments like acetaminophen and NSAIDs are helpful and safe for some patients. Muscle relaxants can be helpful for pain and to allow for better sleep. Gabapentin can be helpful for neuropathic pain. Sometimes there is a role for opioid medications, in moderate doses or for acute exacerbations of pain.

Stopping opioid pain medications isn't easy. Of course, a patient who has taken them for a time should never stop abruptly. The patient and provider agree on a taper plan and a plan for addressing problems with withdrawal symptoms that may occur. This could involve medications to address specific short-term symptoms, or possibly buprenorphine to help with the transition. If addiction or dependence has become part of the problem, help is available for this too.

Chronic pain is real and it needs to be treated. Trillium is encouraging providers to move beyond opioids to address chronic pain for our patients, using new discoveries, and renewed attention to tried-and-true remedies like sleep and nutrition. Reducing opioid prescribing will decrease side effects of opioids for our members, problems that sometimes become as difficult as the pain itself. At the same time we are working to reduce opioid abuse in our community.

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