Pain Management at Ground Zero

Mark Garofoli, PharmD, MBA, BCGP, CPE

Faculty

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  - Clinical Pain Management Pharmacist, WVU Medicine Integrative Pain Center
  - Coordinator, WV Pain Management Expert Panel (SEMP Guidelines)
  - WV PDMP Advisory Panel Member
  - CDC Grant Reviewer

Disclosures

- Consultant/Independent Contractor: Daiichi Sankyo, Clinical Pharmacists Advisory Panel, Member

This presentation was not a part of the presenter’s official duties at the WVU and does not reflect the opinions of WVU.
Learning Objectives

- Discuss the 2016 CDC Chronic Pain Opioid Guidelines directly into clinical practice.
- Describe the best practices within pain management with particular attention to risk reduction strategies.
- Recall multi-modal pain management treatment plan options.

US Opioid Prescribing & Heroin Distribution

US Drug Overdose Deaths
Ground Zero Transcending to the Entire Nation...

Dr. Hsiu-Ying "Lisa" Tseng guilty of second-degree murder (30 years to life)

First time a doctor had been convicted of murder in the United States for overprescribing drugs

2016 Murder Conviction

63,400 US Drug Overdose Deaths (2016)

<table>
<thead>
<tr>
<th>Age-adjusted Drug Overdose Death Rates (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>West Virginia, Ohio, &amp; D.C.</td>
</tr>
<tr>
<td>Pennsylvania</td>
</tr>
</tbody>
</table>

8 minutes

March 17, 2016: Drug overdoses have risen for the fourth straight year, with more than 63,400 Americans dying from these overdoses in 2016, according to a new report by the National Center for Health Statistics. The report, which includes data from 31 states, found that drug overdoses, including those involving opioids, are the leading cause of death among U.S. adults ages 25-44. The report also found that drug overdoses are more common among people with a history of mental illness, and that the rate of drug overdoses is higher among people who are not married, have lower education levels, and live in rural areas.
2016 West Virginia Safe & Effective Management of Pain (SEMP) Guidelines

West Virginia Expert Pain Management Panel

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>Organisation/Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joe Smith</td>
<td>Department of Anesthesiology</td>
</tr>
<tr>
<td>Jane Doe</td>
<td>West Virginia Hospital</td>
</tr>
<tr>
<td>John Brown</td>
<td>WVU School of Medicine</td>
</tr>
<tr>
<td>Mary Carter</td>
<td>Cancer Center</td>
</tr>
<tr>
<td>Robert Lee</td>
<td>WVU College of Pharmacy</td>
</tr>
</tbody>
</table>

www.sempguidelines.org
Patient & Provider Agreement Items

- Function & Time goals
- Function, Pain, Risk, & Psychological Assessments
- Advance effects of opioid
- Higher MMID and/or Other Interventions
- PEG
- Urinal Drug Screening/Testing
- Nutrition Education/Supply
- Storage & Disposal
- Refill if approved
- Co-Manager if needed

Pain Reduction & Function Improvement Goal

Pain = 5th Vital Sign ???

Analgesic ???

The goal is NOT necessarily to eliminate pain

➢ The goal is to Improve Function & Reduce Pain

PEG Scale

PEG Scale
Pain intensity (P)
Interference with Enjoyment of life (E)
Interference with General activity (G)
Graded Chronic Pain Scale

<table>
<thead>
<tr>
<th>Pain severity</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>Difficulty</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Function</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

DVPRS

Defense and Veterans Pain Rating Scale

End of Therapy Goal

**Acute Goal**
- Expected time frame of healing

**Chronic Goal**
- Resolution of the syndrome is not always expected
- Prevent long term medication issues (possibly d/c)
  - Advance effects, dependency, etc.
Proper Medication Storage

Bathroom Medicine Cabinets → NO
- Humidity
- Unsecure
- Typically accessed at “grumpy” times of day (AM/PM)

Lockable Safe Boxes → YES
- Away from children and pets
- Secure
- Still must incorporate into daily routine

Proper Medication Disposal

EPA

1st Choice

Drug Take-Back Event

Proper Medication Disposal

FDA

1. DEA Sponsored Take-Back Programs (Same as EPA)
2. Household Trash (Same as EPA)
3. DEA Authorized Collector
   - Pharmacies can Register
4. Flushing a list of ~40 CIs
   - Drugs enter water systems through human excretion
   - No sign of environmental damage from flushing drugs yet
Opioid Risk Screenings

**Opioid Naïve**
- Patients Being Considered for Opioid Therapy
  - Opioid Risk Tool (ORT)
  - Drug Abuse Screening Test (DAST)
  - Magnetic, Intractability, Risk, & Efficacy Score (DIRRE)

**Opioid Experienced**
- Patients Already Receiving Opioid Therapy
  - Current Opioid Misuse Measure (COMM)
  - Pain Medication Questionnaire (PMQ)
  - Prescription Drug Use Questionnaire (PDUQ)
  - Prescription Drug Use Questionnaire, Patient (PDUQp)

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**Psychological Evaluation**

**PHQ-2 & PHQ-9**

PHQ-2 Score >= 3 & Take PHQ-9

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**Opioid Risk Screenings**

**Opioid Naïve**
- Self Reported
  - Drug Abuse Screening Test (DAST)
  - Screener & Opioid Assessment for Patients with Pain (SOAPP)
- Provider Reported
  - Opioid Risk Tool (ORT)
  - Diagnostic, Intractability, Risk, & Efficacy Score (DIRRE)

**Opioid Experienced**
- Self Reported
  - Current Opioid Misuse Measure (COMM)
  - Pain Medication Questionnaire (PMQ)
  - Prescription Drug Use Questionnaire (PDUQp)
  - Prescription Drug Use Questionnaire, Patient (PDUQp)
- Provider Reported
  - Prescription Drug Use Questionnaire (PDUQ)
Opioid Medication Interactions

CYP450 & Transporters

Serotonergic

Gender, Race, & Age

Sedatives

Opioids, Benzos, "Relaxants", & Hypnotics

Overlapping Sedative Side Effects...

Somnolence

Dizziness

Delirium

Opioid-Sedative Interactions

“Name Game”

<table>
<thead>
<tr>
<th>Drug-Drug Interaction</th>
<th>Proposed Name</th>
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<tbody>
<tr>
<td>Opioid + Benzodiazepine Sedative</td>
<td>“Bozo”</td>
</tr>
<tr>
<td>Opioid + “Muscle Relaxant” Sedative</td>
<td>“Relaxed”</td>
</tr>
<tr>
<td>Opioid + Sedative Hypnotic</td>
<td>“Hypsid”</td>
</tr>
<tr>
<td>Opioid + One Other Sedative</td>
<td>“Deadly Duo”</td>
</tr>
<tr>
<td>Opioid + Two Other Sedatives</td>
<td>“Unholy Trinity”</td>
</tr>
<tr>
<td>Opioid + Three Other Sedatives</td>
<td>“Quatro Killer”</td>
</tr>
<tr>
<td>Benzodiazepine &amp; Sedative Hypnotic</td>
<td>“Hypzoe”</td>
</tr>
<tr>
<td>Benzodiazepine &amp; “Muscle Relaxant” Sedative</td>
<td>“Relaxzo”</td>
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Naloxone Products

<table>
<thead>
<tr>
<th>Product</th>
<th>Generic Injectable</th>
<th>Generic Intranasal</th>
<th>Narcan® Nasal Spray</th>
<th>Evzio® Auto-injector</th>
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<tbody>
<tr>
<td>Branded</td>
<td>Buprenorphine</td>
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<tr>
<td>Generic</td>
<td>Naloxone</td>
<td>Naloxone</td>
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<tr>
<td>Available</td>
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<td>67457-0292-01</td>
<td>00641-6132-25</td>
</tr>
</tbody>
</table>

Naloxone Candidates

- Any patient receiving > 50 mg MME
- Opioid Rotation
- Recent Opioid Overdose
- Opioid Use Disorder
- Personal/Family History
- Substance Abuse
- Heavy Alcohol Use
- Respiratory Condition
  - COPD/Asthma
  - Sleep Apnea
  - Smoking of Anything
- Difficulty Accessing EMT
- Personal/Family History
- Voluntary Request

Opioid Overdose Symptoms

- Death Rattle: Gasping, Slow, Absent Breathing
- Unconscious: Unarousable
- Pupils: Pinpoint, Pupils
- Hypoxia: Blue Lips & Nails
- Hypotension: Slow or No Heartbeat
- Pale, Clammy Skin
- Death Rattle: Gasping, Slow, Absent Breathing
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Naloxone Administration

SAMHSA Guidelines

1. Check for signs of opioid overdose
2. Call EMS to access immediate medical attention*
3. Administer naloxone (rescue position)*
4. Rescue breath if patient not breathing*
5. Stay with the person and monitor their response until emergency medical assistance arrives. After 2-5 minutes, repeat the naloxone dose if person is not awakening or breathing well enough (10 or more breaths per minute)

*Order depending on the source of guidance

Pill Counts

- Randomized or Scheduled
- Goals
  - Improve proper medication adherence
  - Prevent and/or detect medication diversion
- Recommend not to have support staff perform
- Use a counting tray
  ➢ Realize Pills can be rented/borrowed (online/street)

Urine Drug Screening/Testing

- Randomized or Scheduled
- Goals
  - Improve proper medication adherence
  - Prevent and/or detect medication diversion
- Witnessed or private
  ➢ Realize Urine can be purchased online or shared
    ➢ www.thewhizzinator.com
Urine Drug Screening/Testing

Urine Drug Screening (UDS) Urine Drug Testing (UDT)

- Immunoassay screen (i.e. Cup)
- GC-MS or LC-MS/MS

In-office, point-of-care, or lab-based
- Laboratory highly specific & sensitive

Results within minutes
- Results in hours or days

Detects a few legal & illicit medications by structural class
- Measures concentrations of all drugs & metabolites

Guidance for preliminary treatment decisions
- Definitive identification & analysis

Cross-reactivity common: more false positives
- False-positive results are rare

Higher cutoff levels: more false negatives
- False-negative results are rare

Opioid Metabolism

Active Metabolites

- Codeine
- Hydrocodeone
- Dihydrocodeine

- Heroin (Acetylmorphine)
- Morphine
- Hydromorphone
Verifying Identification Cards
Magnetic Strip Swipe

- States with Magnetic Stripes
  - AL, AZ, AR, CA, CO, FL, KS, LA, MI, MN, MS, NH, NM, OH, PA, SC, TX, & VT
- Fast Scanning: 1 second for response
- ~$500 Device Cost

Verifying Identification Cards
Barcode Reader

- Process via smartphones/pads
- Link directly to state ID databases

DEA Red Flags
Prescribers

- Cash only patients and/or no acceptance of worker’s compensation or insurance
- Prescribing of the same combination of highly-abused drugs
- Prescribing the same (high) quantities of pain drugs to most/ever patient
- High number of prescriptions issued per day
- Out-of-area patient population
- NABP “Red Flags” Video [Link](https://nabp-pharmacy.nabp.org/content/red-flags)
**DEA Red Flags**

Dispensers

- Dispensing a high percentage controlled to non-controlled drugs
- Dispensing high volumes of controlled substances generally
- Dispensing the same drugs & quantities prescribed by the same prescriber
- Dispensing to out-of-area or out-of-state patients
- Dispensing to multiple patients with the same last name or address
- Sequential prescription fills for highly diverted drugs from the same prescriber
- Dispensing for patients of controlled substances from multiple practitioners
- Dispensing for patients seeking early prescription fills

> NAPP “Red Flags” video: [https://obon.etk.asu.edu/sites/default/files/2012-10/redflags2012.mp4](https://obon.etk.asu.edu/sites/default/files/2012-10/redflags2012.mp4)

**When Drug Seeking or Diversion is Suspected**

- Eliminate personal or judgmental biases
- Calm, collected, knowledgeable, and well researched approach
  - “Never pick up a phone until you’ve completed research”
- Conversation with other respective healthcare professionals
  - May not even be aware of the use of his/her name
- Conversation with respective patient
  - "There’s two sides to every coin"
  - "False positives"

**Once Drug Seeking or Diversion is Confirmed**

- Refer to a substance-use disorder (addiction) specialist/program
- Contact law enforcement if concern for the safety of the patient or others exists
- Treatment can continue with alternative therapies (e.g., non-controlled substances)
- Reference the patient and provider agreement/contract
  - Avoid patient abandonment concerns (e.g., provide 30 days of additional treatment)
- Respect all involved while complying with federal and state laws
Mixed Pain Algorithm

- Non-Pharmacological
  - TENS
  - CPM
  - PMR
- Pharmacological
  - NSAI
  - -Caine
  - Capsaicin
- Gabapentinoids
  - SNRI
  - TCA
  - C-IV
- Consider Referral to Specialist

Combination of 1st/2nd Line
- Acute Add-On Muscle Relaxer
  - C- III
- Interventional Therapy
  - C- II (IR)
  - Referral to Specialist Needed
  - Spinal Cord/Dorsal Root Ganglion Stimulation
  - C- II (ER)
  - Implantable/Intrathecal (IT)
    - morphine/baclofen/ziconotide
    - Consider Clinical Trial

www.sempguidelines.org
Pain Management Best Practices

People Respect What You Inspect, Not What You Expect

An Ounce of Prevention, is Worth a Pound of Treatment

Never Stop Learning

Hippocratic Oath: Do No Harm

Audience Question #1

After reading headline after headline regarding our nation’s opioid crisis, Dr. Payne has decided to begin to mandate patient and provider agreements for all of his patients being prescribed opioid medications. Which of the following would NOT be recommended to include in the patient and provider agreement for this office?

d) Review of the Prescription Drug Monitoring Program (PDMP)

Audience Question #1 (ANSWER)

After reading headline after headline regarding our nation’s opioid crisis, Dr. Payne has decided to begin to mandate patient and provider agreements for all of his patients being prescribed opioid medications. Which of the following would NOT be recommended to include in the patient and provider agreement for this office?

d) Review of the Prescription Drug Monitoring Program (PDMP)
Audience Question #2
Ms. Fay Kinert was recently diagnosed with diabetic peripheral neuropathy, a very common form of neuropathic pain. According to the West Virginia Safe & Effective Management of Pain (SEMP) Guidelines, which of the following medications would be an appropriate first line treatment?

a) Muscle Relaxant
b) TCA or SNRI Antidepressant
c) Mixed Action Opioid
d) Botox Injection

Audience Question #2 (ANSWER)
Ms. Fay Kinert was recently diagnosed with diabetic peripheral neuropathy, a very common form of neuropathic pain. According to the West Virginia Safe & Effective Management of Pain (SEMP) Guidelines, which of the following medications would be an appropriate first line treatment?

a) Muscle Relaxant Medication
b) TCA OR SNRI ANTIDEPRESSANT
c) Mixed Action Opioid Medication
d) Botox Injection

Audience Question #3
While at a loud club on Las Vegas Boulevard (i.e. The Strip), your friend is sitting in a VIP area 20 yards away and looks like he may have had too much to drink since he is practically asleep. What you do not know is that he inadvertently added laced Heroin to his beverage when he thought he added a sweetener. What symptom could you notice form afar that would indicate an opioid (Heroin) overdose?

a) Slow Heart Rate
b) Pin Point Pupils
c) The Death Rattle
d) Hypersa
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c) The Death Rattle
d) HYPOXIA

63,400 US Drug Overdose Deaths (2016)

Discussion