

1
00:00:03,410 --> 00:00:05,940
Hello and welcome
to Mayo Clinic Talks,

2
00:00:05,940 --> 00:00:07,770
The Opioid Edition.

3
00:00:07,770 --> 00:00:10,170
I'm Tracy McCray and
this is the second of

4
00:00:10,170 --> 00:00:11,700
an eight episode series on

5
00:00:11,700 --> 00:00:13,410
the opioid crisis, brought

6
00:00:13,410 --> 00:00:14,730
to you by Mayo Clinic.

7
00:00:14,730 --> 00:00:16,290
With me today is
Dr. Halena Gazelka

8
00:00:16,290 --> 00:00:18,390
an anesthesiologist
boarded

9
00:00:18,390 --> 00:00:20,235
in pain and
palliative medicine

10
00:00:20,235 --> 00:00:22,335
at Mayo Clinic
in Rochester.

11
00:00:22,335 --> 00:00:24,330
It's good to see you
once again, Dr. Gazelka.

12
00:00:24,330 --> 00:00:26,430
Thank you, Tracy,

you as well.

13

00:00:26,430 --> 00:00:29,715

Previously we kind of
did a brief overview

14

00:00:29,715 --> 00:00:33,000

of the opioid crisis
and how they are used.

15

00:00:33,000 --> 00:00:34,260

Now we're going
to talk about

16

00:00:34,260 --> 00:00:35,925

some of the
different guidelines

17

00:00:35,925 --> 00:00:39,540

for determining when
opioids are used.

18

00:00:39,540 --> 00:00:42,324

Let's talk about
treating chronic pain

19

00:00:42,324 --> 00:00:43,685

with acute pain;

20

00:00:43,685 --> 00:00:44,930

what is the difference
between the

21

00:00:44,930 --> 00:00:47,555

two and how are they;
how is it used?

22

00:00:47,555 --> 00:00:49,220

Absolutely. When
you discuss

23

00:00:49,220 --> 00:00:52,055

guidelines for pain

management with opioids,

24

00:00:52,055 --> 00:00:54,245
there's a vast difference
between treating

25

00:00:54,245 --> 00:00:56,945
acute pain and
treating chronic pain.

26

00:00:56,945 --> 00:00:59,150
We consider acute
pain typically to

27

00:00:59,150 --> 00:01:01,835
be pain that's associated
with a trauma.

28

00:01:01,835 --> 00:01:03,290
I'm thinking of fractures,

29

00:01:03,290 --> 00:01:04,820
motor vehicle
accidents where

30

00:01:04,820 --> 00:01:05,990
bones are broken or their

31

00:01:05,990 --> 00:01:07,700
specific muscle

32

00:01:07,700 --> 00:01:09,635
contusions or
specific injuries.

33

00:01:09,635 --> 00:01:11,330
Also surgical procedures,

34

00:01:11,330 --> 00:01:12,950
there are minor
surgical procedures and

35

00:01:12,950 --> 00:01:14,870
major surgical
procedures and

36

00:01:14,870 --> 00:01:16,715
some of them
require opioids.

37

00:01:16,715 --> 00:01:19,250
We know that the
evidence for treating

38

00:01:19,250 --> 00:01:22,805
all acute pain with
opioids is very weak,

39

00:01:22,805 --> 00:01:24,995
but there is evidence
for treating

40

00:01:24,995 --> 00:01:28,145
more major acute
pain with opioids.

41

00:01:28,145 --> 00:01:29,240
These are truly the best

42

00:01:29,240 --> 00:01:30,560
pain killers
that we have and

43

00:01:30,560 --> 00:01:31,550
they are indicated for

44

00:01:31,550 --> 00:01:33,155
major trauma or surgery.

45

00:01:33,155 --> 00:01:37,625
And how has using
opioids for acute pain,

46

00:01:37,625 --> 00:01:40,280
how has that changed

in the last few years?

47

00:01:40,280 --> 00:01:41,330
It seems to me as

48

00:01:41,330 --> 00:01:43,055
the layperson that it

49

00:01:43,055 --> 00:01:44,795
has changed quite a bit.

50

00:01:44,795 --> 00:01:47,780
Yes. I think that
people are now becoming

51

00:01:47,780 --> 00:01:48,920
more conservative with

52

00:01:48,920 --> 00:01:50,600
their prescribing
for acute pain.

53

00:01:50,600 --> 00:01:52,430
But I think that
recently with

54

00:01:52,430 --> 00:01:54,620
all the evidence in

55

00:01:54,620 --> 00:01:56,690
the medical
literature and all of

56

00:01:56,690 --> 00:01:58,490
the news attention that

57

00:01:58,490 --> 00:02:00,635
has come to the
opioid epidemic that

58

00:02:00,635 --> 00:02:02,690
providers have

changed the way

59

00:02:02,690 --> 00:02:04,490
that they prescribe
for acute pain.

60

00:02:04,490 --> 00:02:06,305
I think we used to
be pretty generous.

61

00:02:06,305 --> 00:02:07,775
After someone
had an injury,

62

00:02:07,775 --> 00:02:09,320
came into the
emergency room,

63

00:02:09,320 --> 00:02:10,640
came into the see
their primary

64

00:02:10,640 --> 00:02:12,365
care provider
had a surgery,

65

00:02:12,365 --> 00:02:14,945
they'd get maybe a
month worth of opioids.

66

00:02:14,945 --> 00:02:16,220
We now know that

67

00:02:16,220 --> 00:02:18,590
those opioids are the
opioids that eventually

68

00:02:18,590 --> 00:02:19,610
make their way into the

69

00:02:19,610 --> 00:02:21,500
street and make
their way to

70
00:02:21,500 --> 00:02:23,539
other members of
the population

71
00:02:23,539 --> 00:02:25,130
for misuse or diversion.

72
00:02:25,130 --> 00:02:26,810
So we're trying to be

73
00:02:26,810 --> 00:02:28,670
conservative with
acute prescribing of

74
00:02:28,670 --> 00:02:30,740
opioids to three days or

75
00:02:30,740 --> 00:02:33,170
less for minor
surgeries or

76
00:02:33,170 --> 00:02:36,185
minor trauma or
up to seven days

77
00:02:36,185 --> 00:02:38,030
for a large
surgery or trauma.

78
00:02:38,030 --> 00:02:40,235
And chronic pain
we consider to be

79
00:02:40,235 --> 00:02:42,845
a pain that's ongoing
for more than 90 days.

80
00:02:42,845 --> 00:02:45,080
Typically, these are

81
00:02:45,080 --> 00:02:46,550

pain syndromes
that patients

82
00:02:46,550 --> 00:02:49,040
have for very
prolonged periods

83
00:02:49,040 --> 00:02:50,930
of time and sometimes
even for life.

84
00:02:50,930 --> 00:02:54,110
So using opioids
for chronic pain

85
00:02:54,110 --> 00:02:56,510
is a last resort

86
00:02:56,510 --> 00:02:58,370
or the first step?
Well using

87
00:02:58,370 --> 00:02:59,975
opioids for chronic
pain should

88
00:02:59,975 --> 00:03:02,510
nearly be the
last resort, after

89
00:03:02,510 --> 00:03:04,700
more conservative therapies

90
00:03:04,700 --> 00:03:06,620
have been exhausted
and after the more

91
00:03:06,620 --> 00:03:11,060
conservative medications
have been trialed as well.

92
00:03:11,060 --> 00:03:12,980
Alternatives to opioids for

93
00:03:12,980 --> 00:03:15,920
pain management include
physical therapy,

94
00:03:15,920 --> 00:03:18,065
medications from
other classes,

95
00:03:18,065 --> 00:03:20,975
physical modalities
such as Tai Chi,

96
00:03:20,975 --> 00:03:22,220
yoga, and conditioning

97
00:03:22,220 --> 00:03:24,755
and strengthening programs.

98
00:03:24,755 --> 00:03:27,200
Medications such as
neuroleptics and

99
00:03:27,200 --> 00:03:29,645
antidepressants can
be very helpful.

100
00:03:29,645 --> 00:03:31,130
Other modalities would

101
00:03:31,130 --> 00:03:33,500
include cognitive
behavioral techniques,

102
00:03:33,500 --> 00:03:35,045
including biofeedback

103
00:03:35,045 --> 00:03:37,340
and interventional
procedures,

104
00:03:37,340 --> 00:03:39,410

some directed at nerves

105

00:03:39,410 --> 00:03:41,150
and others into
joint spaces,

106

00:03:41,150 --> 00:03:44,105
musculature or the
epidural space.

107

00:03:44,105 --> 00:03:46,880
Neural modulation is
the alteration of

108

00:03:46,880 --> 00:03:48,080
neurotransmitters in

109

00:03:48,080 --> 00:03:49,460
the central or peripheral

110

00:03:49,460 --> 00:03:51,395
nervous system
to reduce pain

111

00:03:51,395 --> 00:03:53,269
and it's typically
accomplished

112

00:03:53,269 --> 00:03:55,025
by an implanted device.

113

00:03:55,025 --> 00:03:58,255
An example would be
spinal cord stimulation,

114

00:03:58,255 --> 00:03:59,810
which pain signals are

115

00:03:59,810 --> 00:04:02,630
modulated using
electrical energy.

116

00:04:02,630 --> 00:04:04,760
This is typically
accomplished

117
00:04:04,760 --> 00:04:06,410
via electrodes implanted in

118
00:04:06,410 --> 00:04:08,660
the epidural space
that are attached to

119
00:04:08,660 --> 00:04:10,580
a battery pack, or

120
00:04:10,580 --> 00:04:12,485
it's also called a
pulse generator,

121
00:04:12,485 --> 00:04:15,245
which is implanted under
the patient's skin.

122
00:04:15,245 --> 00:04:17,779
Another example of
neural modulation

123
00:04:17,779 --> 00:04:19,880
is peripheral
nerve stimulation,

124
00:04:19,880 --> 00:04:21,470
in which a specific nerve

125
00:04:21,470 --> 00:04:22,880
is targeted and directly

126
00:04:22,880 --> 00:04:23,930
influenced by

127
00:04:23,930 --> 00:04:26,420
an electrical signal
to reduce pain.

128
00:04:26,420 --> 00:04:29,840
Lastly, intrathecal
drug delivery systems,

129
00:04:29,840 --> 00:04:31,280
or intrathecal pumps,

130
00:04:31,280 --> 00:04:32,810
consist of a catheter that

131
00:04:32,810 --> 00:04:34,220
is directly placed into

132
00:04:34,220 --> 00:04:36,110
the cerebral
spinal fluid and

133
00:04:36,110 --> 00:04:37,940
attached to a pump which

134
00:04:37,940 --> 00:04:40,400
is typically placed
in the abdominal wall.

135
00:04:40,400 --> 00:04:42,710
The pump can then be
filled with medications

136
00:04:42,710 --> 00:04:44,824
to modulate pain
such as opioids,

137
00:04:44,824 --> 00:04:47,765
local anesthetics, and
neuropathic agents.

138
00:04:47,765 --> 00:04:50,090
So there are many
options available for

139
00:04:50,090 --> 00:04:51,350
chronic pain and this field

140
00:04:51,350 --> 00:04:53,285
is really growing
at this time.

141
00:04:53,285 --> 00:04:55,550
Consulting a pain
management specialist, if

142
00:04:55,550 --> 00:04:57,110
Available, may be a great

143
00:04:57,110 --> 00:04:59,030
resource for your patients.

144
00:04:59,030 --> 00:05:01,265
Are you finding that
something that's

145
00:05:01,265 --> 00:05:03,575
going the other
direction is happening?

146
00:05:03,575 --> 00:05:05,870
That someone, for instance,

147
00:05:05,870 --> 00:05:07,280
gets their wisdom teeth out

148
00:05:07,280 --> 00:05:08,540
and they're so afraid,

149
00:05:08,540 --> 00:05:09,800
now of taking opioids

150
00:05:09,800 --> 00:05:10,670
because of what
they've been

151
00:05:10,670 --> 00:05:12,905
hearing that they
won't even touch that?

152
00:05:12,905 --> 00:05:14,030
It used to be, oh, yeah,

153
00:05:14,030 --> 00:05:15,470
I got these opioids
and no big deal.

154
00:05:15,470 --> 00:05:17,255
And know people really

155
00:05:17,255 --> 00:05:18,590
hesitate to even take them

156
00:05:18,590 --> 00:05:20,405
because we're almost
afraid of them.

157
00:05:20,405 --> 00:05:21,995
And I think that's
a good thing.

158
00:05:21,995 --> 00:05:24,110
I think that anyone
in the population

159
00:05:24,110 --> 00:05:26,270
is at risk of becoming
addicted to opioids.

160
00:05:26,270 --> 00:05:27,500
We know that
the longer that

161
00:05:27,500 --> 00:05:28,925
the opioids are used,

162
00:05:28,925 --> 00:05:31,550
the more likely the
addiction is to occur.

163
00:05:31,550 --> 00:05:33,020

And so I think if pain can

164

00:05:33,020 --> 00:05:34,850
be managed
conservatively with

165

00:05:34,850 --> 00:05:37,100
non-steroidal
medications such as

166

00:05:37,100 --> 00:05:39,710
ibuprofen and with
acetaminophen

167

00:05:39,710 --> 00:05:41,270
or the combination
of the two,

168

00:05:41,270 --> 00:05:42,725
that what
should be done

169

00:05:42,725 --> 00:05:43,820
and that it's healthy for

170

00:05:43,820 --> 00:05:45,350
patients to have
somewhat of

171

00:05:45,350 --> 00:05:47,075
a fear of taking opioids.

172

00:05:47,075 --> 00:05:48,470
Now there are
patients for whom

173

00:05:48,470 --> 00:05:50,075
these are completely
appropriate.

174

00:05:50,075 --> 00:05:51,350
And honestly I find that

175
00:05:51,350 --> 00:05:52,370
those patients are often

176
00:05:52,370 --> 00:05:53,420
some of the most concerned

177
00:05:53,420 --> 00:05:54,875
about the risk
of addiction.

178
00:05:54,875 --> 00:05:57,605
Alright, now let's talk
about chronic pain.

179
00:05:57,605 --> 00:05:59,510
How long does someone

180
00:05:59,510 --> 00:06:00,950
have to have chronic pain

181
00:06:00,950 --> 00:06:04,324
before you go to that
opioid prescription?

182
00:06:04,324 --> 00:06:06,770
We consider chronic
pain to be pain that

183
00:06:06,770 --> 00:06:09,350
persists for more
than 45 to 90 days

184
00:06:09,350 --> 00:06:11,930
after surgery or persist

185
00:06:11,930 --> 00:06:14,645
for more than 90
days otherwise.

186
00:06:14,645 --> 00:06:16,310
In other words,
patients suffer from

187
00:06:16,310 --> 00:06:19,415
this pain over and over
for months at a time.

188
00:06:19,415 --> 00:06:21,290
I don't think there's
a specific period

189
00:06:21,290 --> 00:06:22,355
of time that makes someone

190
00:06:22,355 --> 00:06:23,690
eligible for the use of

191
00:06:23,690 --> 00:06:25,790
opioids when they
have chronic pain,

192
00:06:25,790 --> 00:06:28,160
but I do think that
the persistence of

193
00:06:28,160 --> 00:06:31,220
the pain is important
to consider.

194
00:06:31,220 --> 00:06:32,960
And let's talk
about dosing.

195
00:06:32,960 --> 00:06:35,345
How do you determine
when someone,

196
00:06:35,345 --> 00:06:37,610
while they've got
chronic pain and we're

197
00:06:37,610 --> 00:06:40,580
trying to figure out
a way around that.

198
00:06:40,580 --> 00:06:41,330
How do you figure about

199
00:06:41,330 --> 00:06:42,920
the dosing for that person?

200
00:06:42,920 --> 00:06:44,870
Well, just like
for acute pain,

201
00:06:44,870 --> 00:06:45,500
we should start with

202
00:06:45,500 --> 00:06:47,075
the lowest dose possible.

203
00:06:47,075 --> 00:06:48,980
So they should always
be considered to be

204
00:06:48,980 --> 00:06:50,960
being used on
a trial basis.

205
00:06:50,960 --> 00:06:52,160
In other words,
we don't look

206
00:06:52,160 --> 00:06:53,180
at a patient and say,

207
00:06:53,180 --> 00:06:54,290
I think you're a
patient that I'll

208
00:06:54,290 --> 00:06:55,760
put on chronic opioids.

209
00:06:55,760 --> 00:06:57,500
Usually it's
happens gradually.

210
00:06:57,500 --> 00:06:58,775
They're given
one prescription

211
00:06:58,775 --> 00:07:00,545
than they're given
another prescription.

212
00:07:00,545 --> 00:07:02,105
They have relief
from their pain,

213
00:07:02,105 --> 00:07:02,930
they have an improvement

214
00:07:02,930 --> 00:07:04,325
in their functional status.

215
00:07:04,325 --> 00:07:05,780
They have a true diagnosis

216
00:07:05,780 --> 00:07:06,890
that might warrant
the use of

217
00:07:06,890 --> 00:07:08,630
opioids and so they come to

218
00:07:08,630 --> 00:07:10,955
be chronic opioid users.

219
00:07:10,955 --> 00:07:13,400
I do think it's very
important to start with

220
00:07:13,400 --> 00:07:14,600
the lowest dose that we

221
00:07:14,600 --> 00:07:17,735
can. To start low
and go slow.

222
00:07:17,735 --> 00:07:19,640
The second thing to
remember is that

223
00:07:19,640 --> 00:07:21,439
only short-acting opioids

224
00:07:21,439 --> 00:07:23,270
should be used
for acute pain

225
00:07:23,270 --> 00:07:25,130
and only short-
acting opioids

226
00:07:25,130 --> 00:07:26,420
should be used
in chronic pain

227
00:07:26,420 --> 00:07:28,640
for patients who
are opioid naive.

228
00:07:28,640 --> 00:07:31,550
You mentioned to start
low and go slow.

229
00:07:31,550 --> 00:07:32,390
That sounds like it should

230
00:07:32,390 --> 00:07:33,320
be on a coffee mug or

231
00:07:33,320 --> 00:07:35,945
a bumper sticker.
That probably should be.

232
00:07:35,945 --> 00:07:38,090
Let's expand on
that a little bit.

233
00:07:38,090 --> 00:07:41,840

What exactly does start
low and go slow mean?

234

00:07:41,840 --> 00:07:43,070
It means that we prescribe

235

00:07:43,070 --> 00:07:44,690
the lowest dose
that will work for

236

00:07:44,690 --> 00:07:46,100
the patient's pain with

237

00:07:46,100 --> 00:07:47,120
the fewest number of

238

00:07:47,120 --> 00:07:49,085
pills that are
needed for the pain.

239

00:07:49,085 --> 00:07:50,810
Also, we start with

240

00:07:50,810 --> 00:07:53,840
the mildest form of
opioid therapy that is

241

00:07:53,840 --> 00:07:56,750
available before
progressing to

242

00:07:56,750 --> 00:07:59,165
what we'd call
the "bigger guns."

243

00:07:59,165 --> 00:08:02,060
Also we've only used
Short-acting opioids.

244

00:08:02,060 --> 00:08:04,010
instead of using
long-acting opioids.

245
00:08:04,010 --> 00:08:05,195
When we're
starting patients

246
00:08:05,195 --> 00:08:06,410
out on this therapy.

247
00:08:06,410 --> 00:08:08,120
It's also very
important to keep in

248
00:08:08,120 --> 00:08:11,255
mind that we want to
avoid dose escalation.

249
00:08:11,255 --> 00:08:13,700
So we know that ever
increasing the dose

250
00:08:13,700 --> 00:08:14,600
increases the risk of

251
00:08:14,600 --> 00:08:16,220
side effects for patients.

252
00:08:16,220 --> 00:08:18,080
And it also leads
to the development

253
00:08:18,080 --> 00:08:20,570
of tolerance and
hyperalgesia.

254
00:08:20,570 --> 00:08:23,120
Ooh, tolerance to
an opioid would be

255
00:08:23,120 --> 00:08:25,325
something tricky to
manage. What do you mean?

256
00:08:25,325 --> 00:08:27,050

What do you mean
by tolerance?

257
00:08:27,050 --> 00:08:28,580
Tolerance refers to

258
00:08:28,580 --> 00:08:30,470
the body's natural
reaction to

259
00:08:30,470 --> 00:08:32,449
medications being
taken regularly,

260
00:08:32,449 --> 00:08:34,310
particularly opioids.

261
00:08:34,310 --> 00:08:35,690
It means that when patients

262
00:08:35,690 --> 00:08:37,880
take these medications
regularly,

263
00:08:37,880 --> 00:08:39,290
they're going to
need higher doses

264
00:08:39,290 --> 00:08:41,675
eventually to obtain
the same pain relief

265
00:08:41,675 --> 00:08:43,490
they were receiving
with a lower dose

266
00:08:43,490 --> 00:08:45,155
and the beginning
of their therapy.

267
00:08:45,155 --> 00:08:47,225
Does that mean that
then they are addicted?

268
00:08:47,225 --> 00:08:50,090
Is that if your
tolerance is increasing,

269
00:08:50,090 --> 00:08:51,875
then you are becoming
addicted to that or,

270
00:08:51,875 --> 00:08:53,090
or those are not associated

271
00:08:53,090 --> 00:08:54,590
at all? It does not.

272
00:08:54,590 --> 00:08:58,085
Tolerance is a normal
physiologic reaction

273
00:08:58,085 --> 00:09:00,785
of the body to the
presence of opioids.

274
00:09:00,785 --> 00:09:03,260
Addiction means that
patients will crave,

275
00:09:03,260 --> 00:09:07,085
seek, and use opioids
even in the face of

276
00:09:07,085 --> 00:09:11,315
significant detriment
to their personal life,

277
00:09:11,315 --> 00:09:14,870
to their work life, and to
their physical self.

278
00:09:14,870 --> 00:09:16,880
You used another
term in there that

279

00:09:16,880 --> 00:09:18,800

I want to get a little
clarification on.

280

00:09:18,800 --> 00:09:20,810

What is hyperalgesia?

281

00:09:20,810 --> 00:09:22,190

Well, hyperalgesia is

282

00:09:22,190 --> 00:09:23,600

a really interesting
concept.

283

00:09:23,600 --> 00:09:25,550

It's been known regarding

284

00:09:25,550 --> 00:09:27,305

opioids for many,
many years.

285

00:09:27,305 --> 00:09:28,670

It means that
patients who take

286

00:09:28,670 --> 00:09:30,410

opioids chronically
may developed

287

00:09:30,410 --> 00:09:32,660

worse pain with
painful stimuli

288

00:09:32,660 --> 00:09:34,655

than patients who
don't take opioids.

289

00:09:34,655 --> 00:09:36,260

In other words, things that

290

00:09:36,260 --> 00:09:38,150

were only mildly painful or

291
00:09:38,150 --> 00:09:40,490
maybe not painful
become very painful to

292
00:09:40,490 --> 00:09:43,130
patients who chronically
take opioids.

293
00:09:43,130 --> 00:09:44,840
The exact time for when

294
00:09:44,840 --> 00:09:46,925
this phenomenon
develops is unknown,

295
00:09:46,925 --> 00:09:48,590
but studies have
shown that this

296
00:09:48,590 --> 00:09:50,330
may occur in as
short of a time

297
00:09:50,330 --> 00:09:53,195
as having a surgery
in an operating room,

298
00:09:53,195 --> 00:09:55,040
for instance,
if an infusion

299
00:09:55,040 --> 00:09:56,360
of opioids is used.

300
00:09:56,360 --> 00:09:57,560
So wait a minute, this is

301
00:09:57,560 --> 00:09:59,510
a downward spiral that

302
00:09:59,510 --> 00:10:01,820

must accelerate kind
of quickly if you,

303

00:10:01,820 --> 00:10:04,730
your tolerance is
being developed and

304

00:10:04,730 --> 00:10:08,480
the use of the opioids
creates more pain.

305

00:10:08,480 --> 00:10:10,070
Is that what you're
saying? That is

306

00:10:10,070 --> 00:10:11,510
what I am saying.
Oh my gosh.

307

00:10:11,510 --> 00:10:12,830
So this is, these are

308

00:10:12,830 --> 00:10:14,480
really important
concepts because

309

00:10:14,480 --> 00:10:15,950
I think that it's

310

00:10:15,950 --> 00:10:17,210
really important
to remember

311

00:10:17,210 --> 00:10:18,560
that keeping opioid use

312

00:10:18,560 --> 00:10:21,440
to as-needed for severe
times of pain and

313

00:10:21,440 --> 00:10:23,930
avoiding consistent
chronic dosing is

314
00:10:23,930 --> 00:10:25,280
the best prevention
for both of

315
00:10:25,280 --> 00:10:27,920
these problems, tolerance
and hyperalgesia.

316
00:10:27,920 --> 00:10:29,330
Whoa, there's a lot for

317
00:10:29,330 --> 00:10:31,640
providers to consider
then when it

318
00:10:31,640 --> 00:10:35,510
comes to prescribing
opioids for acute pain,

319
00:10:35,510 --> 00:10:36,905
if you don't want to have

320
00:10:36,905 --> 00:10:39,365
that downward spiral start.

321
00:10:39,365 --> 00:10:42,305
What should they consider
when they start off

322
00:10:42,305 --> 00:10:43,790
using or prescribing

323
00:10:43,790 --> 00:10:45,215
opioids for their patients?

324
00:10:45,215 --> 00:10:46,940
There certainly is
a lot to consider,

325
00:10:46,940 --> 00:10:48,650
Tracy, and I think that it's

326
00:10:48,650 --> 00:10:51,230
important that providers
take this seriously.

327
00:10:51,230 --> 00:10:53,570
I think these
opioids are one of

328
00:10:53,570 --> 00:10:56,060
our most important
resources

329
00:10:56,060 --> 00:10:57,080
in treating pain

330
00:10:57,080 --> 00:10:59,045
and we must be
respectful of

331
00:10:59,045 --> 00:11:00,530
both the dangers of

332
00:11:00,530 --> 00:11:02,330
opioid medications and of

333
00:11:02,330 --> 00:11:03,815
the benefits of them.

334
00:11:03,815 --> 00:11:05,720
For acute pain, only short-

335
00:11:05,720 --> 00:11:07,880
acting opioids
should be used

336
00:11:07,880 --> 00:11:10,190
and there should be
a definite plan for

337
00:11:10,190 --> 00:11:11,390
when the patient

will be taken

338

00:11:11,390 --> 00:11:12,575
off of the opioids.

339

00:11:12,575 --> 00:11:14,150
In other words,
the plan is not to

340

00:11:14,150 --> 00:11:15,950
keep extending
the use but really

341

00:11:15,950 --> 00:11:17,495
just to cover the time of

342

00:11:17,495 --> 00:11:19,760
very acute pain
that the patient is

343

00:11:19,760 --> 00:11:21,380
Experiencing. Should

344

00:11:21,380 --> 00:11:23,810
the patient need
more medication,

345

00:11:23,810 --> 00:11:24,740
another prescription

346

00:11:24,740 --> 00:11:25,880
should be written
rather than

347

00:11:25,880 --> 00:11:28,010
prescribing a large
prescription.

348

00:11:28,010 --> 00:11:29,390
What's the benefit
of doing that?

349

00:11:29,390 --> 00:11:31,385
What's the benefit of
two prescriptions?

350
00:11:31,385 --> 00:11:32,930
Yeah. So the benefit is

351
00:11:32,930 --> 00:11:34,820
that the second
prescription can

352
00:11:34,820 --> 00:11:36,650
be dated later and

353
00:11:36,650 --> 00:11:38,420
that if the patient
does not need it,

354
00:11:38,420 --> 00:11:40,280
they should be
instructed to not

355
00:11:40,280 --> 00:11:42,275
fill that prescription
and to destroy it.

356
00:11:42,275 --> 00:11:44,225
So in other words,
you're not giving them

357
00:11:44,225 --> 00:11:46,670
perhaps a bottle of
a 100 oxycodone,

358
00:11:46,670 --> 00:11:48,440
you're giving them
20 oxycodone with

359
00:11:48,440 --> 00:11:49,790
another prescription
for more

360
00:11:49,790 --> 00:11:51,110

if it's truly needed

361

00:11:51,110 --> 00:11:53,165
at the end of the
first prescription.

362

00:11:53,165 --> 00:11:56,360
There is a CDC publication

363

00:11:56,360 --> 00:11:59,375
about the length
of exposure,

364

00:11:59,375 --> 00:12:01,190
the risk that goes
along with that.

365

00:12:01,190 --> 00:12:01,820
Can you tell us

366

00:12:01,820 --> 00:12:03,980
a little bit about
that publication?

367

00:12:03,980 --> 00:12:06,620
There is. In March of 2017,

368

00:12:06,620 --> 00:12:07,730
the CDC published

369

00:12:07,730 --> 00:12:10,820
a morbidity and mortality
report on opioids.

370

00:12:10,820 --> 00:12:12,650
They looked at the
insurance records

371

00:12:12,650 --> 00:12:14,135
of 1.3 million

372

00:12:14,135 --> 00:12:15,680

Americans who are using

373

00:12:15,680 --> 00:12:17,780
opioids. And
they found that

374

00:12:17,780 --> 00:12:19,490
the longer that
a patient uses

375

00:12:19,490 --> 00:12:21,350
an acute prescription
of opioids,

376

00:12:21,350 --> 00:12:23,090
the more likely
the risk that they

377

00:12:23,090 --> 00:12:25,415
will convert to
a chronic user.

378

00:12:25,415 --> 00:12:27,695
A one day opioid
prescription

379

00:12:27,695 --> 00:12:30,635
carries a 6% risk
of use at one year.

380

00:12:30,635 --> 00:12:32,090
But if the patient uses

381

00:12:32,090 --> 00:12:33,695
the prescription for up,

382

00:12:33,695 --> 00:12:35,090
for up to eight days,

383

00:12:35,090 --> 00:12:37,280
there's a 13.5% risk

384

00:12:37,280 --> 00:12:39,290
of using them for
longer than a year.

385
00:12:39,290 --> 00:12:41,270
So you can see
this is where

386
00:12:41,270 --> 00:12:43,280
the concept as derived that

387
00:12:43,280 --> 00:12:45,560
the patient should receive
either a three-day

388
00:12:45,560 --> 00:12:47,000
prescription maximally

389
00:12:47,000 --> 00:12:48,605
or a seven-day
prescription

390
00:12:48,605 --> 00:12:50,045
absolutely maximally.

391
00:12:50,045 --> 00:12:52,280
Additionally, if
the patient is kept

392
00:12:52,280 --> 00:12:54,755
on the, on the opioid
for one month,

393
00:12:54,755 --> 00:12:56,180
say after their surgery

394
00:12:56,180 --> 00:12:57,170
or after their injury,

395
00:12:57,170 --> 00:13:00,110
they have a 30% risk
of continuing to use

396
00:13:00,110 --> 00:13:02,240
these medications
a year later.

397
00:13:02,240 --> 00:13:04,550
I recently heard a
statistic that if you're

398
00:13:04,550 --> 00:13:05,990
a smoker, and this

399
00:13:05,990 --> 00:13:06,620
maybe it would be

400
00:13:06,620 --> 00:13:07,970
the one thing that
would get you to quit,

401
00:13:07,970 --> 00:13:09,920
but that smokers can

402
00:13:09,920 --> 00:13:11,960
experience worse levels

403
00:13:11,960 --> 00:13:13,310
of pain, the non-smokers.

404
00:13:13,310 --> 00:13:14,645
Is that, is that true?

405
00:13:14,645 --> 00:13:15,470
That is true.

406
00:13:15,470 --> 00:13:17,120
It's a really
interesting phenomenon,

407
00:13:17,120 --> 00:13:19,460
but smoking does seem
to be related to pain

408

00:13:19,460 --> 00:13:21,560
and this is a focus of

409
00:13:21,560 --> 00:13:24,305
intense investigation
at this time.

410
00:13:24,305 --> 00:13:26,390
Lots is being published
on this topic.

411
00:13:26,390 --> 00:13:28,145
We do know that smokers

412
00:13:28,145 --> 00:13:30,635
experience increased
pain intensity

413
00:13:30,635 --> 00:13:32,510
and often worst decrements

414
00:13:32,510 --> 00:13:33,875
in their functional status,

415
00:13:33,875 --> 00:13:36,620
the non-smokers do when
they experience pain.

416
00:13:36,620 --> 00:13:38,090
Is there any theories

417
00:13:38,090 --> 00:13:39,905
right now as to
why that might be?

418
00:13:39,905 --> 00:13:41,720
How about mental health?

419
00:13:41,720 --> 00:13:44,270
How does mental health
effect, I mean,

420

00:13:44,270 --> 00:13:46,430
when you are experiencing
chronic pain and

421
00:13:46,430 --> 00:13:49,070
definitely affects
your emotional state.

422
00:13:49,070 --> 00:13:51,140
How is that related,
or is it?

423
00:13:51,140 --> 00:13:52,850
I often empathized with

424
00:13:52,850 --> 00:13:55,310
my patients and
telling them that I

425
00:13:55,310 --> 00:13:56,870
understand that
it's depressing

426
00:13:56,870 --> 00:13:58,370
to be in pain all the time.

427
00:13:58,370 --> 00:14:02,000
So if patients genuinely
have chronic pain or

428
00:14:02,000 --> 00:14:03,620
a syndrome leading
to that or

429
00:14:03,620 --> 00:14:04,760
a diagnosis that leads

430
00:14:04,760 --> 00:14:05,810
them to have chronic pain,

431
00:14:05,810 --> 00:14:08,240
it is depressing.
Depression

432
00:14:08,240 --> 00:14:09,470
is certainly
correlated with

433
00:14:09,470 --> 00:14:11,165
chronic pain in studies.

434
00:14:11,165 --> 00:14:12,800
Now this might be
a little bit of

435
00:14:12,800 --> 00:14:15,335
a chicken and egg argument,
which came first.

436
00:14:15,335 --> 00:14:16,820
Did the untreated
depression

437
00:14:16,820 --> 00:14:19,040
contribute to them
having worst pain

438
00:14:19,040 --> 00:14:21,395
and poorer
functional status or

439
00:14:21,395 --> 00:14:22,940
does pain contribute to

440
00:14:22,940 --> 00:14:25,310
depression and worsen
the depression?

441
00:14:25,310 --> 00:14:27,620
The same is probably
true for anxiety

442
00:14:27,620 --> 00:14:29,900
and other psychiatric
disorders as well.

443
00:14:29,900 --> 00:14:31,820
One thing that we
do know is that

444
00:14:31,820 --> 00:14:33,500
these patients
are at high risk

445
00:14:33,500 --> 00:14:34,220
if they are started

446
00:14:34,220 --> 00:14:35,840
on chronic opioid therapy.

447
00:14:35,840 --> 00:14:37,370
They're at much
higher risk than

448
00:14:37,370 --> 00:14:40,760
other patients of
opioid misuse and of

449
00:14:40,760 --> 00:14:43,460
opioid addiction
or of overdose on

450
00:14:43,460 --> 00:14:44,630
opioids than patients

451
00:14:44,630 --> 00:14:46,595
without psychiatric
disorders.

452
00:14:46,595 --> 00:14:48,200
I recall in the
first podcast

453
00:14:48,200 --> 00:14:49,340
you said that before

454
00:14:49,340 --> 00:14:50,750
a patient should be

455
00:14:50,750 --> 00:14:52,009
given a prescription,

456
00:14:52,009 --> 00:14:53,465
they should look at the

457
00:14:53,465 --> 00:14:55,220
is there an
addiction issue

458
00:14:55,220 --> 00:14:56,570
or other mental
health issues

459
00:14:56,570 --> 00:14:57,935
and that's what you
are talking about.

460
00:14:57,935 --> 00:14:59,030
That's very true.

461
00:14:59,030 --> 00:15:00,455
If patients have untreated

462
00:15:00,455 --> 00:15:02,120
mental health disorders,

463
00:15:02,120 --> 00:15:03,920
those most certainly
require treatment

464
00:15:03,920 --> 00:15:06,245
before considering
chronic opioid therapy.

465
00:15:06,245 --> 00:15:07,910
Further, if patients
have a history of

466
00:15:07,910 --> 00:15:09,890
polysubstance abuse or are

467
00:15:09,890 --> 00:15:11,630
at risk for
polysubstance abuse

468
00:15:11,630 --> 00:15:14,300
or substance
abuse, there should

469
00:15:14,300 --> 00:15:16,100
be tremendous care taken

470
00:15:16,100 --> 00:15:17,570
to treating them
with opioids.

471
00:15:17,570 --> 00:15:19,490
What about if a...if

472
00:15:19,490 --> 00:15:21,800
a person has addiction
in their family,

473
00:15:21,800 --> 00:15:23,750
in their genetics, but they

474
00:15:23,750 --> 00:15:24,890
themselves have not had

475
00:15:24,890 --> 00:15:26,135
problems with addiction.

476
00:15:26,135 --> 00:15:28,160
Is that considered? It is.

477
00:15:28,160 --> 00:15:30,350
It is a risk for
opioid therapy and

478
00:15:30,350 --> 00:15:33,095
for risk of
substance abuse.

479
00:15:33,095 --> 00:15:35,630
Probably there's
a genetic link,

480
00:15:35,630 --> 00:15:37,280
probably some of
it's environmental,

481
00:15:37,280 --> 00:15:39,110
but I do think it's
worthy of discussion with

482
00:15:39,110 --> 00:15:41,150
the patients; that
you're concerned about

483
00:15:41,150 --> 00:15:43,040
their risk of
addiction with opioids

484
00:15:43,040 --> 00:15:44,420
given their family history

485
00:15:44,420 --> 00:15:46,025
of polysubstance abuse.

486
00:15:46,025 --> 00:15:48,800
What about alternative
therapies,

487
00:15:48,800 --> 00:15:51,020
alternative treatments

488
00:15:51,020 --> 00:15:52,790
for chronic pain?

489
00:15:52,790 --> 00:15:54,800
There are many
conservative and

490
00:15:54,800 --> 00:15:56,210

alternative
treatments for pain.

491
00:15:56,210 --> 00:15:57,590
Opioids are not the answer

492
00:15:57,590 --> 00:15:58,730
to treating chronic pain.

493
00:15:58,730 --> 00:16:02,900
Opioids should be,
frankly, quote, unquote,

494
00:16:02,900 --> 00:16:04,865
last resort for
chronic pain,

495
00:16:04,865 --> 00:16:07,235
we should exhaust other
modalities first.

496
00:16:07,235 --> 00:16:08,900
There are many
modalities available

497
00:16:08,900 --> 00:16:10,910
from physical
therapy techniques,

498
00:16:10,910 --> 00:16:14,375
exercise, yoga,
massage, acupuncture,

499
00:16:14,375 --> 00:16:16,490
and various complimentary
medicine techniques

500
00:16:16,490 --> 00:16:18,950
have proven to be helpful
for some patients.

501
00:16:18,950 --> 00:16:19,880
We do know that

502
00:16:19,880 --> 00:16:21,320
cognitive behavioral
therapy is

503
00:16:21,320 --> 00:16:23,345
particularly
important to patients

504
00:16:23,345 --> 00:16:25,100
and there are many pain

505
00:16:25,100 --> 00:16:26,600
rehabilitation programs or

506
00:16:26,600 --> 00:16:27,890
pain therapy programs where

507
00:16:27,890 --> 00:16:29,270
cognitive behavioral
therapy is

508
00:16:29,270 --> 00:16:31,805
a considerable component.

509
00:16:31,805 --> 00:16:34,520
Further, biofeedback
and group therapy

510
00:16:34,520 --> 00:16:36,830
can be very useful
for patients.

511
00:16:36,830 --> 00:16:38,720
That beginning of that list

512
00:16:38,720 --> 00:16:40,190
you talked about
their exercise,

513
00:16:40,190 --> 00:16:41,960
yoga, massage,

and acupuncture.

514

00:16:41,960 --> 00:16:43,220
That sounds like a day at

515

00:16:43,220 --> 00:16:45,470
the spa that some people
would, I think. It's

516

00:16:45,470 --> 00:16:49,220
interesting to have
that be considered a

517

00:16:49,220 --> 00:16:51,110
shift kind of in that
and that this is

518

00:16:51,110 --> 00:16:53,210
actually how you can
help control pain

519

00:16:53,210 --> 00:16:55,010
in addition to be

520

00:16:55,010 --> 00:16:56,990
relaxing or enjoyable
for some people.

521

00:16:56,990 --> 00:16:58,250
Well, that's true Tracy,

522

00:16:58,250 --> 00:16:59,570
but what I most commonly

523

00:16:59,570 --> 00:17:01,100
hear from patients
with chronic pain is

524

00:17:01,100 --> 00:17:03,350
that they could not
possibly engage in any of

525

00:17:03,350 --> 00:17:04,730
those activities
because they

526
00:17:04,730 --> 00:17:06,515
simply hurt too
much to do it.

527
00:17:06,515 --> 00:17:09,020
I think in those
cases that's

528
00:17:09,020 --> 00:17:11,630
just walking or
engagement in

529
00:17:11,630 --> 00:17:13,130
a physical therapy
program where

530
00:17:13,130 --> 00:17:14,660
the therapists can
help construct

531
00:17:14,660 --> 00:17:17,450
an appropriate, progressive
exercise program

532
00:17:17,450 --> 00:17:19,190
for the patient is
very important.

533
00:17:19,190 --> 00:17:21,020
Sometimes though, patients
are going to need

534
00:17:21,020 --> 00:17:23,030
other modalities
before they

535
00:17:23,030 --> 00:17:24,680
can engage in exercise.

536

00:17:24,680 --> 00:17:26,000
That's where interventional

537
00:17:26,000 --> 00:17:27,320
options may come into

538
00:17:27,320 --> 00:17:30,875
play, or other medical
options than opioids.

539
00:17:30,875 --> 00:17:32,750
If you've got a
prescription for

540
00:17:32,750 --> 00:17:34,640
opioids and you can talk

541
00:17:34,640 --> 00:17:35,660
with your doctor about I'm

542
00:17:35,660 --> 00:17:36,950
taking one pill or I'm

543
00:17:36,950 --> 00:17:38,240
taking three
pills or whatever

544
00:17:38,240 --> 00:17:39,770
per day. Here's
what's happening.

545
00:17:39,770 --> 00:17:42,155
How do you manage

546
00:17:42,155 --> 00:17:44,120
or how do you work
with your doctor

547
00:17:44,120 --> 00:17:46,250
about I'm doing
yoga now and

548

00:17:46,250 --> 00:17:48,635
this is happening or
this is not working?

549
00:17:48,635 --> 00:17:50,120
How do you manage

550
00:17:50,120 --> 00:17:52,250
some of these
alternative therapies?

551
00:17:52,250 --> 00:17:54,530
Yeah, I think most

552
00:17:54,530 --> 00:17:56,180
physicians and
providers will

553
00:17:56,180 --> 00:17:58,730
be engaged with
a patient in

554
00:17:58,730 --> 00:17:59,810
trying to seek out

555
00:17:59,810 --> 00:18:01,610
alternative
therapies for them.

556
00:18:01,610 --> 00:18:03,380
I think that
functional status

557
00:18:03,380 --> 00:18:04,460
is very important to

558
00:18:04,460 --> 00:18:05,930
assess every
time that we see

559
00:18:05,930 --> 00:18:07,910
a patient and follow
up with chronic pain,

560
00:18:07,910 --> 00:18:09,350
we should be seeing whether

561
00:18:09,350 --> 00:18:11,210
they're functional,
functioning better.

562
00:18:11,210 --> 00:18:12,845
If they're
functioning better,

563
00:18:12,845 --> 00:18:14,210
that may be an indication

564
00:18:14,210 --> 00:18:15,740
to continue opioid therapy.

565
00:18:15,740 --> 00:18:17,180
It may be that
those opioids are

566
00:18:17,180 --> 00:18:18,890
really helping them
to function better.

567
00:18:18,890 --> 00:18:20,510
But it may also
be an indication

568
00:18:20,510 --> 00:18:21,830
that it's time to wean; that

569
00:18:21,830 --> 00:18:22,970
the patient is doing better

570
00:18:22,970 --> 00:18:24,260
on their own and would

571
00:18:24,260 --> 00:18:27,185
do well with a lesser
dose of opioids.

572
00:18:27,185 --> 00:18:29,225
I think that regardless
how you approach it,

573
00:18:29,225 --> 00:18:30,260
that a comprehensive,

574
00:18:30,260 --> 00:18:31,670
multidisciplinary approach

575
00:18:31,670 --> 00:18:32,960
to pain management
is really

576
00:18:32,960 --> 00:18:34,370
the key for patients.

577
00:18:34,370 --> 00:18:36,230
And it can be really
difficult when

578
00:18:36,230 --> 00:18:38,090
resources are
limited and it

579
00:18:38,090 --> 00:18:39,635
may take some real

580
00:18:39,635 --> 00:18:40,970
investigation
on the part of

581
00:18:40,970 --> 00:18:42,530
the patients and
the providers to

582
00:18:42,530 --> 00:18:44,569
be prepared to
approach that.

583
00:18:44,569 --> 00:18:46,460

We have been
talking with Dr.

584
00:18:46,460 --> 00:18:49,205
Dr. Halena Gazelka
on Mayo Clinic Talks.

585
00:18:49,205 --> 00:18:50,210
Dr. Gazelka is

586
00:18:50,210 --> 00:18:52,280
a anesthesiologists,
boarded in pain

587
00:18:52,280 --> 00:18:53,810
and palliative medicine at

588
00:18:53,810 --> 00:18:55,445
Mayo Clinic in Rochester.

589
00:18:55,445 --> 00:18:56,180
Thanks so much for

590
00:18:56,180 --> 00:18:57,500
your time today,
Dr. Gazelka.

591
00:18:57,500 --> 00:18:58,700
Thank you so much, Tracy.

592
00:18:58,700 --> 00:19:00,470
It's been a pleasure.
Remember, if

593
00:19:00,470 --> 00:19:02,195
you enjoyed this podcast,

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share with a friend.

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00:19:04,685 --> 00:19:06,080

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00:19:15,950 --> 00:19:20,460
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