

**PAIN MANAGEMENT IN HEALTH CARE PROFESSIONALS
PART 1**

MYRTLE H GREENE, LMHC,CAP,ICADC
INTERVENTION PROJECT FOR NURSES

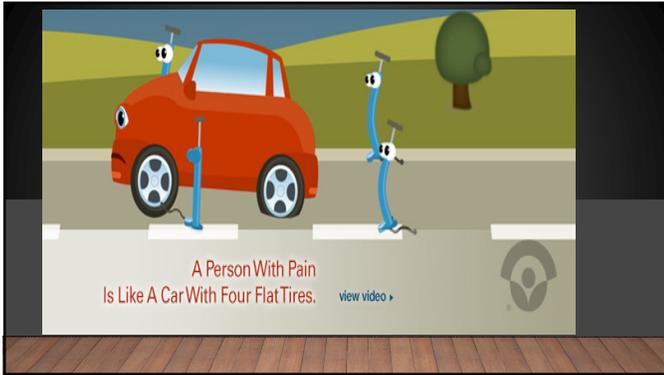


PART 1 OBJECTIVES

- Define and identify the characteristics of Chronic Pain
- Nationwide and Statewide Influence
- Describe how IPN manages the diagnosis and treatment of nurses with chronic pain from the Intake process thru monitoring
- IPN Policies to manage nurses with a chronic pain diagnoses

PART 2 OBJECTIVES

- How the impairment risks safety to practice, medication risks and some of the physical signs of drug related
- Pain medication's influence on; motor skills, cognitive functioning, behavioral changes and neuroscience as it relates to the treatment of chronic pain
- Importance of establishing accurate pain and potential SUD disorder diagnoses and the use of medications (muscle relaxants, non-controlled and adjunctive meds) to avoid problems of identify relapse
- The role of various opioids and partial opioid agonists (such as buprenorphine or buprenorphine/naloxone medications)



CHRONIC PAIN DEFINITION/CHARACTERISTICS

- **Chronic pain** can be defined as ongoing or recurrent pain, lasting beyond the usual course of acute illness or injury or more than 3 to 6 months, and which adversely affects the individual's well-being.
- A simpler definition for chronic or persistent pain is pain that continues when it should not. (IASP 2004)
- Pain is the most common reason for seeking health care and as a presenting complaint accounts for up to 78% of ED visits • 50% + of EMS runs
- Unrelieved pain impedes recovery from injury and illness, interferes with physical functioning and productivity, impairs mental cognition, and can destroy quality of life.
- Intensely personal and unique experience, (ASAM 2014)

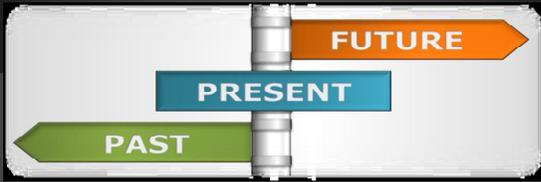
A POPULATION AT RISK

- Pain is cited as the most common reason Americans access the health care system. It is a leading cause of disability and it is a major contributor to health care costs.
- According to the National Center for Health Statistics (2006), approximately 76.2 million, one in every four Americans, have suffered from pain that lasts longer than 24 hours and millions more suffer from acute pain.

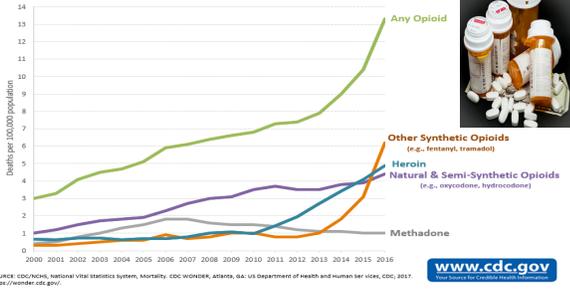
PAIN DIAGNOSIS

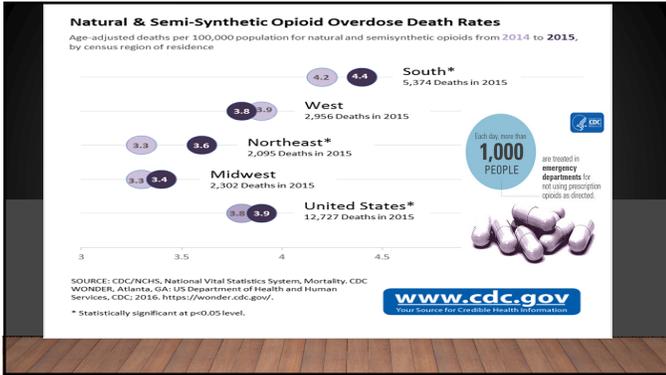
- Pain is a very personal and subjective experience. There is no test that can measure and locate pain with precision. So, health professionals rely on the patient's own description of the type, timing, and location of pain
- Correlation between pain and emotions (ex. anger or anxiety) can increase acute pain due to the activation of sympathetic arousal (ASAM 2014)
- Multiple points of interface exist between addiction and pain. The effects especially pertinent addicted to opioid drugs.

PAIN MANAGEMENT



Overdose Deaths Involving Opioids, by Type of Opioid, United States, 2000-2016



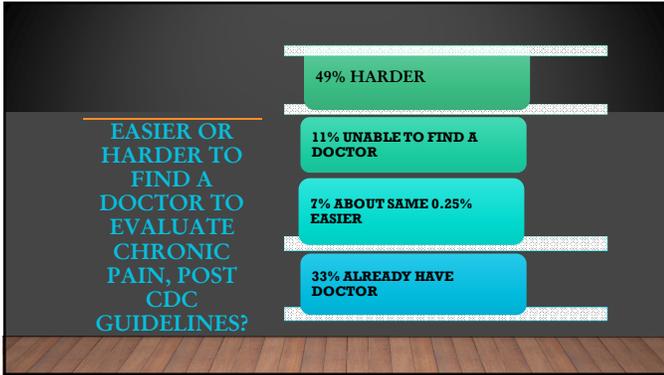


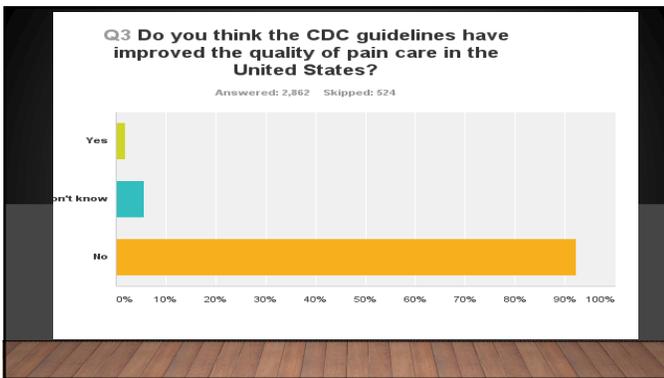
HEALTH CARE PROFESSIONALS AT RISK

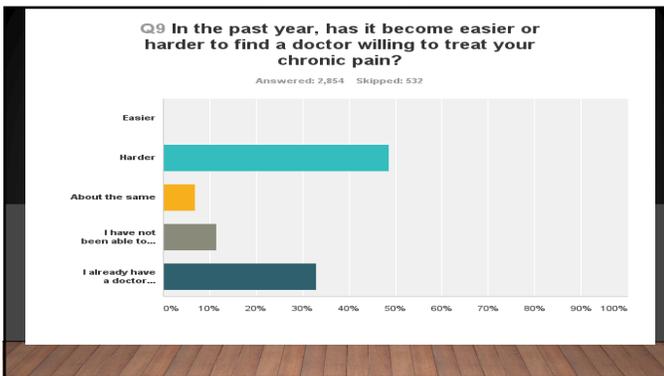
- Fear of opioid addiction and drug side effects exists among practitioners
- 52 percent complain of chronic back pain
- The Bureau of Labor Statistics lists RNs highest at risk for musculoskeletal disorders.
- 12 percent of nurses "leaving for good" because of back pain as main contributory factor
- 20% transferred to a different unit, position, or employment because of lower back pain, 12 percent considering leaving profession
- 38 percent suffered occupational-related back pain severe enough to require leave from work 11 percent of RNs reported even changing jobs for neck, shoulder and back problems, respectively.

FEDERAL PANEL SUPPORTS CDC

- IN 2016, Federal Govt supported the [CDC guidelines](#) suggest doctors prescribe opioids only after other treatments fail.
- The proposal also suggests doctors start patients on short-acting opioids — instead of extended-release, long-acting opioids —
- Initially prescribe the lowest possible effective dosage. Federal panel supports CDC guidelines for opioid prescribing



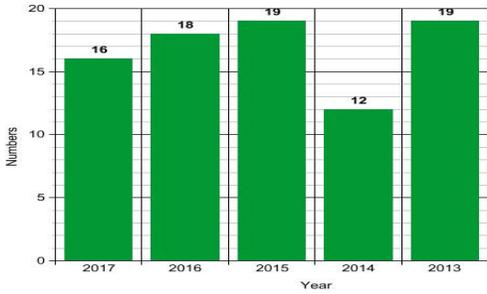




INTAKE PROCESS

- 2003 to 2017 – 415
- IPN recognizes an obligation to protect patients from harm and requires nurses diagnosed with acute or chronic pain, and are being treated with opiates, should be thoroughly evaluated for fitness to work.
- Pain management specialist is a physician with special training in evaluation, diagnosis, and treatment of all different types of pain preferably with addiction experience
- Neuropsychological evaluation and clearance to return to nursing practice.
- An evaluation should provide an accurate and objective assessment of impairment, provide a diagnosis, and describe limits or specific capabilities.
- Remain under chronic pain specialist care while in IPN Monitoring
- EFORSCE- PDMP Database
- Referral / Collateral Information

IPN Participants DX with Chronic Pain



Chronic Pain Diagnosis



FLORIDA OPIOID EPIDEMIC

- In 2010: 98/100 top oxycodone dispensing physicians in U.S. "practiced" in Florida
- By far, more oxycodone was dispensed in Florida than in the remaining 49 states combined
- In Florida, 8 to 10 people die daily from opioid overdose



FLORIDA INITIATIVE

- 2009: - PDMP database created (SB 440). 2016- Legislation was passed giving IPN access
- 2011: - Governor creates Drug Enforcement Strike Force - Legislation to regulate the distribution of controlled substances by physicians, pain management clinics, pharmacies, and wholesale drug distributors (HB 7095)
- 2012: - 911 Good Samaritan Act grants immunity to individuals seeking treatment for drug overdose for themselves or others (SB 278)
- 2015: - Emergency Treatment for Opioid Overdose Act allows first responders, caregivers, and patients to purchase and administer naloxone (HB 751) - Regulation of pain management clinics made permanent (SB 450)
- 2016: - Health insurance coverage for opioids requires coverage for abuse deterrent drugs in parity with other prescribed medications (SB 422) - Physicians' and pharmacists' designees may access PDMP (SB 964) - Needle exchange pilot program in Miami-Dade authorized (SB 242) - Naloxone expanded through pharmacy standing order (HB1241) - Florida enters into "Compact to Fight Opioid Addiction" with 42 states

IPN EVALUATORS LIST



EVALUATION PROCESS

Reasonable and observable conclusions that the HCP does not present a significant threat to patient safety.

Evaluator should assess for psychiatric comorbidities that are often associated with CP and SUD such as anxiety, depression, PTSD, and somatoform disorders

CHRONIC PAIN/ADDICTION

Chronic pain and addiction are not static conditions, both fluctuate in intensity over time and require ongoing management.

Treatment for one condition can support or conflict with treatment for the other

Both have significant behavioral components and may have serious consequences if untreated.

Both require multifaceted treatment

DR. ANNA LEMBKE, STANFORD CHIEF MEDICAL OFFICER

Dr. Anna Lembke, Stanford's pain clinic and is chief of the Stanford Addiction Medicine Dual Diagnosis Clinic, published: *Drug Dealer, MD: "How Doctors Got Duped, Patients Got Hooked, and Why It's Hard to Stop."* (2016)

Patients to perceive pain even after the original cause of pain has cleared and free of pain only once they have endured the often agonizing effects of opioid withdrawal.

Chronic pain patients who have not yet started on opioids, she said, should only take them intermittently — "like every three days or so" — to avoid addiction.

Patients with chronic pain who have taken opioids daily for long periods may never be able to break their dependence on the drugs, and may need permanent doses of medications like Suboxone, which is commonly given to people with opioid addictions.

TREATMENT

- The number of persons receiving substance use treatment for prescription opioids rose from 360,000 in 2002, representing 10.3 percent of the total treatment population, to 772,000 (18.6 percent) in 2014 .
- More than 76 million people in the United States live with chronic pain, but surveys show that almost half of them receive no treatment.
- Medications, acupuncture, electrical stimulation, nerve blocks, or surgery are some treatments used for chronic pain.
- Less invasive psychotherapy, relaxation therapies, biofeedback, and behavior modification may also be used to treat chronic pain. These methods can be powerful and effective in some people.
- When it comes to chronic pain treatment, many people find adding complementary or alternative medicine (CAM) approaches can provide additional relief. These may include tai chi, acupuncture, meditation, massage therapies, and similar treatments.
- Nonsteroidal anti-inflammatory drugs first. **Opioids** should only be used if the potential benefits outweigh AND SAFETY TO PRACTICE HAS BEEN ADDRESSED

GUIDELINES FOR CHRONIC PAIN

In 2017 the American College of Physicians (ACP)

Non-Opioid Analgesics: Acetaminophen

Non-Opioid Analgesics: NSAIDs (ibuprofen etc..)

Topical NSAIDs (joint pain)

Muscle relaxants

Lidocaine patch

Anticonvulsants for neuropathic pain

TREATING PSYCHIATRIC COMORBIDITIES

- Preexisting psychiatric disorders that may have worsened with the chronic pain and or SUD
- All 3 must be included in the treatment and monitoring plan
- 2014 -2017 (17 of the 65 participants with Chronic Pain)
- Opioids provide relief, however the drawbacks are risk of addiction or addiction relapse, Opioids therapy alone rarely shows 1/3 pain reduction, but it is one part of a multidimensional approach

TREATING HCP IN MEDICATION ASSISTED RECOVERY (MAT)

Goals are the same: reduce pain and craving and improve function

Evaluators will often recommend nonpharmacological and non-opioid therapies

Treat Comorbidities

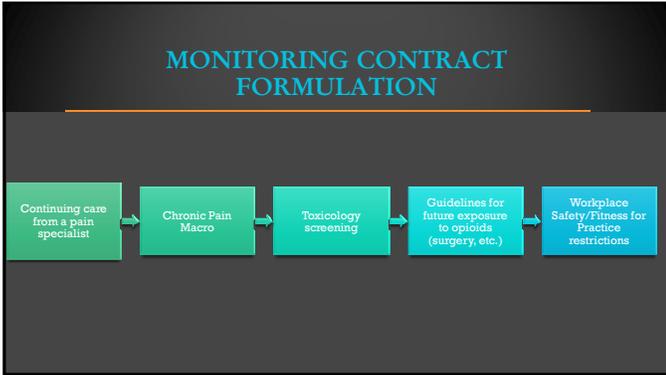
DISCONTINUATION OF OPIOID THERAPY

- Opioids are no longer effective
- No longer stabilize the person or improve function
- Lost of control over the medication
- Diversion of the medication
- Use of alcohol, benzos, or illicit drugs
- Adverse effects are unmanageable

CHRONIC PAIN ADDED TO THE LIST OF 10 CONDITIONS THAT QUALIFY FOR MEDICAL MARIJUANA USAGE

STATE MARIJUANA LAWS IN 2018

Legend:
■ MEDICAL MARIJUANA LEGALIZED
■ MEDICAL MARIJUANA LEGALIZED FOR RECREATIONAL USE
■ NO BROAD LAWS LEGALIZING MARIJUANA



CONTRACT FORMULATION

MEDICATION

- **Suboxone is used for pain management and contains buprenorphine and naloxone**
- **Buprenorphine comes in two forms: Subutex, which is composed of only buprenorphine, and Suboxone, which is a combination of buprenorphine and naloxone. Subutex and Suboxone are methadone-like medications that allow patients to detoxify from opiates without becoming ill with withdrawal symptoms.**
- **Suboxone Policy for HCP monitoring**
- **IPN Medical Director Review**

FLORIDA LEGISLATIVE POLICY UPDATES

REPORTING ON DRUG OVERDOSES

MANDATORY MINIMUM SENTENCING FOR FENTANYL TRAFFICKING

REPORTING DISPENSING OF A CONTROLLED SUBSTANCE

MARKETING PRACTICE FOR TREATMENT PROVIDERS

EFORSCE- FLORIDA PDMP

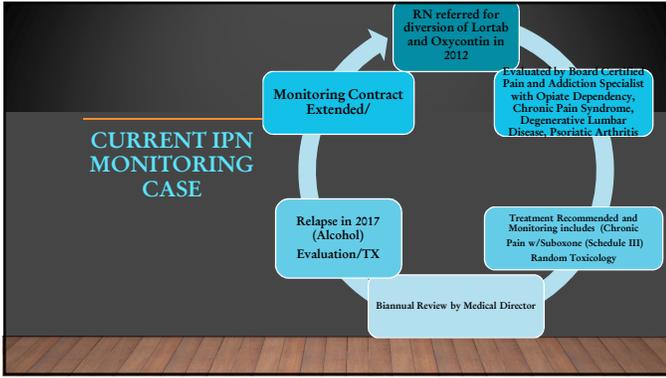
- The prescription drug monitoring programs are one means by which states are identifying individuals who are doctor shopping. Encourages health care practitioners to screen patients for potential drug abuse problems.
- National best practice for supporting sound clinical prescribing, dispensing and use of controlled substances
- Provides prescription history to health care practitioners to guide decisions in prescribing and dispensing
- Florida legislation access expanded to both Florida ATD programs in 2017

INTERVENTION PROJECT FOR NURSES POLICIES

- | | |
|---|--|
| <ul style="list-style-type: none"> • Short Term Use of Mood-Altering Medications • Maintenance Opioid Therapy for Narcotic Addiction • Long Term Use of Mood-Altering Medications for Medical Conditions | <ul style="list-style-type: none"> • Medication Choices • SUD diagnosis ? • Neuropsychological testing • Fitness to Practice Safely or Refrainment • Quarterly Updates • Prescription Updates reviewed |
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NURSING/ CHRONIC PAIN

- Recent research published in two journals, [The American Journal of Nursing](#) and [Clinical Nurse Specialist](#), reveals that when nurses suffer, so do their patients.
- Researchers developed a questionnaire for registered nurses working at hospitals, asking them about their own health and the extent to which their injuries or illnesses might affect their work - roughly three-quarters of the nurses experienced some level of physical pain from a muscle sprain or strain while at work. Researchers estimate that medication errors and patient falls that occurred as a result of nurses' health issues incurred as much as [\\$2 billion annually on the health care system](#).
- Diversion of medications for self





- RESOURCES**
- American Chronic Pain Association (ACPA)
 - American Academy of Pain Medicine
 - American Headache Society Committee for Headache Education (ACHE)
 - Arthritis Foundation
 - Migraine Research Foundation
 - National Headache Foundation
 - National Institute on Drug Abuse
 - The ASAM Principles of Addiction Medicine

EMILY DICKERSON, POET

Pain has an element of blank
 It knows not when it began,
 Or if there was a day when it was not
 Its infinite realms contain its past,
 Enlightened to perceive new periods of pain

THANK YOU

Myrtle Greene, Chief Operation Officer
 Intervention Project for Nurses, Inc
 P.O. Box 49130
 Jacksonville Beach, Florida 32240-9130
 Phone: (904) 270-1620 Fax (904) 270-1633
 mgreene@ipnfl.org



REFERENCES

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- ANA Position Statement - "[Elimination of Manual Patient Handling to Prevent Work-Related Musculoskeletal Disorders](#)"
- ANA Brochure - "[Preventing Back Injuries: Safe Patient Handling and Movement](#)"
- Nelson, A., Fragala, G., Menzel, N. (2003). "Myths and Facts About Back Injuries in Nursing" *American Journal of Nursing*, 103: 2.
- The US Centers for Disease Control and Prevention (CDC). CDC Guideline for Prescribing Opioids for Chronic Pain. March 15, 2016. Accessed Feb 3, 2017 at <http://www.cdc.gov/drugoverdose/prescribing/guideline.html>
