Psychological and Legal Ramifications of High-Dose Opioids in Non-Cancer Pain

Binit J. Shah, MD, FAPA
Ohio Hospital for Psychiatry
Columbus, OH
614-449-9664
Binit J. Shah, Disclosures

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Target Audience

• The overarching goal of PCSS-O is to offer evidence-based trainings on the safe and effective prescribing of opioid medications in the treatment of pain and/or opioid addiction.

• Our focus is to reach providers and/or providers-in-training from diverse healthcare professions including physicians, nurses, dentists, physician assistants, pharmacists, and program administrators.
Educational Objectives

• At the conclusion of this activity participants should be able to:
  
  o State the true percentage of addiction/aberrant behavior with opioid use
  
  o List the high rates of co-morbidity between pain and mental illness
  
  o State the legal issues involved in opioid prescribing
OPIOIDS FOR PAIN
Whatever they’re called, do they work?

• In a large epidemiologic study in Denmark, chronic pain patients using opioids had worse pain, higher health care utilization and lower activity levels than matched chronic pain patients not using opioids.¹

• Opioid use may go against important principles of chronic pain management including increased self-efficacy, reduced reliance on the health care system, reinforcement of pain behavior, and passivity and loss of autonomy by externalization of the locus of control.²


• A systematic review of randomized trials for multiple opioids utilized for managing various chronic pain conditions, showed fair evidence for tramadol in managing osteoarthritis. For all other conditions and all other drugs excluding tramadol, the evidence was poor based on either weak positive evidence or indeterminate or negative evidence.

## Myths and Facts
(www.responsibleopioidprescribing.org)

<table>
<thead>
<tr>
<th>Myth:</th>
<th>Fact:</th>
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</thead>
<tbody>
<tr>
<td>Chronic opioid therapy is supported by strong evidence</td>
<td>Evidence of long-term efficacy is limited and of low quality</td>
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<tr>
<td>Physical dependence only occurs with high doses over months</td>
<td>With daily use, dependence can occur in days or weeks</td>
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<tr>
<td>High dose (≥120 mg of morphine/day) therapy is supported by strong evidence</td>
<td>No randomized trials show long-term effectiveness in chronic non-cancer pain (CNCP)</td>
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Psychological Considerations
Co-morbidity

- Prevalence of chronic pain ranges from 30-60% in depressed patients.
- Depression (57%) is twice as common as anxiety (23%) in chronic pain.¹

• ~50% of patients with chronic pain have PTSD vs. 8% of the general population\(^1-4\)

• 40-80% of patients with PTSD have chronic pain\(^5,6\)

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Co-morbidity

• There is some evidence that patients with depression, regardless of pain condition, do not respond as well to opioid therapy as non-depressed patients.

Suicidality

• ~4% of the US general population reports SI in the past year and 0.5% attempt suicide¹

• 50% of CNCP have had serious thoughts about committing suicide²

• Smith et al, 2004: 153 adults with CNCP, clinical interview and depression inventory³
  –19% had current passive SI
  –13% had current active SI
  –5% had current plan (75% → overdose)

¹ Substance Abuse and Mental Health Services Administration, Office of Applied Sciences. (September 17, 2009). The NSDUH Report: Suicidal Thoughts and Behaviors among Adults. Rockville, MD.


Substance Abuse

• ~6% of adults have a substance use disorder.¹

• ~18% with mental illness

• ~46% of patient with CNCP have history of illicit drug use and 8-23% are current users, 12% are actively abusing opioids.²,³

¹ Substance Abuse and Mental Health Services Administration, Results from the 2011 National Survey on Drug Use and Health: Mental Health Findings, NSDUH Series H-45, HHS Publication No. (SMA) 12-4725. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.


Addiction

• In CNCP, rates were believed to be 2-18%.

• July 2011 study assessed rates of opioid abuse/dependence using both DSM-IV and proposed DSM-V criteria in CNCP:

35%
Intrathecal Pumps (ITP) and Addiction

• Literature review
  – One article from 1997 – “use of intrathecal opioid therapy for pain in individuals with histories of addiction is highly controversial.”¹

• There is no evidence or literature regarding de novo addiction, etc.
  – Informed consent for possibility of addiction and continued adherence/compliance monitoring (UDS)²
  – Minimizing dose escalation may be prudent

Medico-legal Issues

• 2013 population-based study with ~550,000 adults examined opioid use and MVA in real life driving conditions.

• Daily use of > 20 morphine equivalents (MEQ) was associated with a 21-42% increased odds of MVA in a largely dose dependent fashion.¹

What do State Medical Board members believe?

- 2004 survey\(^1\) – 57 yo, member for 5 years, \(~\)73% were physicians, 20% were “public”
  - 41% considered opioid dosages greater than those recommended in the PDR as “probably excessive and cause for concern.”
    - MS Contin, Oxycontin, Percocet “individualize dose”
    - Vicodin: “Adjust dose according to severity of pain and response”
  - 28% “would doubt the legitimacy of a physician issuing…more than one opioid for a single patient.”

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\(^1\) Gilson AM, Maurer MA, Joranson DE. State medical board members' beliefs about pain, addiction, and diversion and abuse: a changing regulatory environment. J Pain 2007;8(9):682-91.
State Medical Board Members…

- Only 28% believe physicians knowledge of pain management is adequate.

- Only 43% knew that federal law does *not* limit the amount of a Schedule II substance that can be prescribed at one time.
In Conclusion

• High rates of co-morbid depression, anxiety, PTSD and substance abuse
  o High risk of suicide with access to potentially easily lethal medications (opioid, benzos, TCAs).

• ITP therapy is not the solution for addiction
  o Addiction requires active management and altering the opioid delivery system alone can not treat the biopsychosocial and spiritual aspects of the disease.

• A contentious medico-legal atmosphere with uncertain future
References


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• Substance Abuse and Mental Health Services Administration, Office of Applied Sciences. (September 17, 2009). The NSDUH Report: Suicidal Thoughts and Behaviors among Adults. Rockville, MD.
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• Substance Abuse and Mental Health Services Administration, Results from the 2011 National Survey on Drug Use and Health: Mental Health Findings, NSDUH Series H-45, HHS Publication No. (SMA) 12-4725. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

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For questions email: [pcss-o@aaap.org](mailto:pcss-o@aaap.org)

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