Course Overview
Management of Chronic Pain: A Core Curriculum for Primary Care Providers

Sponsored by PCSS-O
American Academy of Addiction Psychiatry
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About PCSS-O

• PCSS-O is a national training and mentoring project developed in response to the prescription opioid overdose and addiction epidemic. The consortium of major stakeholders and constituency groups with interests in safe and effective use of opioid medications offers extensive experience in the treatment of substance use disorders and specifically, opioid use disorder treatment, as well as the interface of pain and opioid use disorder.

• PCSS-O makes available at no cost CME programs on the safe and effective use of opioids for treatment of chronic pain and safe and effective treatment of opioid use disorder.

• PCSS-O has over 100 webinars and online modules on various aspects related to the management of chronic pain and opioids.
Epidemiology of Chronic Pain

• >116 million Americans have pain that persists for weeks – years

• Total costs $560-635 billion/year
  - Higher than costs combined of cancer, cardiovascular disease, and diabetes
  - $100 billion annually from federal and state budgets

Definition of Chronic Pain

• The International Association for the Study of Pain defines chronic pain as pain which lasts beyond the ordinary duration of time that an insult or injury to the body needs to heal.

• Other definitions of chronic pain are also used.

• Persistent pain which can either be continuous or recurrent and of sufficient duration and intensity to adversely affect a patient’s well-being, level of function, and quality of life.
Chronic Non-cancer Pain (CNCP)

- Also called chronic non-terminal pain.

- Chronic non-cancer pain encompasses pain associated with a wide diversity of conditions not associated with active cancer or terminal pain.

- CNCP shares common treatment goals for pain relief and improvement in physical and psychological functioning.
Chronic Non-cancer Pain (CNCP)

- Approximately 40% of patients report inadequate pain control for their pain, resulting in significant disruptions of daily function.

**AND**

- Nearly half of chronic pain caused visits are to PCPs, yet these providers express marked concerns regarding:
  1) How to best manage CNCP
  2) Concern about abuse of prescription opioids
  3) Concern on the burden of care represented by CNCP patients

Worrisome Trends and Associations

CDC. MMWR Nov 4, 2011 / 60(43);1487-1492.
Recent Opioid Overdose Trends

Opioid Overdose Trends, 2000-2013

Source: CDC/NCHS National Vital Statistics System NCHS Data Brief, No. 190, March 2015
Opioids in Perspective

- The efficacy and safety of chronic opioid therapy for chronic pain has been *inadequately studied*.

- Opioids for chronic pain…
  - help *some* patients, but the benefits may be short-lived
  - in some studies have not been found to provide greater relief than non-opioid alternatives
  - can seriously harm patients
  - are only one tool for managing severe chronic pain
  - may be indicated when alternative safer treatment options are inadequate
The Pain Medication Conundrum

Opinion The New York Times

• Under treating pain, we are admonished, violates the basic ethical principles of medicine. On the other hand, we are lambasted for overprescribing pain medications enabling addicts and creating an epidemic of overdose deaths.

• For patients with chronic pain, especially those with syndromes that don’t fit into neat clinical boxes, being judged by doctors to see if they “merit” medication is humiliating and dispiriting. It’s equally dispiriting for doctors. This type of judgment, with its moral overtones and suspicions, is at odds with the doctor-patient relationship we work to develop.

  ▪ As Mr. W. and I sat there sizing each other up, I could feel our reserves of trust beginning to ebb. I was debating whether his pain was real or if he was trying to snooker me. He was most likely wondering whether I would believe him...

• Pain …cannot be “objectively” verified. Complicated circumstances…do not fit easily into a handy treatment algorithm. [There is] a shortage of pain specialists. Insurance plans …cover prescriptions more readily than they cover physical therapy, acupuncture or massage. [Our] reimbursement system…does not prioritize thorough discussions.
“My chronic pain isn’t a crime”

I will be in chronic pain until I die…I accept it.

Pain medication is inadequate. But with it I am more consistently functional (homeowner, spouse, parent, teacher, writer, editor).

Abuse of prescription pain medications is a serious problem; people are dying.

Ever-tighter regulations…are of dubious value in reducing [abuse] – while causing grave harm to those of us in chronic pain, to the overwhelming majority who take medications for appropriate reasons.

Increasingly I am a suspect, treated less as a patient and more as a criminal.
Purpose of this Training

• Provide PCPs a set of 11 “Core Topics” for chronic pain management
  ▪ Distill critical information from several other PCSS-O webinars and online modules
• Provide PCPs high yield, fundamental principles and tools to manage and evaluate chronic pain using a multimodal approach within a sociopsychobiological context
• Provide guidelines for the use of opioids for chronic pain
• Describe the risks, benefits, and alternatives of opioids for chronic pain
• Provide guidance for the management of refractory chronic pain in the primary care setting
• Lay a foundation for the understanding of the management of pain in the setting of addiction

*Carr, DB. Anesthesiology 2014; 120:12-4.
Educational Objectives

At the conclusion of these activities participants should be able to:

- Identify key features and mitigating factors in the development of chronic pain
- Indicate basic mechanisms of chronic pain
- Recognize how to safely and effectively prescribe opioids in a primary care setting
- Describe keys to effective communication about pain
- Describe the fundamentals of opioid risk assessment
- Summarize the basics of pain management in special populations like pregnancy, adolescents, people with substance use disorders
Management Chronic Pain: Core Topics

1. Basics of Chronic Pain and Chronic Pain Evaluation
2. Basic Tenets of Pain Treatments
3. Opioid Therapy for Pain: An Evidence Review
4. Opioid Pharmacology and Dosing Management
5. Opioid Risk Assessment, Mitigation, and Management
6. Understanding and Assessing Opioid Use Disorder in Patients with Chronic Pain
7. Pain and Opioid Use Disorder Management
   • Opioids for Pain Treatment in Persons with Opioid Use Disorder
   • Managing Pain in the Patient with Opioid Use Disorder: Inpatient Management
8. Motivational Interviewing in Managing Pain
9. Stress, Relaxation, and Mindful Breathing: A Primer
10. Keys to Communication Success in Opioid Management
11. Special Populations:
    • Managing Patients with Pain and Psychiatric Co-Morbidity
    • Pain Medication and Adolescents: Special Considerations
What to expect

- Each topic will follow at least one clinical case
- Curriculum topics are not sequential, so topics can be viewed in any order
- Recordings for each topic will be available to participants
- Links to more detailed webinars on specific topics will be provided
References

PCSS-O Colleague Support Program and Listserv

- PCSS-O Colleague Support Program is designed to offer general information to health professionals seeking guidance in their clinical practice in prescribing opioid medications.

- PCSS-O Mentors comprise a national network of trained providers with expertise in addiction medicine/psychiatry and pain management.

- Our mentoring approach allows every mentor/mentee relationship to be unique and catered to the specific needs of both parties.

- The mentoring program is available at no cost to providers.

For more information on requesting or becoming a mentor visit: [www.pcss-o.org/colleague-support](http://www.pcss-o.org/colleague-support)

- Listserv: A resource that provides an “Expert of the Month” who will answer questions about educational content that has been presented through PCSS-O project. To join email: pcss-o@aaap.org.
PCSS-O is a collaborative effort led by American Academy of Addiction Psychiatry (AAAP) in partnership with: Addiction Technology Transfer Center (ATTC), American Academy of Neurology (AAN), American Academy of Pain Medicine (AAPM), American Academy of Pediatrics (AAP), American College of Physicians (ACP), American Dental Association (ADA), American Medical Association (AMA), American Osteopathic Academy of Addiction Medicine (AOAAM), American Psychiatric Association (APA), American Society for Pain Management Nursing (ASPMN), International Nurses Society on Addictions (IntNSA), and Southeast Consortium for Substance Abuse Training (SECSAT).

For more information visit: [www.pcss-o.org](http://www.pcss-o.org)
For questions email: [pcss-o@aaap.org](mailto:pcss-o@aaap.org)

Twitter: [@PCSSProjects](https://twitter.com/PCSSProjects)

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