



Biopsychosocial approach to pain

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HIGHLAND EMERGENCY

DEPARTMENT OF EMERGENCY MEDICINE
ALAMEDA HEALTH SYSTEM - HIGHLAND HOSPITAL





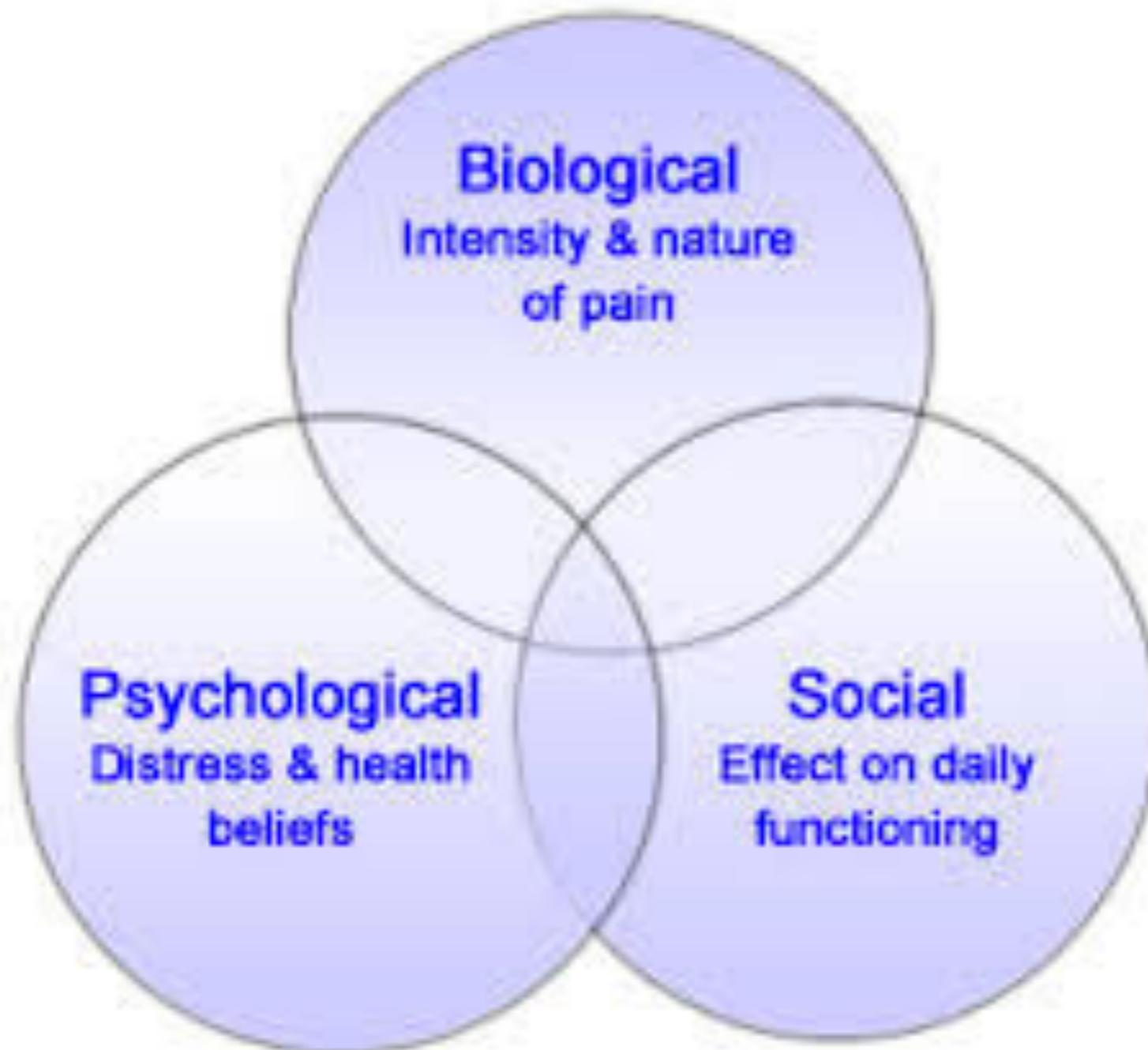
- I have no disclosures

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Biopsychosocial model



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The Dueling Obligations of Opioid Stewardship

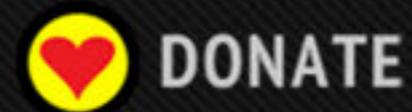


Our Mission & Our Work

Street Level Health Project is an Oakland-based grassroots organization dedicated to improving the health and wellbeing of underserved urban immigrant communities in the Bay Area.



SUPPORT STREET LEVEL



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**VOLUNTEER &
INTERNSHIPS**



STAY INFORMED



Street Level Health Project

 Like 693

Emergency Medicine



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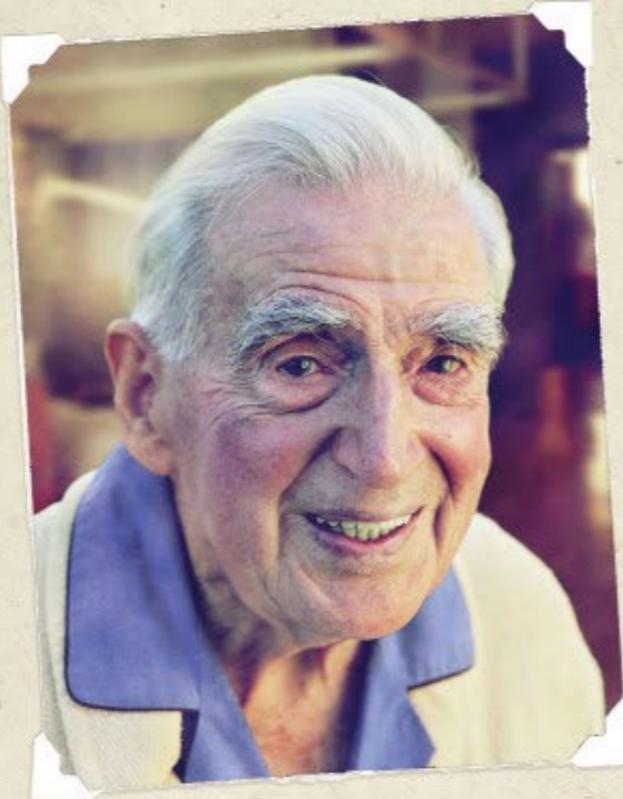


Opiophobia



**No drugs for
you!**

Arthur



The nurses
work so hard
it seems only polite
to flirt with them

Arthur has been incorrigible his whole life. So if there's a twinkle in his eye, at least you know he's having one of his better days.

OxyContin®

Prolonged release oxycodone hydrochloride tablets

a certain strength

For the treatment of moderate to severe pain in patients with cancer and post-operative pain, or for severe pain requiring the use of a strong opioid. OxyContin® (oxycodone hydrochloride) 5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg, 120 mg prolonged release tablets. OxyContin® tablets contain an opioid analgesic.

PRESCRIBING INFORMATION United Kingdom. Please read the Summary of Product Characteristics (SmPC) before prescribing. **Indications:** Moderate to severe pain in patients with cancer or post-operative pain. Severe pain requiring the use of a strong opioid. **Dosage & administration:** Tablets must be swallowed whole, and not broken, chewed or crushed. **Contraindications:** Patients with severe respiratory depression, acute or severe asthma, or patients with a history of respiratory depression. **Warnings:** Patients with severe pain requiring the use of a strong opioid should be monitored for signs of respiratory depression. **Precautions and warnings:** Hypotension, opioid dependent patients, mixed intrapersonal processes, hyperreflexia, hypokalaemia, toxic psychosis, diseases of the biliary tract, paraneoplastic syndromes, low-dose dexamethasone, chronic renal and hepatic disease, severe pulmonary disease, debilitated patients, elderly and infirm patients, history of alcohol and/or drug abuse. Do not use when there is a possibility of paralytic ileus occurring and if this is suspected or occurs, drug use should be discontinued immediately. Patients about to undergo additional pain relieving procedures (e.g. surgery, physiotherapy) should not receive OxyContin tablets for 12 hours prior to the intervention. OxyContin 10 mg, 30 mg and 120 mg tablets should not be used in opioid naive patients. OxyContin tablets should be used with caution following abdominal surgery, and not used until normal bowel function returns. OxyContin tablets have a similar abuse profile to other strong opioids. OxyContin tablets must be swallowed whole and not broken, chewed or crushed which leads to a rapid release and absorption of a potentially fatal dose of oxycodone. Concurrent use of alcohol and OxyContin tablets may increase the undesirable effects of OxyContin tablets; concurrent use

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Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Napp Pharmaceuticals Limited on 01223 424444

Date of preparation: June 2012

Code: UK/001C-120076





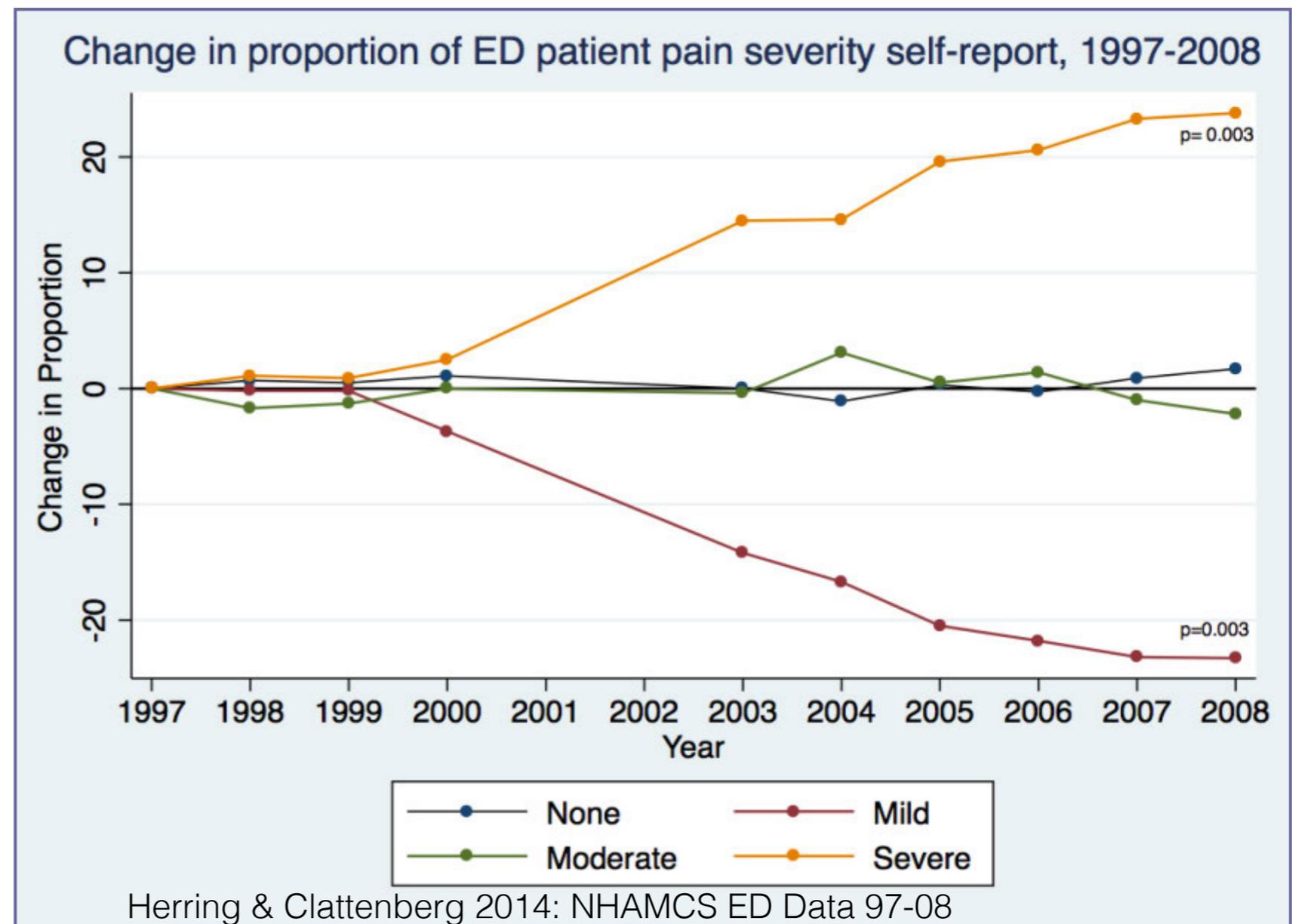
Pain as the fifth vital sign

Pain Intensity: broadly categorized as: mild, moderate and severe. Numeric scale to rate pain intensity where 0 = no pain and 10 is the worst pain imaginable:

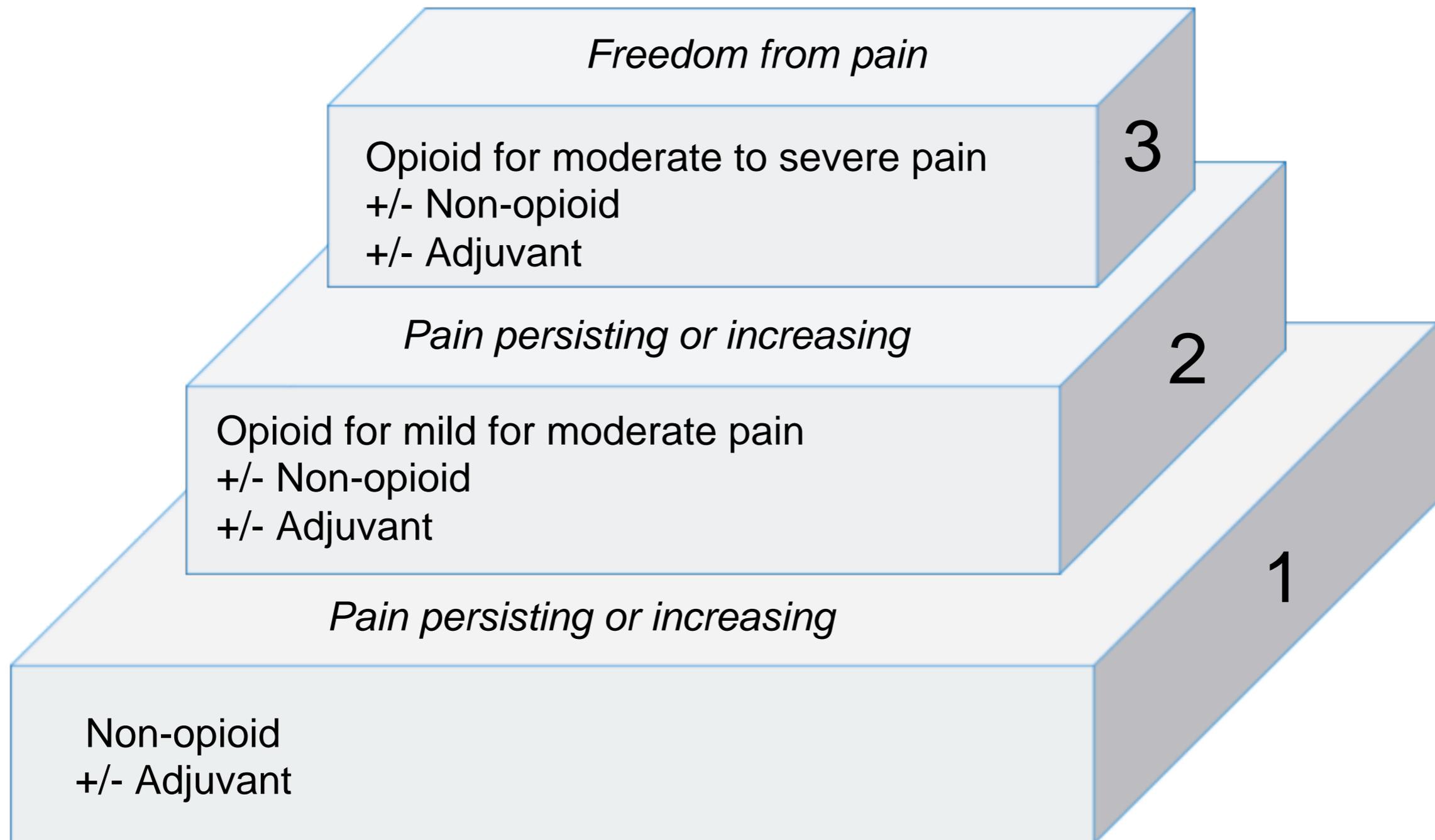
Mild: <4/10

Moderate: 5/10 to 6/10

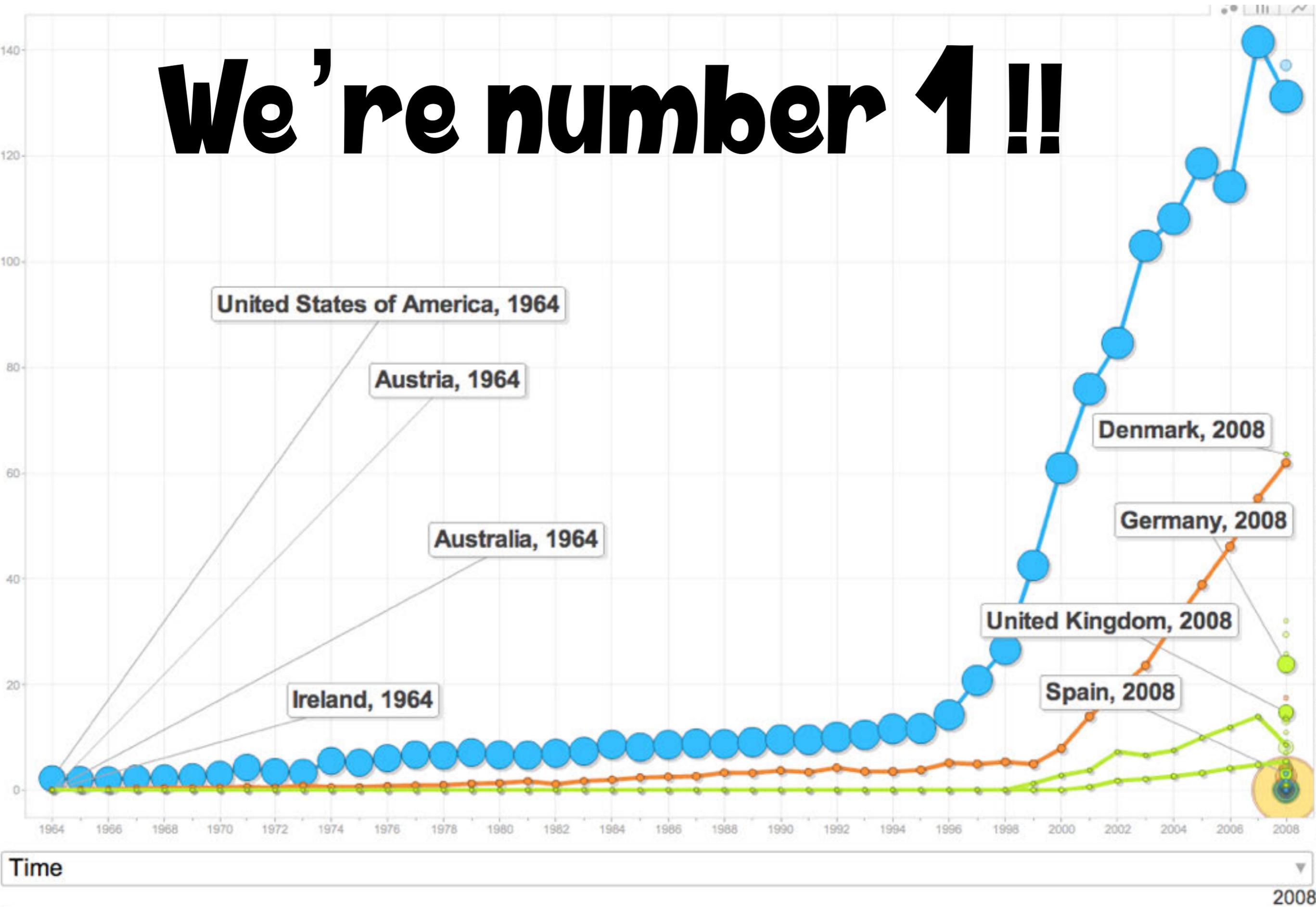
Severe: >7/10



WHO's Pain Relief Ladder



We're number 1 !!



**OLigo-
analgesia**



**opioid
excess**

Opioid Epidemic

profit

stigma

Flood of opioids

social inequality

marketing

abandonment

Reaction

CUR
ES

opioid restrictions

Naloxone

punitive policies

DEA busts



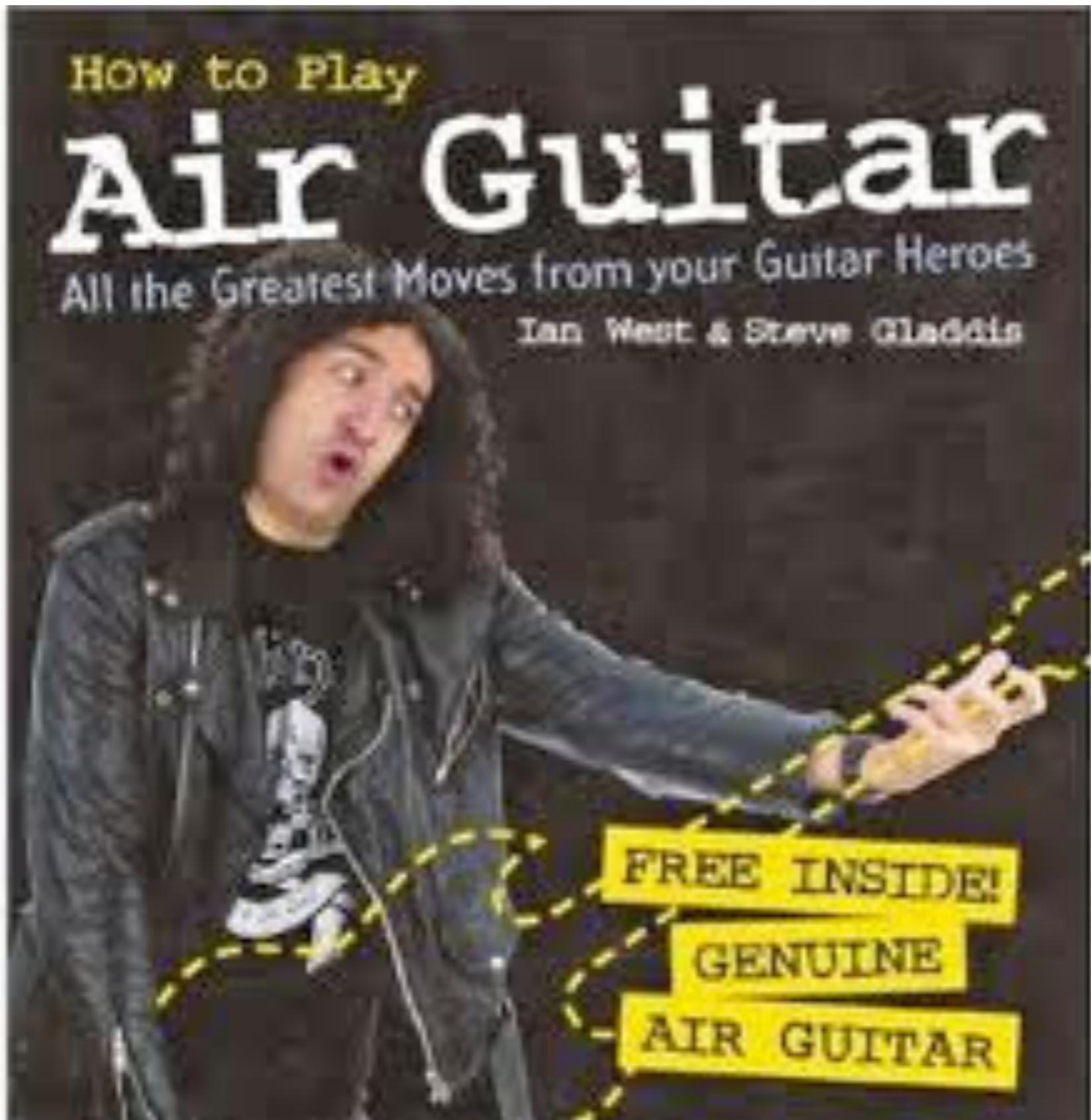
Think outside the pill



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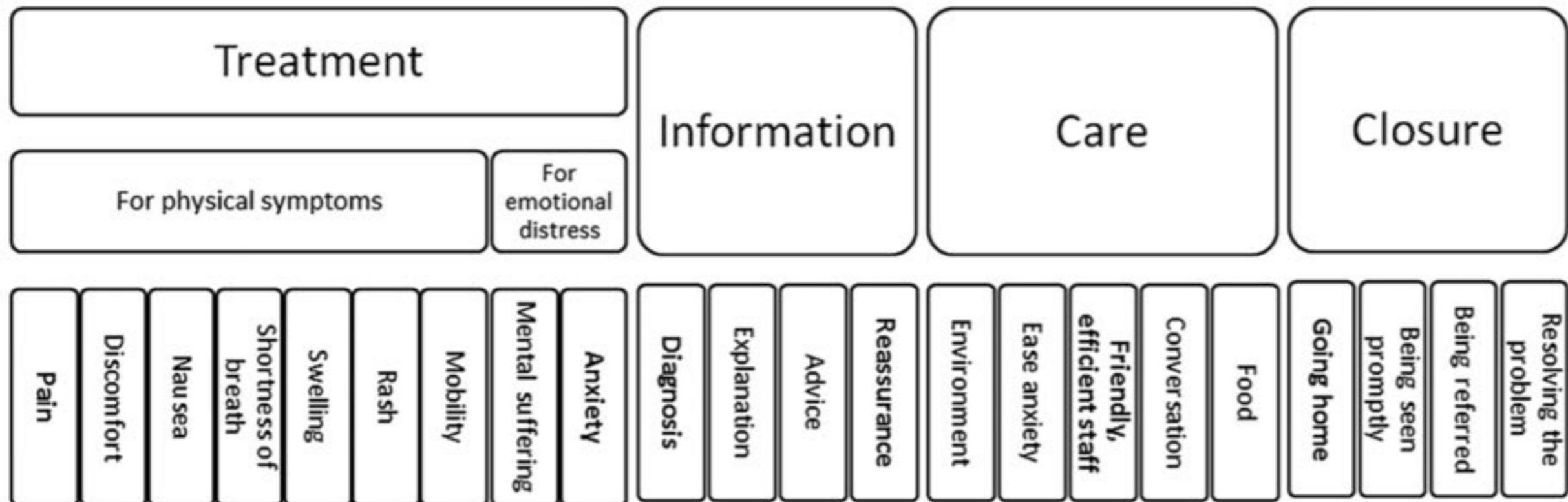
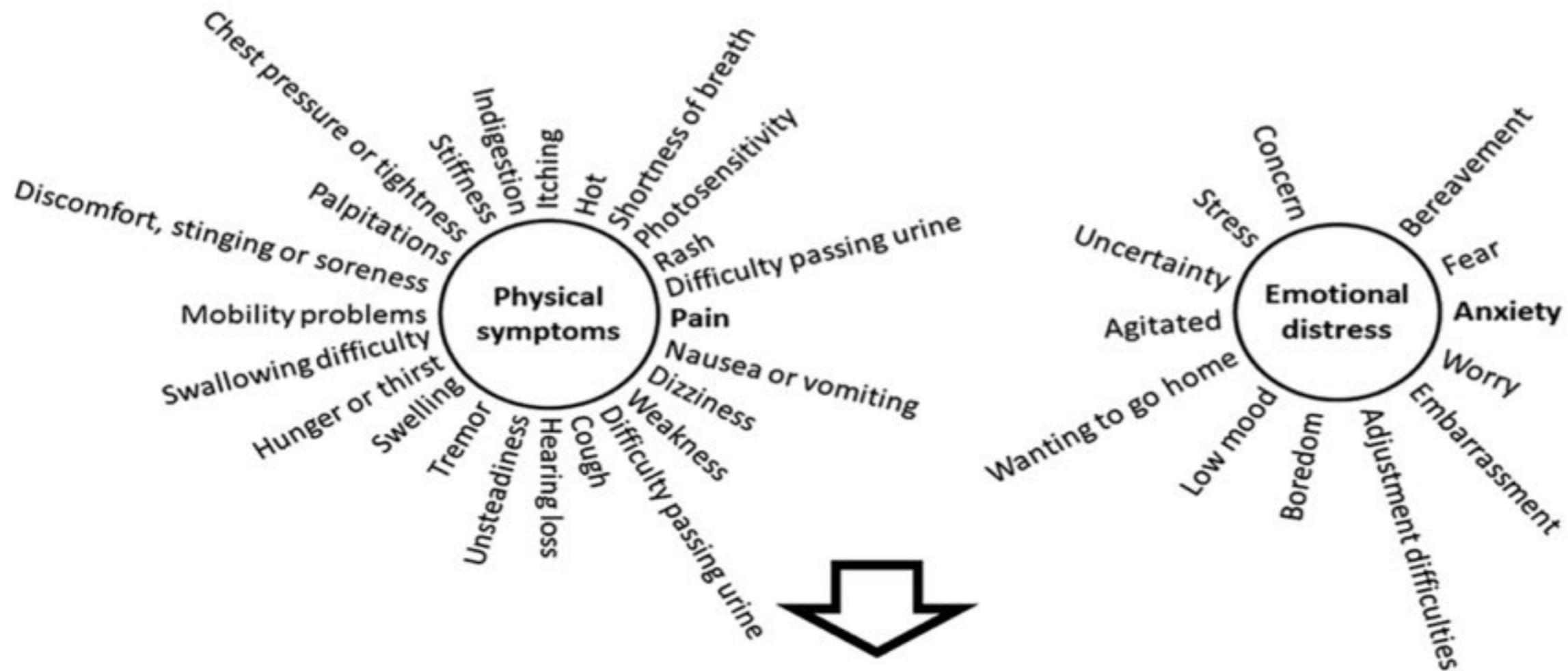




**pain
treatment
without
pills?**

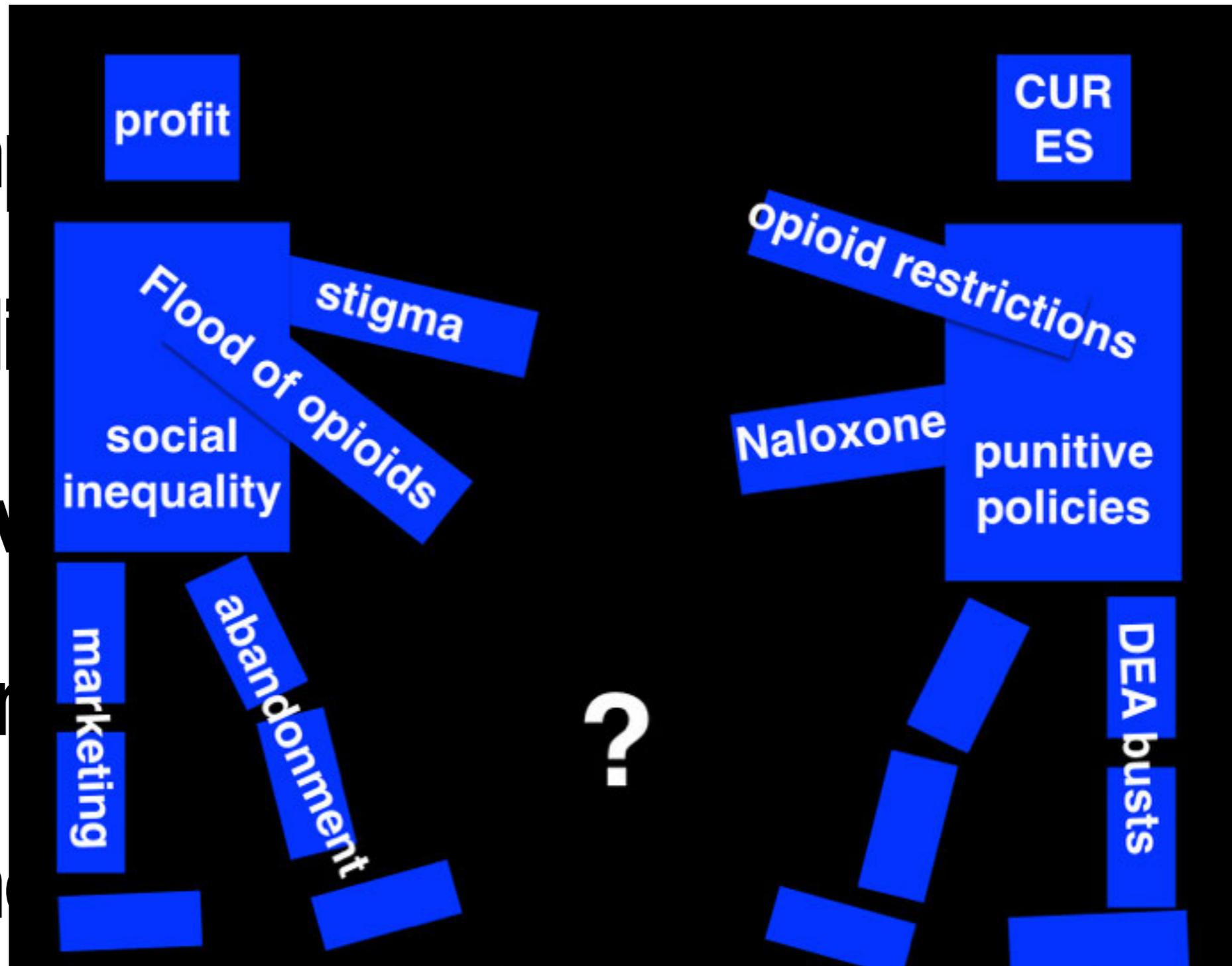
There is no easy fix for pain





Solution to opioid

- Em
- Sol
- Adv
- Cor
- Kin



source: Wikimedia

Focus Social determinants of opioid morbidity

- **Relationship based**
- **people based**
- **low-tech**
- **integrity**
- **De-medicalized**

Focus Social determinants of opioid morbidity

- Access to **clean safe community spaces** for health maintenance and personal development
- Access to a **supportive network of people** to assist and problem solve

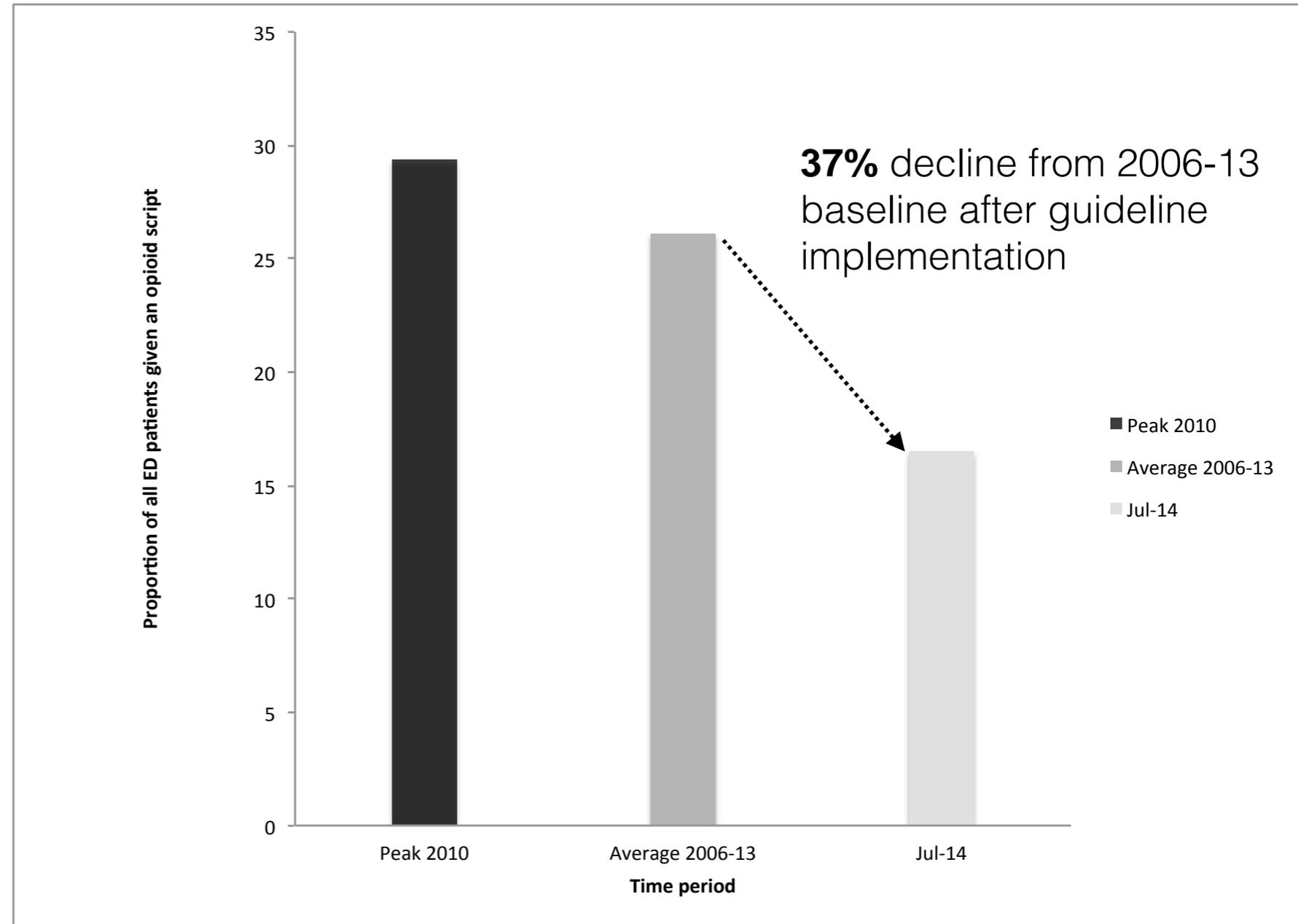
Highland Hospital—AHS Emergency Department Opioid Utilization 2006-14: Summary

Rationalizing opioid use in the emergency department

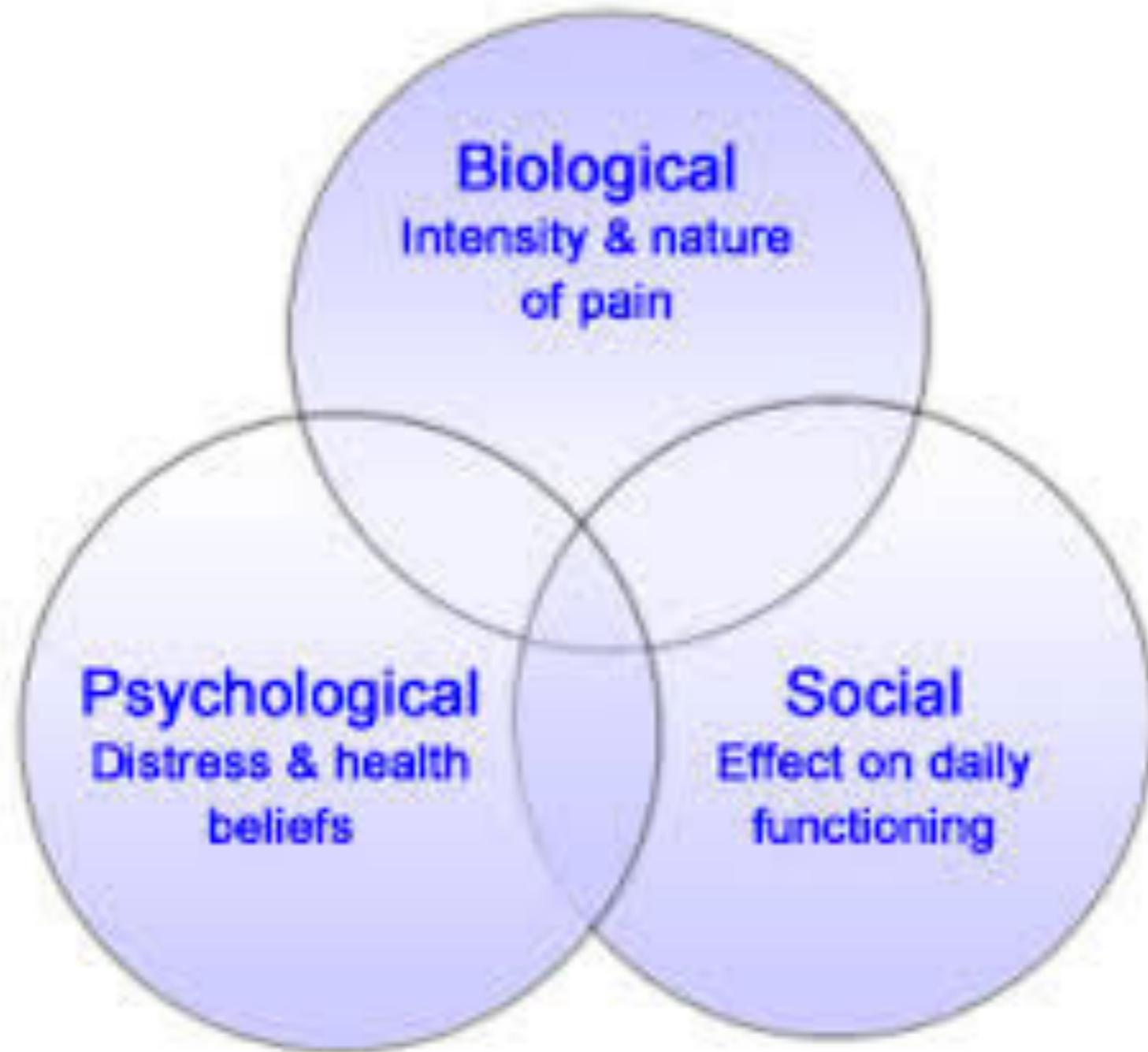
Nationally, large increases in opioid utilization occurred throughout the medical system from 1990-2010 based, in part, on overestimation of the therapeutic potential of opioids and an underestimation of associated risks including chronicification of pain and dependency.

June 2014 an opioid guideline was implemented in the emergency department supported by small group discussion and literature review with providers, dissemination of guidelines into clinical areas, and nursing education.

July 2014 significant declines in the total and proportion of emergency department patients prescribed an opioid was observed.

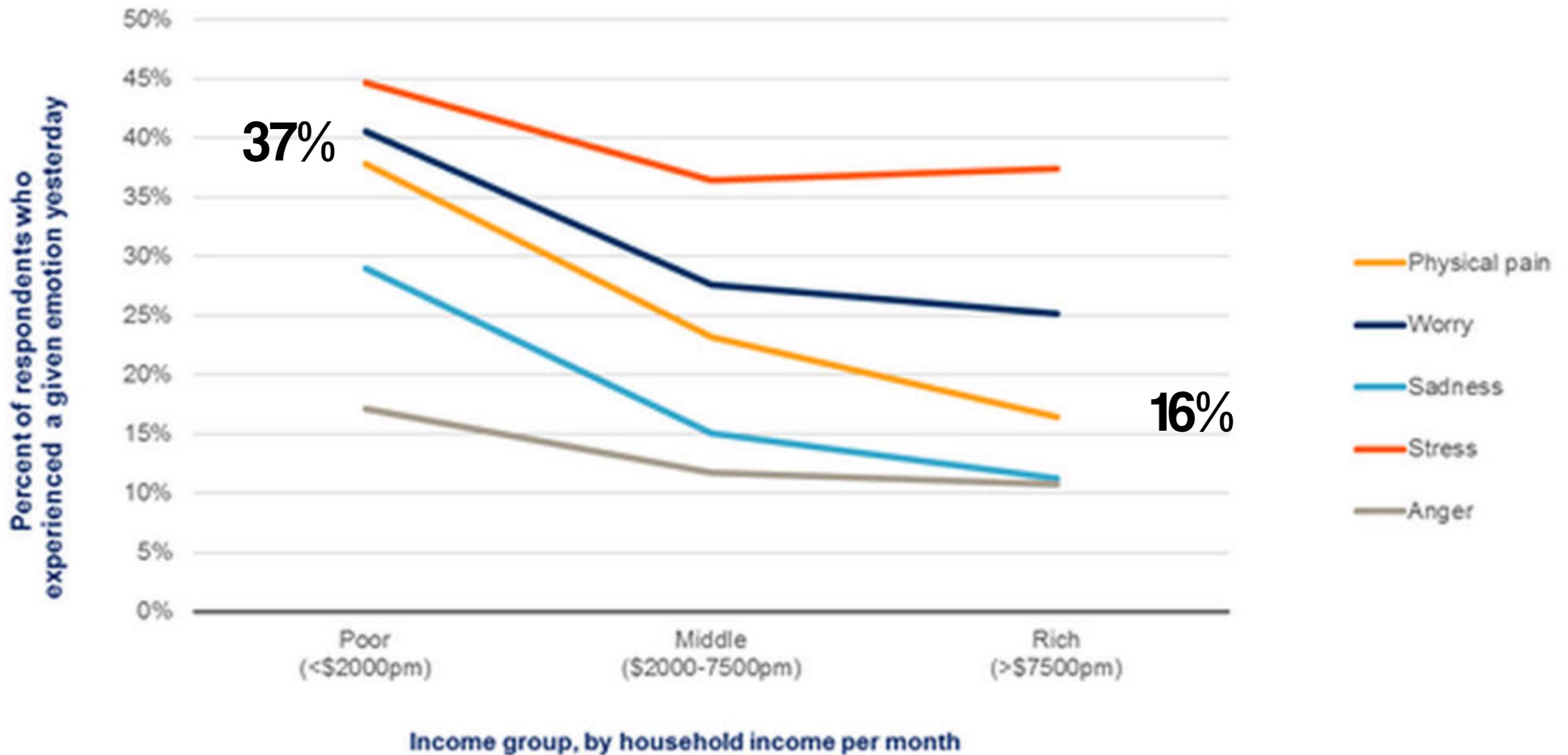


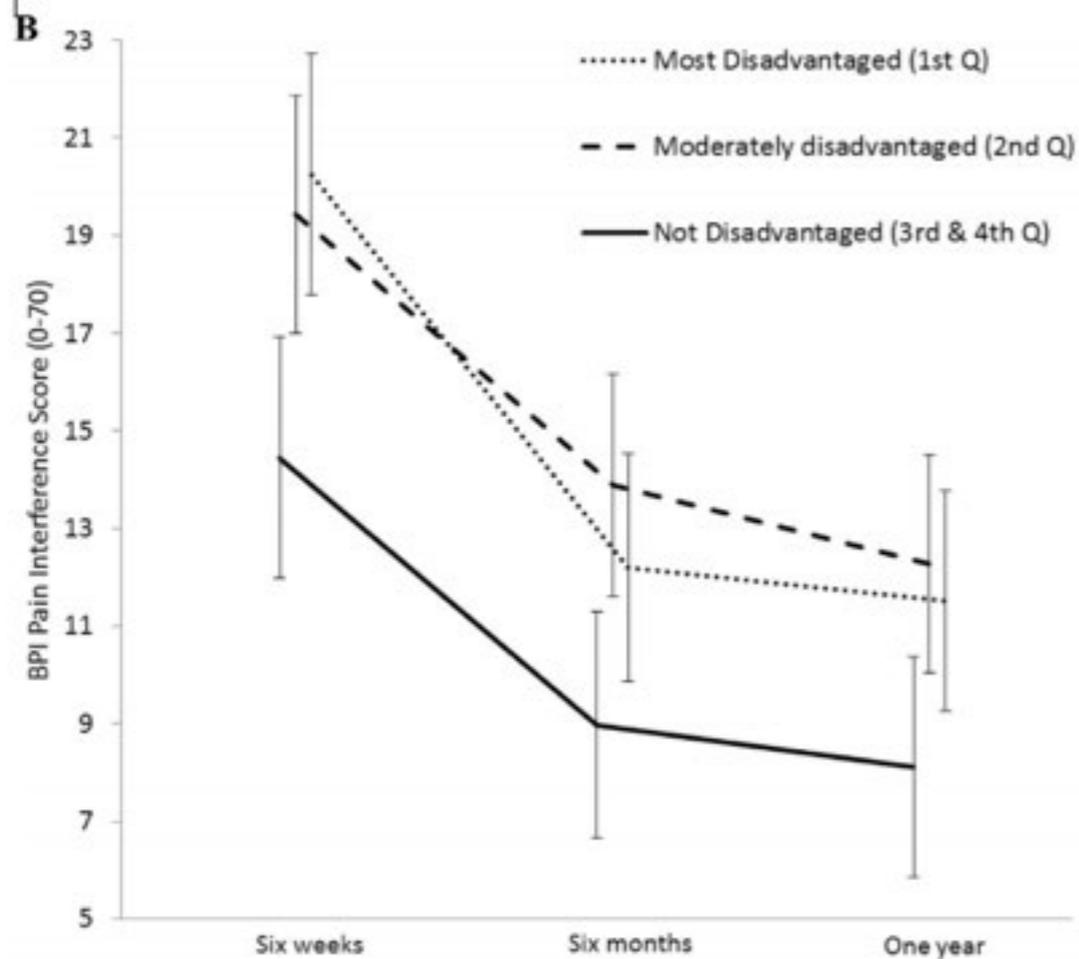
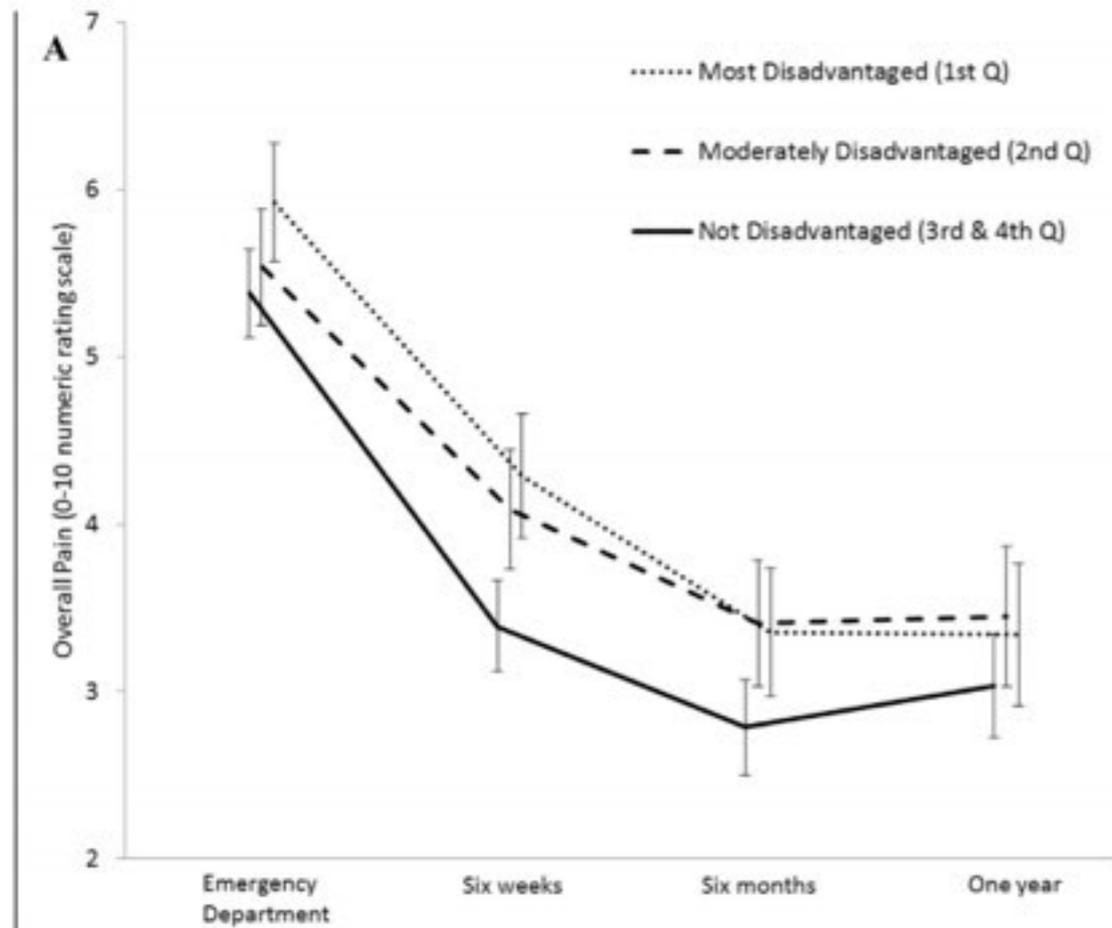
Is pain socially determined?



The reports of physical pain in America: Stress, pain, and worry

Poverty = Pain, Worry, Sadness, Stress, and Anger





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PAIN®

www.elsevier.com/locate/pain

ged neighborhood influences
le collision

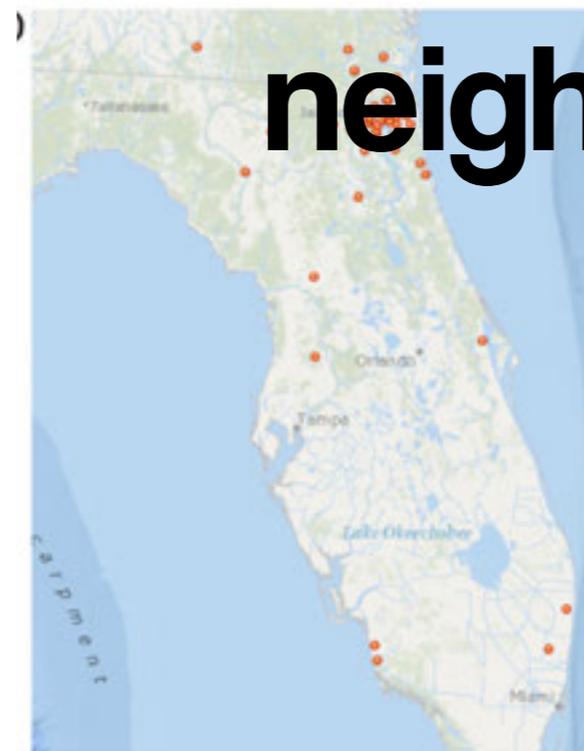
^{a,b}, April C. Soward ^{a,b}, Robert A. Swor ^d,
d C. Lee ^h, Robert ⁱ, Francis ^j

**Increased pain
and disability**

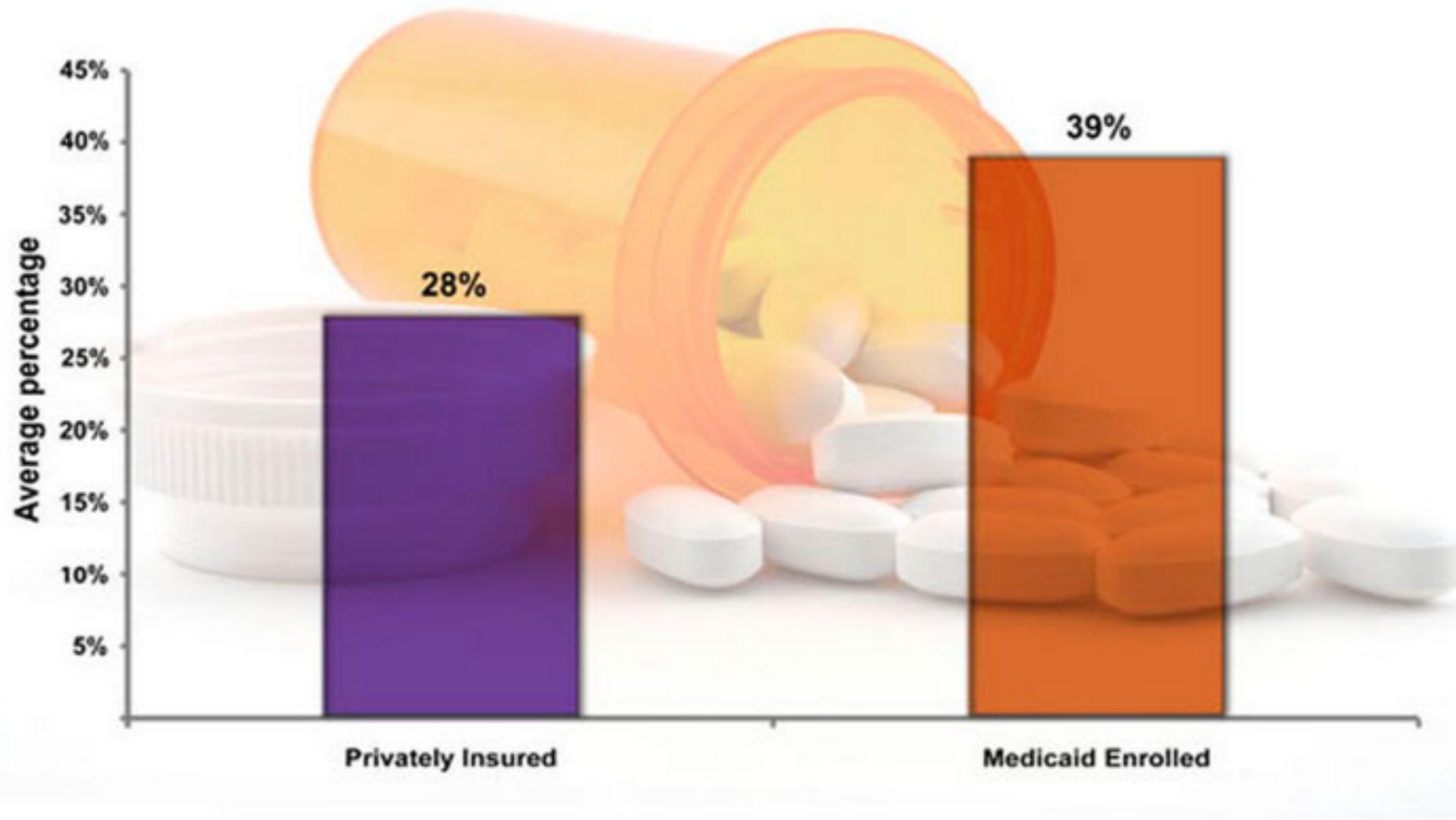
associated

with low SES

neighborhoods



Women aged 15-44 years who filled a prescription for an opioid medication, 2008-2012



Women aged 15-44 years who fill a prescription for an opioid medication, 2008-20012:

- Privately Insured: 28%
- Medicaid Enrolled: 39%

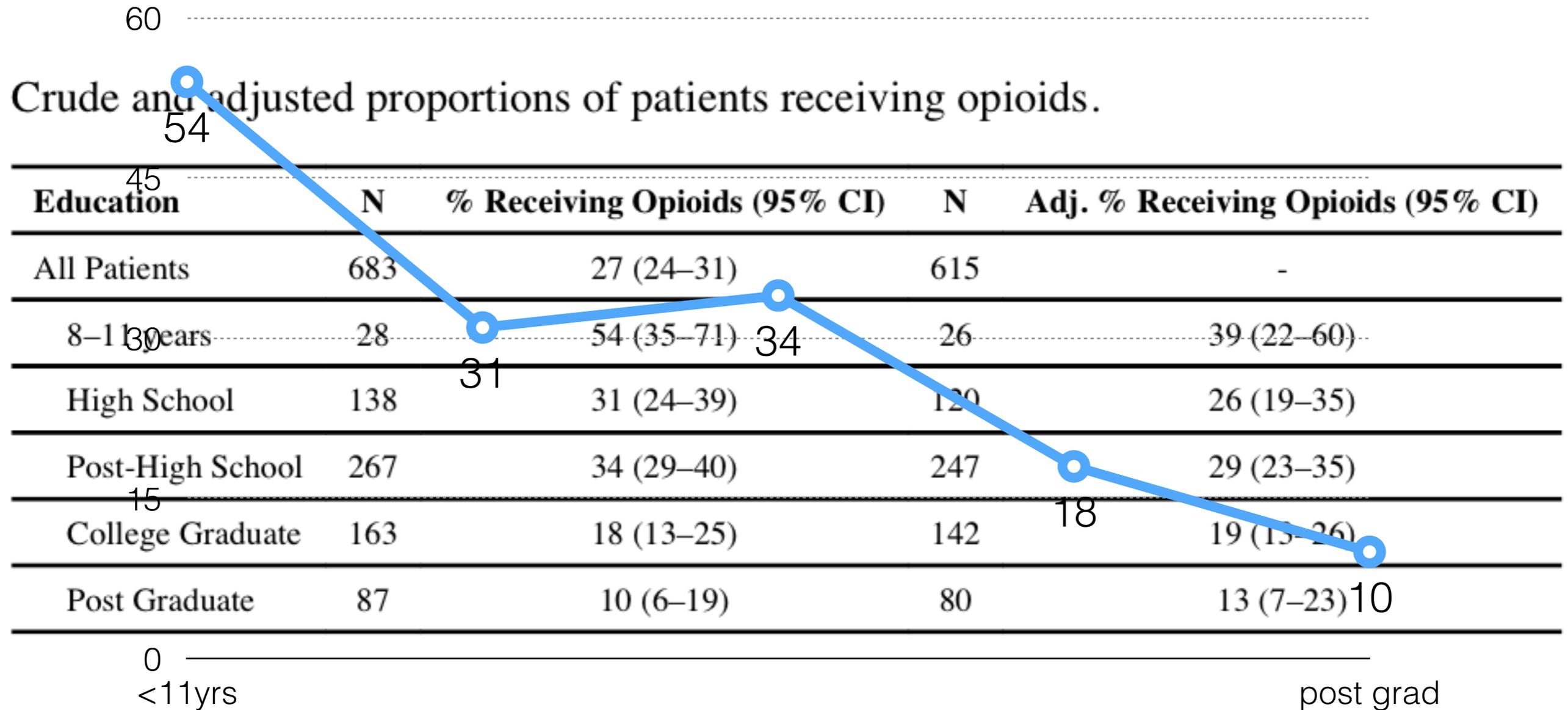
Overdose Deaths Involving Prescription Opioids Among Medicaid Enrollees --- Washington, 2004--2007

TABLE 2. Number and rate of deaths attributed to overdoses of prescription opioid drugs, by Medicaid status --- Washington, 2004--2007

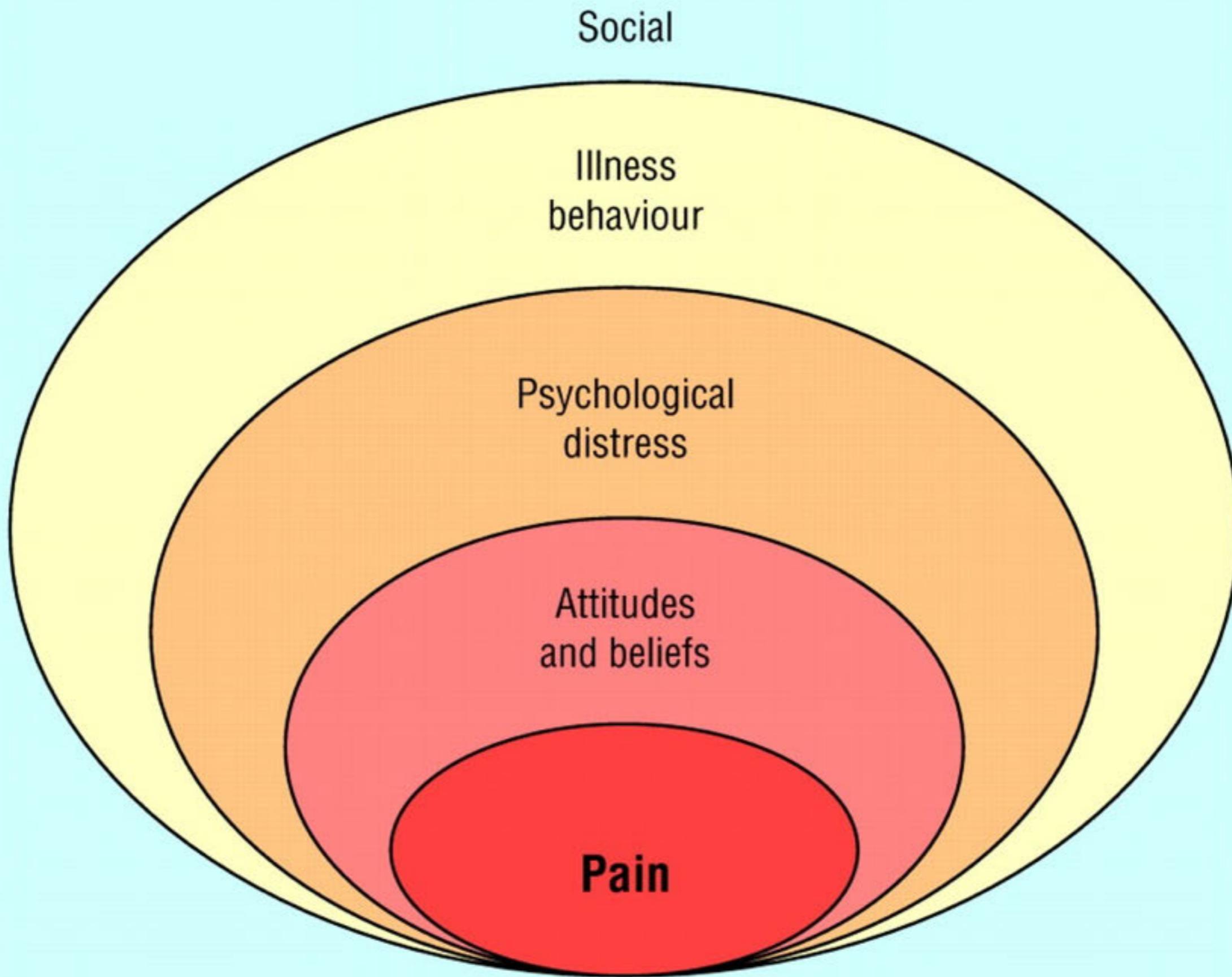
Status	No.	Crude rate*	Age-adjusted rate†	Age-adjusted RR§(95% CI¶)
Medicaid	758	14.8	30.8	5.7 (5.3--6.1)
Medicaid PRC** program	34	580.4	381.4	92.6 (64.1--129.5)
Non-Medicaid	910	4.5	4.0	Referent

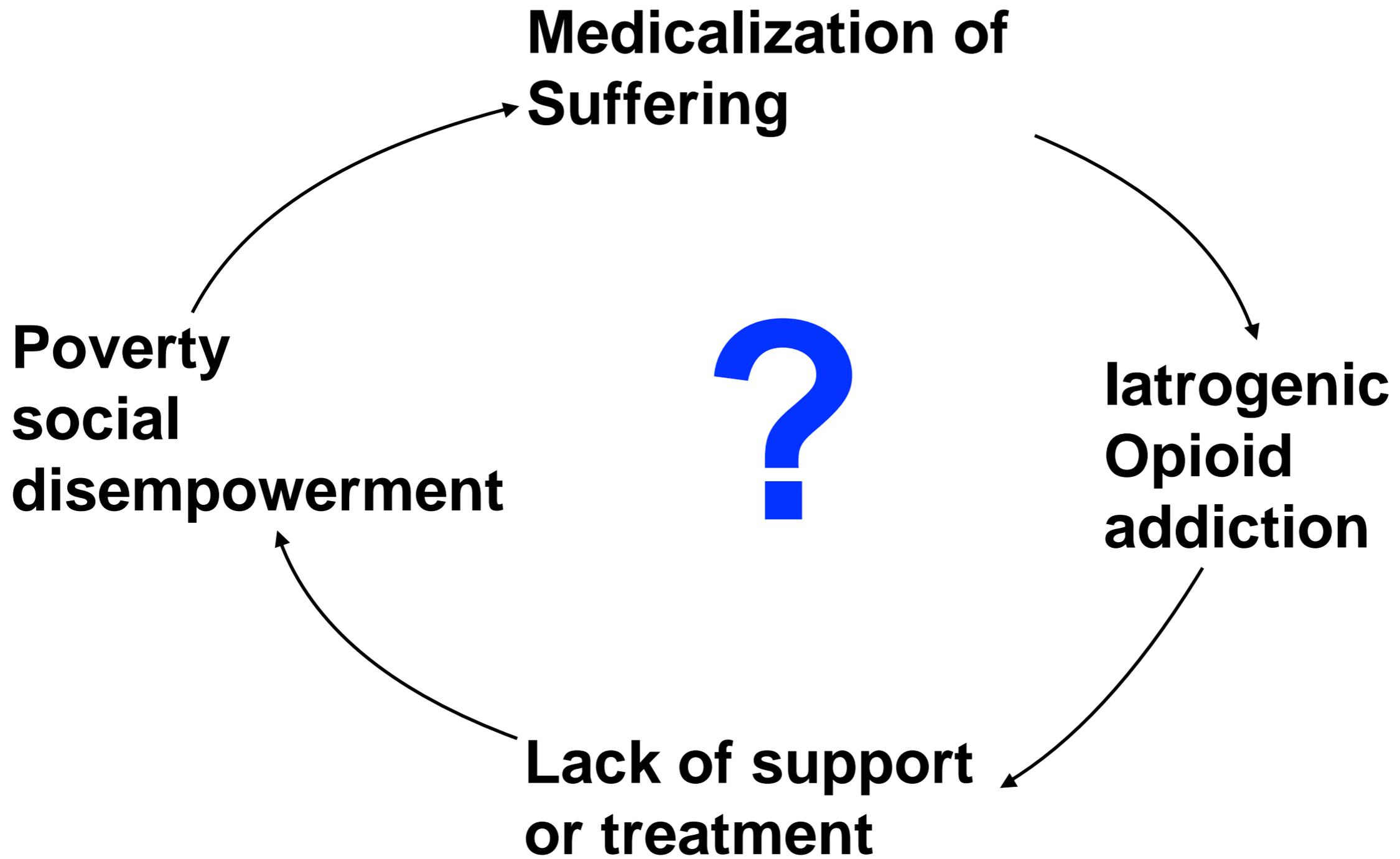
More Educated Emergency Department Patients are Less Likely to Receive Opioids for Acute Pain

Timothy F. Platts-Mills^{1,2}, Katie M. Hunold¹, Andrey V. Bortsov¹, April C. Soward¹, David A. Peak³, Jeffrey S. Jones⁴, Robert A. Swor⁵, David C. Lee⁶, Robert M. Domeier⁷, Phyllis L. Hendry⁸, Niels K. Rathlev⁹, and Samuel A. McLean^{1,2}



why?





Focus Social determinants of opioid morbidity

If you look at people who seek a lot of care in American cities for multiple illnesses, it's usually people with a number of overwhelming illnesses and a lot of social problems, like housing instability, unemployment, lack of insurance, lack of housing, or just bad housing.

Paul Farmer

Focus Social determinants of opioid morbidity

- **Relationship based**
- **people based**
- **low-tech**
- **De-medicalized**

Focus Social determinants of opioid morbidity

- Access to **clean safe community spaces** for health maintenance and personal development
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Patient 1

- **28 year old female recently discharged from jail presents requesting refills of Soma, Norco, and lorazepam.**
- **She explains that she was shot 2 years ago and reports PTSD, insomnia, and chronic leg pain**

Patient 1

- **Is this patient doctor shopping?**
- **What is the role of prescription drug monitoring in this patient?**

EDITORIAL

Prescription Drug Monitoring Programs: Examining Limitations and Future Approaches

Christopher A. Griggs MD, MPH*
Scott G. Weiner MD, MPH†
James A. Feldman, MD‡

*Carolinas Medical Center, Department of Emergency Medicine, Charlotte, North Carolina

†Brigham and Women's Hospital, Department of Emergency Medicine, Boston, Massachusetts

‡Boston University School of Medicine, Boston Medical Center, Boston, Massachusetts

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DOI: 10.5811/westjem.2014.10.24197

Good opioid patient



Bad opioid patient





**Good
opioid patient**

Legitimate suffering

“real pain”

“needs surgery”



**Bad
opioid patient**

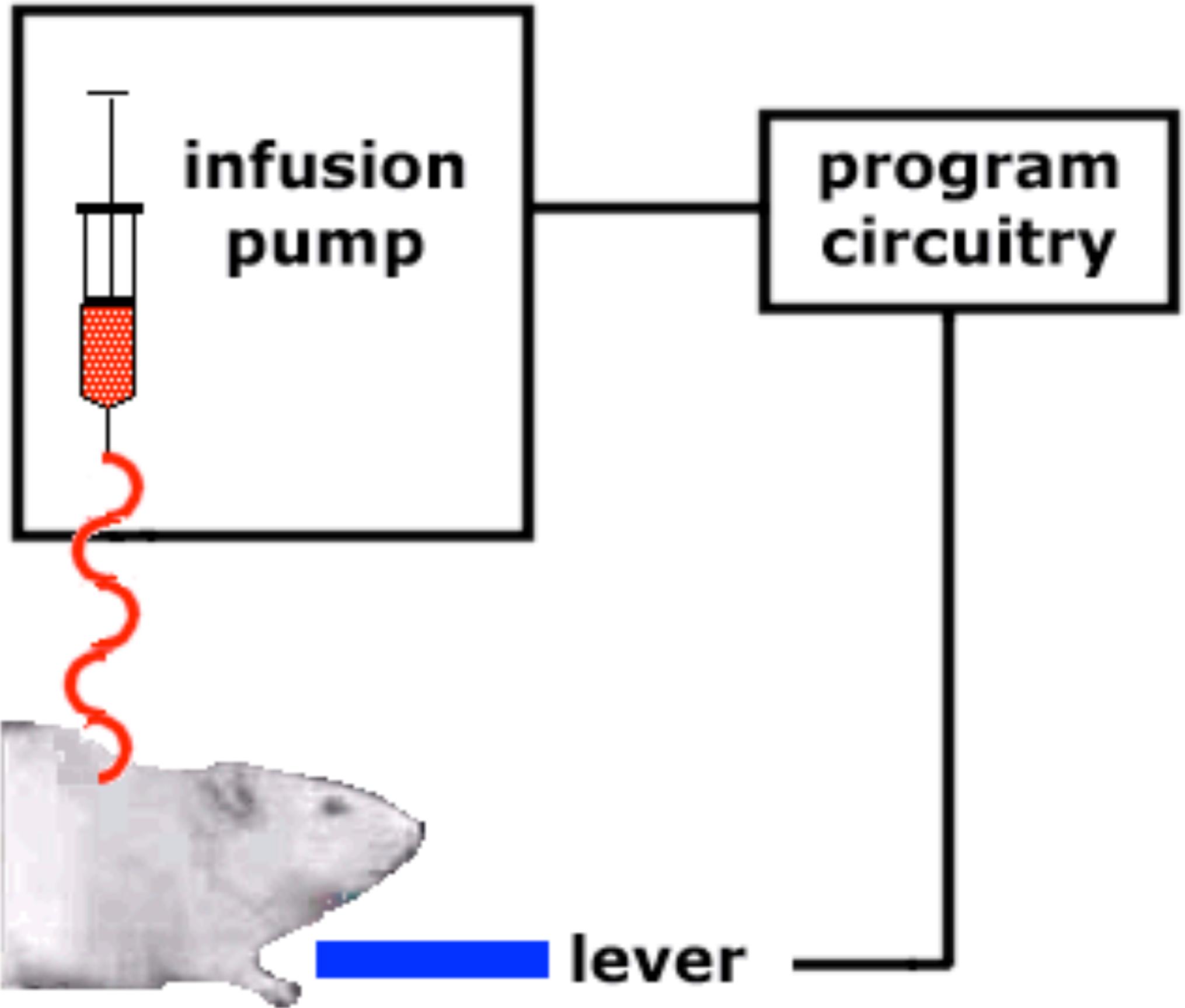
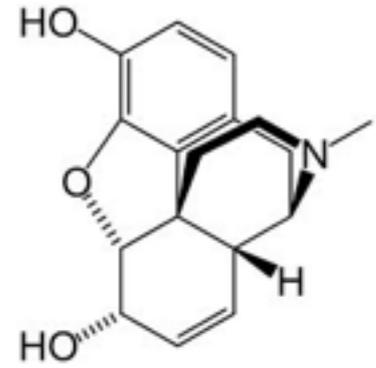
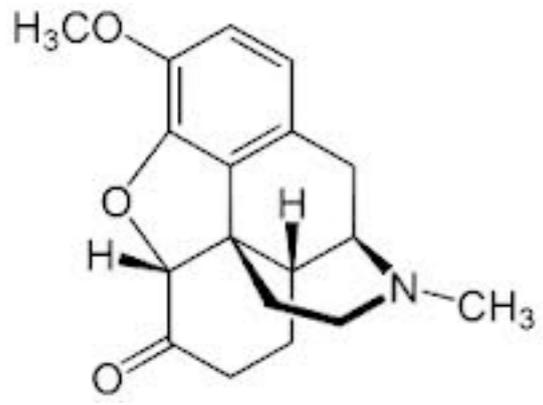
**iLlegitimate
suffering**

drug seeking

addict



The immaculate prescription



VICODIN: THE BOLDFACED PILL

"Everyone who makes it starts popping them," Courtney Love (who was arrested in 2003 for pill possession in Beverly Hills) once told Us Weekly. "I did it. I loved it. I also ended up in rehab."

Rush Limbaugh's

housekeeper outs his habit; He goes to rehab three times. His 2001 hearing loss may be a side effect.

Eminem

took ten to twenty pills a day, got a Vicodin tattoo.

Brett Favre's

now-wife nearly left him over his Vicodin abuse (he once took thirteen the night of the ESPY Awards); he went to rehab in 1996.

Nicole Richie

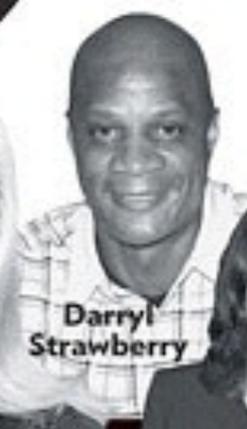
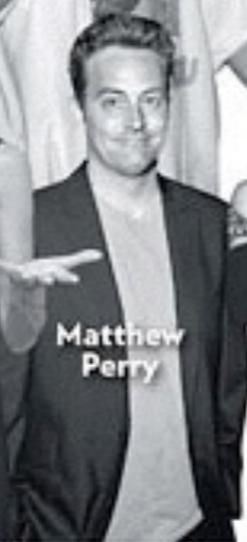
admitted she took Vicodin and smoked pot before driving her SUV the wrong way down a highway in 2006.

Cindy McCain,

then addicted to Vicodin, was investigated by the DEA after stealing pills from her own medical charity.

Albert Gore III

was pulled over in his Prius on July 4, 2007, and found to have 140 Vicodin on him. He was arrested.



PHOTOGRAPHS: CHARLES ESHELMAN/GETTY IMAGES (FLEISS); PAUL JASIENSKI/GETTY IMAGES (FAVRE); JASON MERRIT/GETTY IMAGES (MCCAIN); JIM SPELLMAN/GETTY IMAGES (STRAWBERRY); TODD WILLIAMSON/WIREIMAGE (GORE); PATRICK MCMULLAN (REMAINING)

Patient 2

- **52 year old woman with chronic back pain, diabetes, arthritis. Presents with back pain having run out of Norco. She is crying.**

Patient 2

- **What is the role of an opioid prescribing guideline?**
- **What is the role of limiting opioids to a single provider?
(referring to PMD for refill)**



Thinking about pain:

The same intensity of nociceptive stimulation can give rise to varying conscious perceptions of pain



Pain related coping associated with chronic pain and disability

Catastrophizing: a tendency to magnify or exaggerate the threat value or seriousness of pain sensations

Kinesiophobia: fear of movement

Low self-efficacy: low confidence in one's ability to carry out necessary activities despite pain; low confidence in one's ability to reduce pain without medications.



(Lethem J, Slade PD, Troup JDG, Bentley G. Outline of fear-avoidance model of exaggerated pain perceptions. Behav Res Ther 1983; 21: 401-408)

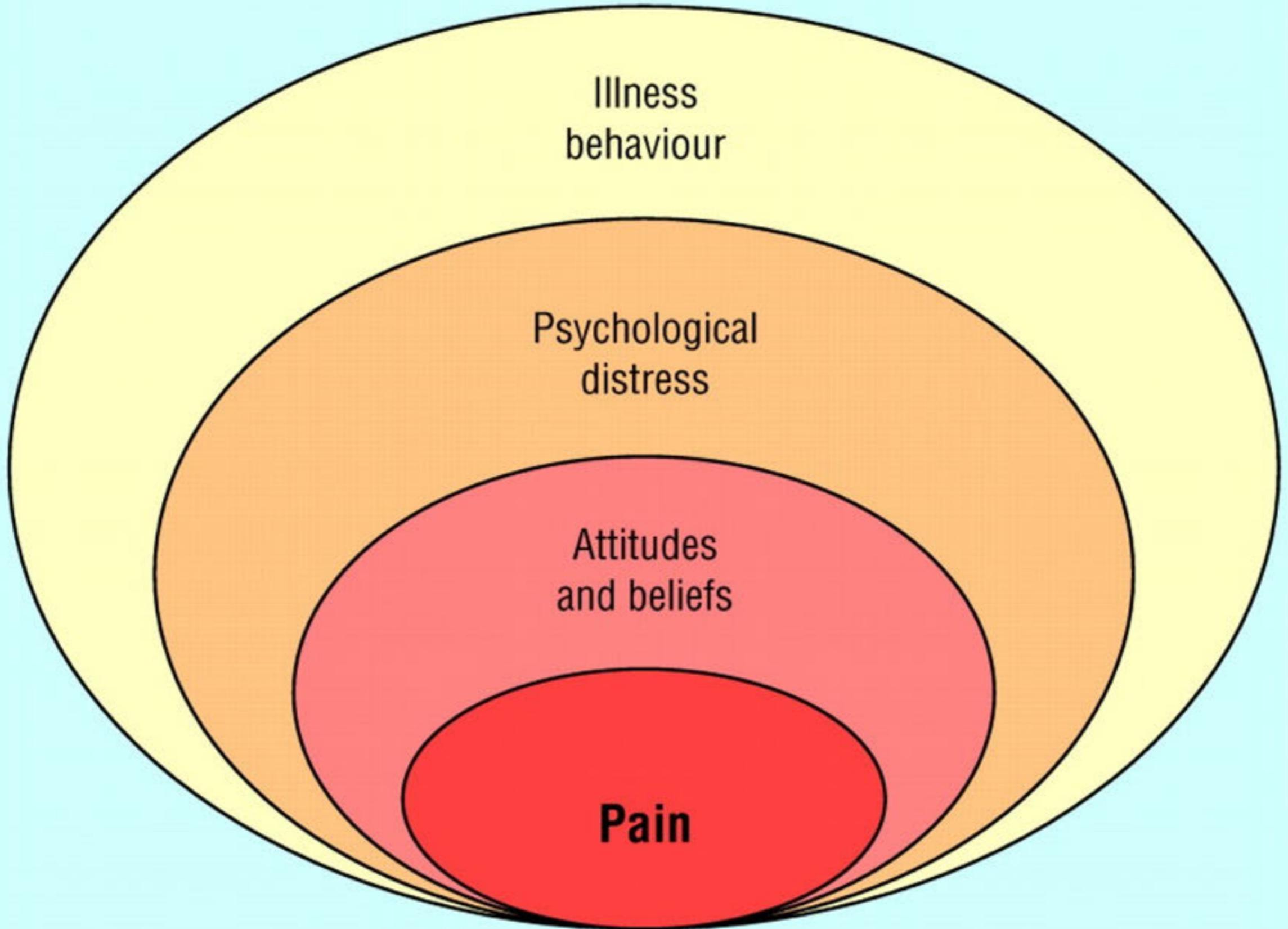
Social

Illness
behaviour

Psychological
distress

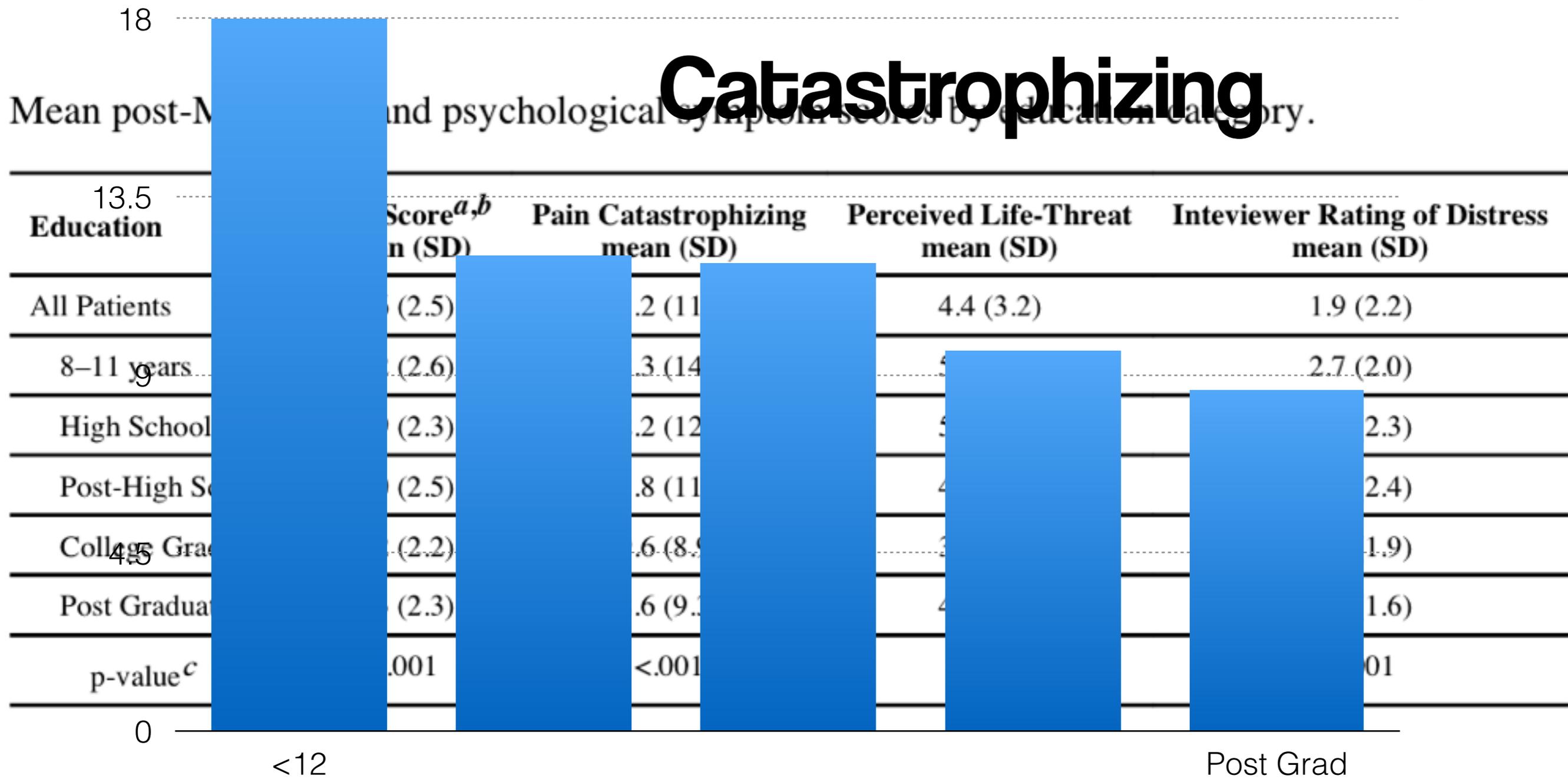
Attitudes
and beliefs

Pain



More Educated Emergency Department Patients are Less Likely to Receive Opioids for Acute Pain

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Catastrophizing

Patient 3

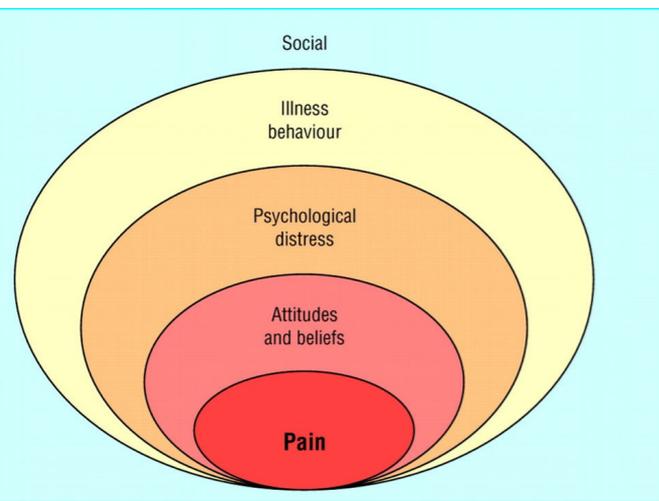
- **32 year old male, end stage renal disease on HD.**
- **History of substance abuse**
- **Requests hydromorphone and benadryl**

Patient 3

- **What is the role of pain contract?**
- **Opioid limits?**
- **Naloxone kit?**

Focus on the Social determinants of opioid morbidity

- **Relationship based**
- **people based**
- **low-tech**
- **De-medicalized**



Social determinants of opioid morbidity

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- **Thanks**
- **andrew.a.herring@gmail.com**

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Top Ten issues for the biopsychosocial pain practitioner

- **Catastrophizing and the expression of pain**
- **Understand the limits of judgement; connect, don't judge**
- **Connect before you prescribe**
- **Maintain integrity**
- **offer help without offering a pill**

These approaches represent movement toward an egalitarian relationship in which the clinician is aware of and careful with his or her use of power. \

Underlying the analysis of power in the clinical relationship is the issue of how the clinician handles the

ANNALS OF FAMILY MEDICINE • WWW.ANNFAMMED.ORG • VOL. 2, NO. 6 • NOVEMBER/DECEMBER 2004

BIOPSYCHOSOCIAL MODEL 25 YEARS LATER

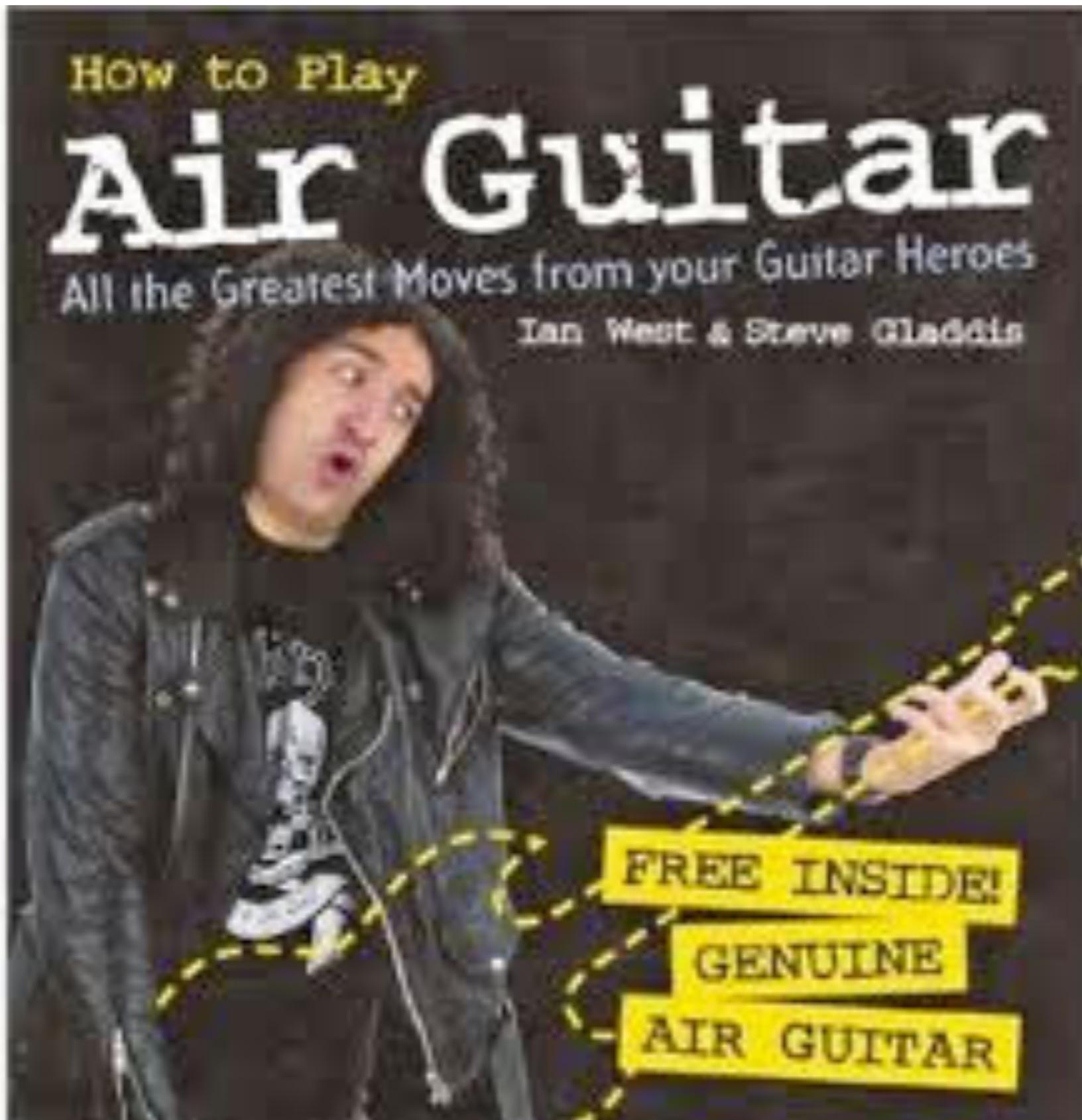
strong emotions that characterize everyday practice. On the one hand, there is a reactive clinical style, in which the clinician reacts swiftly to expressions of hostility or distrust with denial or suppression. In contrast, a proactive clinical style, characterized by a mindful openness to experience, might lead the clinician to accept the patient's expressions with aplomb, using the negative feelings to strengthen the patient-clinician relationship.³⁵ The clinician must acknowledge and then transcend the tendency to label patients as "those with whom I get along well"

or "difficult patients." By removing this set of judgments, true empathy can devolve from a sense of solidarity with the patient and respect for his or her humanity, leading to tolerance and understanding.¹⁸ Thus, in addition to t

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Read more at http://www.brainyquote.com/quotes/authors/p/paul_farmer.html#d7ZQcIhvHg317ce7.99



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without
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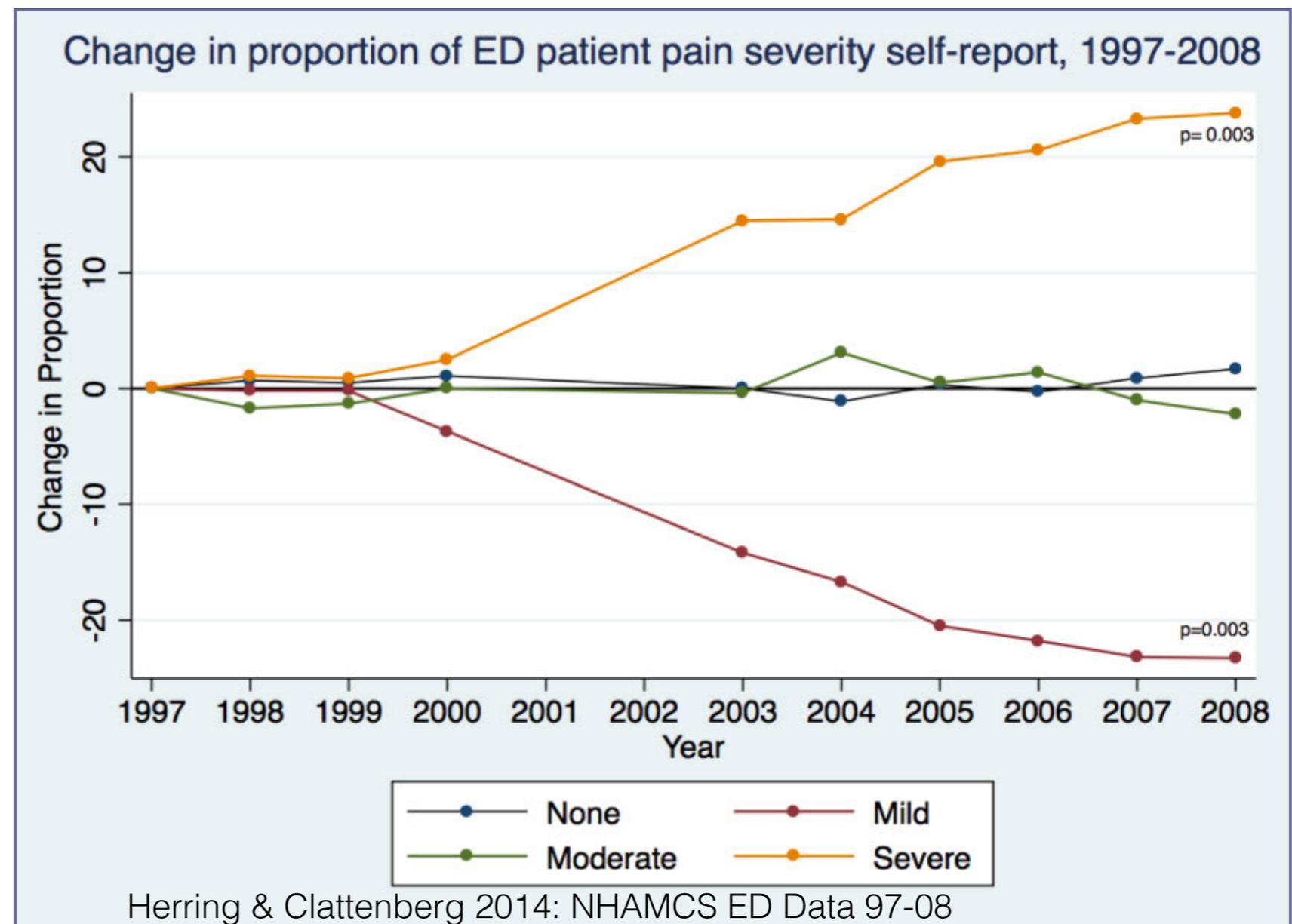
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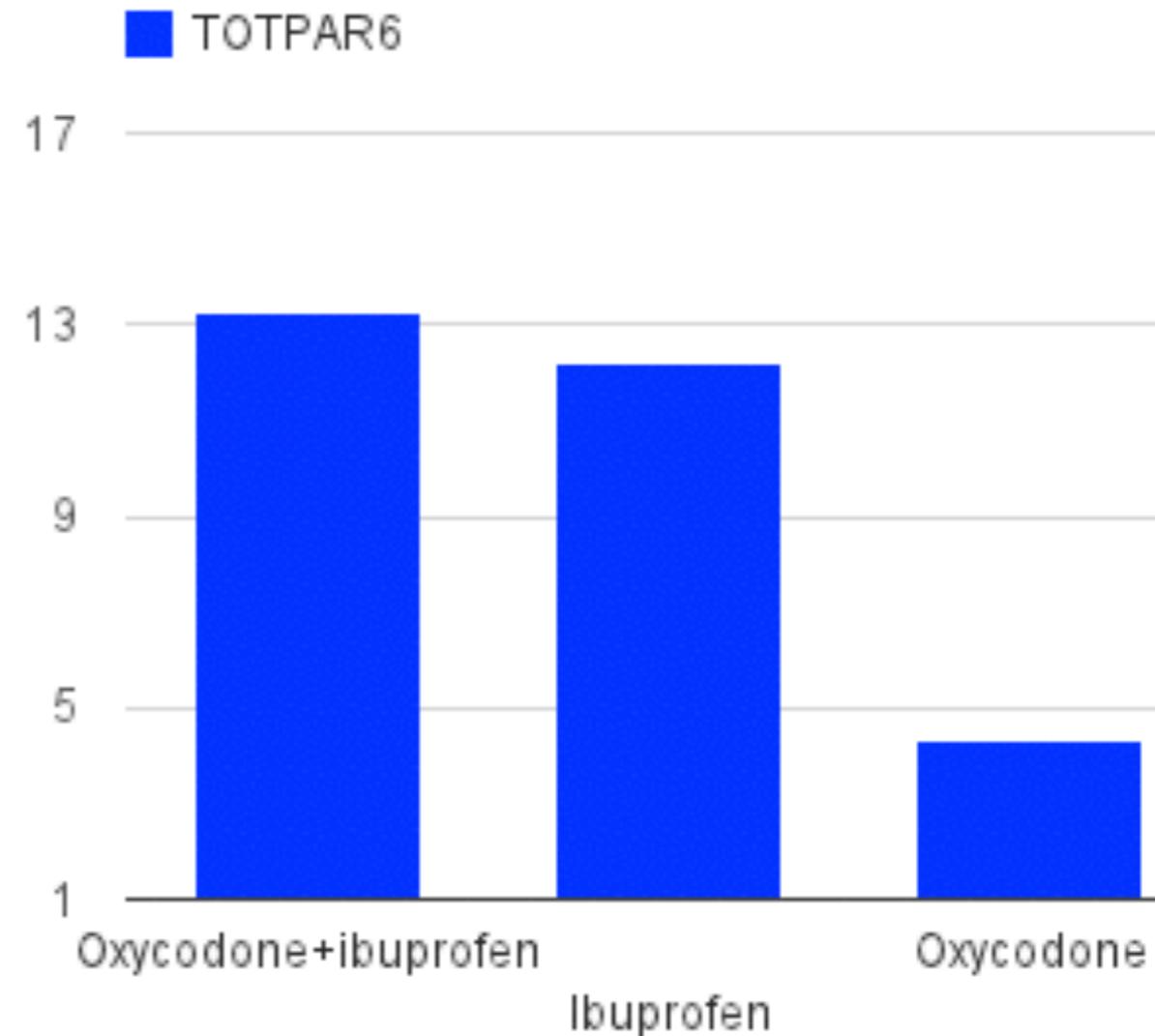


“DOC, I NEED SOMETHING STRONGER”

CLINICAL THERAPEUTICS®/VOL. 26, No. 12, 2004

Combination Oxycodone 5 mg/Ibuprofen 400 mg for the Treatment of Postoperative Pain: A Double-Blind, Placebo- and Active-Controlled Parallel-Group Study

Treatment Group	TOTPAR6		
	Least Squares Mean (SE)	95% CI	P
Oxycodone 5 mg/ ibuprofen 400 mg (n = 186)	13.3 (0.52)	12.3 to 14.4	P < 0.001 vs oxycodone 5 mg or placebo; P = 0.012 vs ibuprofen 400 mg alone
Ibuprofen 400 mg (n = 186)	12.2 (0.52)	11.3 to 13.2	P < 0.001 vs oxycodone 5 mg or placebo
Oxycodone 5 mg (n = 63)	4.3 (0.82)	2.7 to 5.9	P = 0.911 vs placebo
Placebo (n = 62)	4.2 (0.83)	2.5 to 5.8	—



“DOC, I NEED SOMETHING STRONGER”

CMAJ

RESEARCH

Oral administration of morphine versus ibuprofen to manage postfracture pain in children: a randomized trial

Naveen Poonai MD, Gina Bhullar BSc, Kangrui Lin MD, Adam Papini MD, David Mainprize BSc,
Jocelyn Howard MD, John Teefy BSc, Michelle Bale BSc, Cindy Langford RN, Rodrick Lim MD,
Larry Stitt MSc, Michael J. Rieder MD PhD, Samina Ali MD

morphine (0.5 mg/kg orally) or ibuprofen (10 mg/kg)



325mg
Acetaminophen

5mg
hydrocodone

Good opioid patient



Bad opioid patient





**Good
opioid patient**

Legitimate suffering

“real pain”

“needs surgery”



**Bad
opioid patient**

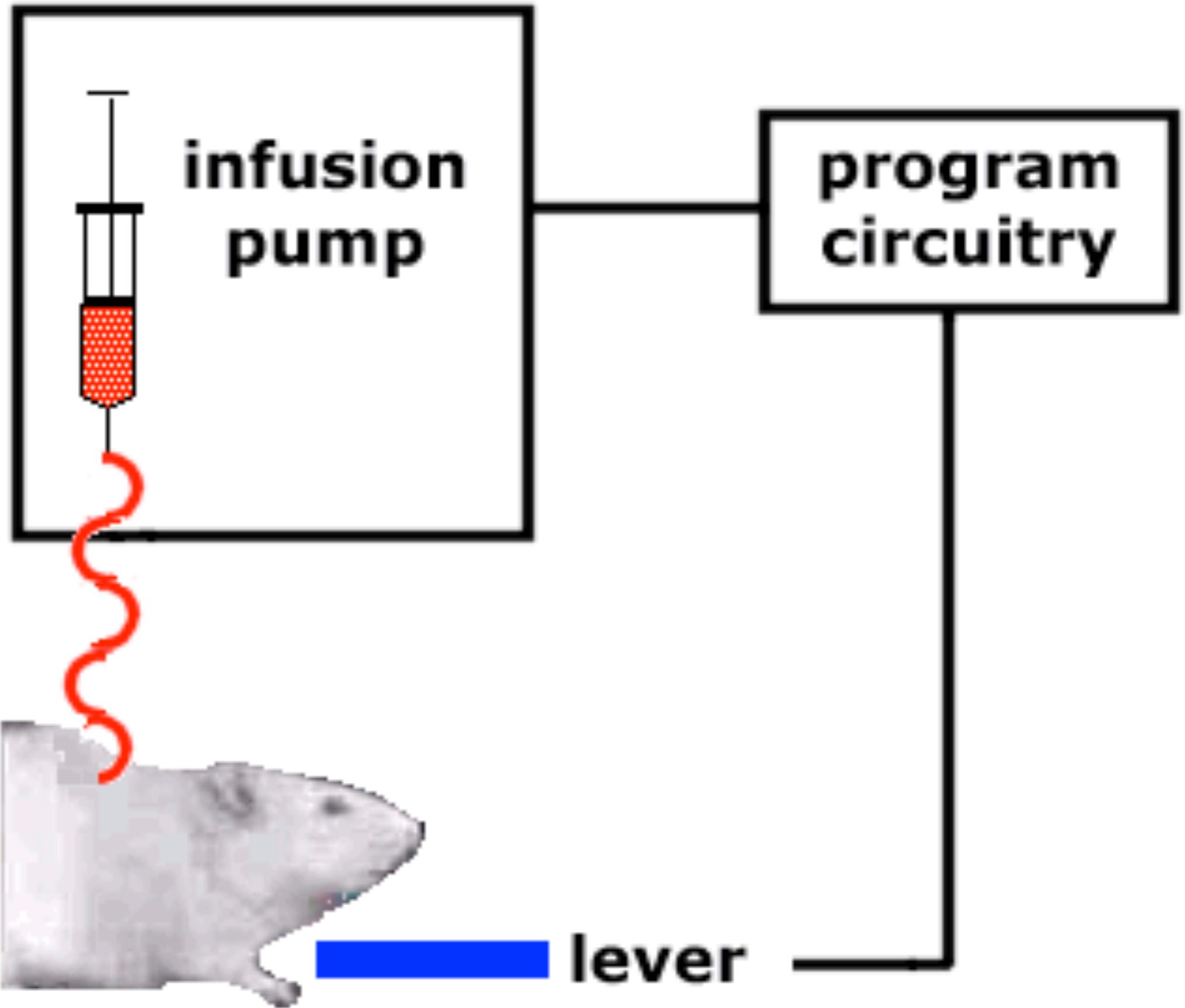
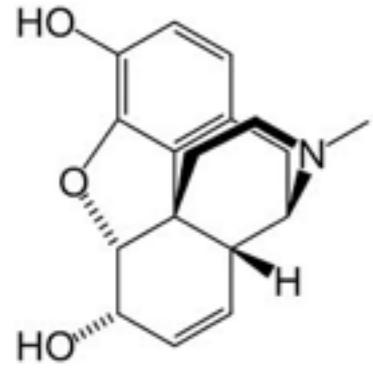
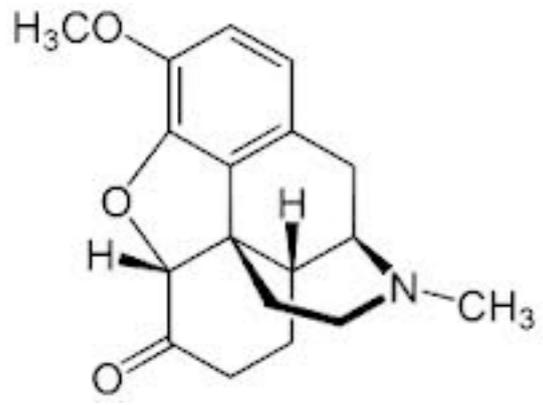
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Nicole Richie

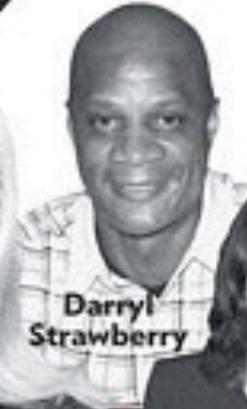
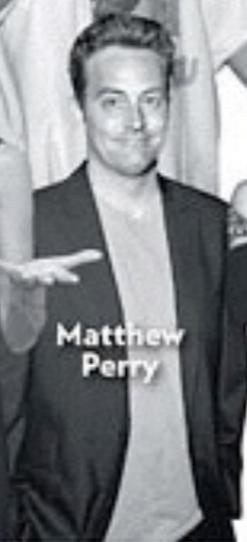
admitted she took Vicodin and smoked pot before driving her SUV the wrong way down a highway in 2006.

Cindy McCain,

then addicted to Vicodin, was investigated by the DEA after stealing pills from her own medical charity.

Albert Gore III

was pulled over in his Prius on July 4, 2007, and found to have 140 Vicodin on him. He was arrested.



PHOTOGRAPHS: CHARLES ESHELMAN/GETTY IMAGES (FLEISS); PAUL JASIENSKI/GETTY IMAGES (FAVRE); JASON MERRIT/GETTY IMAGES (MCCAIN); JIM SPELLMAN/GETTY IMAGES (STRAWBERRY); TODD WILLIAMSON/WIREIMAGE (GORE); PATRICK MCMULLAN (REMAINING)

DJ RACKS & SO FRESH CLOTHING PRESENT

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