North America’s Opioid Syndemic

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Illusions, Visual ...and Painful

Purves D. et al.
The Journal of Neuroscience 1999

Mirror Therapy

Phantom Pain

No Phantom Pain

“Preexisting Brain-States”

BOLD activation levels predict subsequent pain intensity

Kucyi A, Davis KD. Trends in Neurosciences, 2015


Langford D, et al. J. Pain 2018

Number and type of PTSD symptom domains worsen outcomes in patients with chronic pain
Zero to... *Nothing Else Matters*

- **MILD** (Green)
  - 0: No pain
  - 1: Hardly notice pain
  - 2: Notice pain, does not interfere with activities
  - 3: Sometimes distracts me
  - 4: Can do usual activities

- **MODERATE** (Yellow)
  - 5: Interrupts some activities
  - 6: Hard to ignore, avoid usual activities
  - 7: Focus of attention, prevents doing daily activities

- **SEVERE** (Red)
  - 8: Awful, hard to do anything
  - 9: Can’t bear the pain, unable to do anything
  - 10: As bad as it could be, nothing else matters
Other Illusions & their Unintended Consequences

“Chronic Pain is not a state of opioid deficiency.”

80% Of Global Opioid Supply is Consumed in the United States

‘A bottle of Oxy’s… for nearly everyone!!’
Addiction: Reward Systems... 

Slide adapted from Jane Ballantyne
American Pain Society, 2017
Opioid related overdose deaths per 100,000

Opioids

“Benzo”-diazepines

Centers for Disease Control and Prevention
MMWR

Opioid related overdose deaths per 100,000

2011

2012

2013

2014

UW Medicine
PAIN MEDICINE
Acute Pain quantity limits for short acting opioids:
• 18 dosages/prescription for children (≤20 years of age). 42 dosages per prescription for adults (≥21 years of age); EXEMPT overrides the quantity
• Long-acting opioids for acute approved only EXEMPT for cancer, palliative, and other when applicable

Transition to Chronic:
• No more than 42 calendar days of opioid use within a rolling 90-day period.
• Use of any opioid for more than 42 days within a 90-day period is considered chronic use of opioids and requires prior authorization.

Chronic Pain:
• Exemption, with documentation
Education: **Patients & Families, Students & Clinicians**

Support from Mayday Fund 2017

**NIH Centers of Excellence in Pain Education. Posted 2018**
Anscher, Gordon, Tauben, Trego, Wilson
UW TelePain
A service for community-practice providers to increase knowledge and skills in chronic pain management

UW TelePain sessions are collegial, audio/video-based conferences that include:
1. Didactic presentations from the UW Pain Medicine curriculum for primary care providers.
2. Case presentations from community clinicians.
3. Interactive consultations for providers with a multi-disciplinary panel of specialists.
4. Education in use of guideline-recommended measurement-based clinical tools to improve diagnosis and treatment effectiveness.
5. Follow-up case presentations to track outcomes and optimize treatments for ongoing care of your patients.

UW TelePain sessions for community health care providers are held each Wednesday, noon to 1:30 p.m.
You are invited to present your difficult chronic pain cases or ask questions, even if you don’t present a case.
The expertise of the UW TelePain Panel spans pain medicine, internal medicine, anesthesia, rehabilitation medicine, psychiatry, addiction medicine, and nursing care coordination.

Learn more about these sessions on the UW TelePain website
http://depts.washington.edu/anesth/care/pain/telepain/

Questions?
telepain@uw.edu

To register:
Download and complete the registration form and fax it to 206-221-8259. Form location

UW Medicine Pain and Opioid Consult Hotline for Clinicians
1-844-520-PAIN (7246)

UW Medicine pain pharmacists and physicians are available Monday through Friday, 8:30 a.m. to 4:30 p.m. (excluding holidays) to provide clinical advice at no charge to you.

Consultations for clinicians treating patients with complex pain medication regimens, particularly high dose opioids:
• Interpret Washington State Prescription Monitoring Program record to guide you on dosing
• Individualized opioid taper plans
• Systematic management of withdrawal syndrome
• Evaluate/recommend non-opioid/adjunct analgesic treatment
• Triage and risk screening
• Individualized case consultation for client care and medication management
• Explain/review Center for Disease Control and Prevention (CDC) opioid guidelines: https://www.cdc.gov/mmwr/volumes/65/mm6501e1.htm

Are CME credits available? Yes
The University of Washington School of Medicine to provide continuing medical education to providers. The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The University of Washington School of Medicine designates this educational activity for a maximum of 1.5 CME credits (Category 1 Credits). Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each session 1.5 credits)

Bockman C, Ballantyne J, et al
### Chronic Pain Treatments

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Effectiveness</th>
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</thead>
<tbody>
<tr>
<td><strong>Opioids</strong></td>
<td>≤ 30%</td>
</tr>
<tr>
<td>(No long-term evidence of benefits)</td>
<td></td>
</tr>
<tr>
<td><strong>Non-Opioid Drugs</strong></td>
<td>≤ 30%</td>
</tr>
<tr>
<td><strong>Analgesic Drugs</strong></td>
<td>≤ 30%</td>
</tr>
<tr>
<td><strong>CBT/Mindfulness</strong></td>
<td>≤ 50%</td>
</tr>
<tr>
<td><strong>Exercise</strong></td>
<td>15%</td>
</tr>
<tr>
<td><strong>TENS</strong></td>
<td>5-12%</td>
</tr>
<tr>
<td><strong>Acupuncture</strong></td>
<td>10-80%</td>
</tr>
<tr>
<td><strong>Sleep restoration</strong></td>
<td>&gt; 40%</td>
</tr>
<tr>
<td><strong>Hypnosis</strong></td>
<td>Modest</td>
</tr>
<tr>
<td><strong>Manual therapies</strong></td>
<td>Small</td>
</tr>
<tr>
<td><strong>Yoga</strong></td>
<td>12%</td>
</tr>
<tr>
<td><strong>Tai Chi</strong></td>
<td>15%</td>
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For Practitioners and Our Health Systems
“Six Building Blocks”

1. Leadership & Consensus
2. Registry to proactively manage patients
3. Revise policies and standard work
4. Prepared, patient-centered visits
5. Caring for complex patients
6. Measuring Success
“Prepared Patient-Centered Visits”

- Medication assisted treatment programs
  - Eliminate multiple unnecessary barriers to buprenorphine
- Behavioral & Physical Health therapies
  - CBT, MBSR, PT/trainers & gyms, Yoga, Acupuncture, Manipulation, Nutritional support
- Rx “Take Back” programs
- Naloxone
- Prescription Drug Monitoring Program enhancements
“Model Care Pathway”

Integrated Pain & Substance Use Disorder

Deb Gordon DNP, RN
Ivan Lesnik, MD
Social and Economic Determinants Cannot Be Successfully Rx’ed Away

“For the secret of the care for the patient is in caring for the patient.”

Francis Peabody, 1927