



Chronic Pain and Addiction New Treatment Strategies

Daniel P. Edney MD
Medical Associates of Vicksburg
Vicksburg, MS



Objectives

- › Define the problem of pain
- › Understanding acute vs chronic pain
- › Objectives of pain management
- › Pitfalls in treatment
- › New treatment strategies

Definitions

- › Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, Intl Assoc. for the Study of Pain (Mesky 1979)
- › Similar to definition of pornography
- › Acute vs chronic
- › Chronic pain with secondary addiction

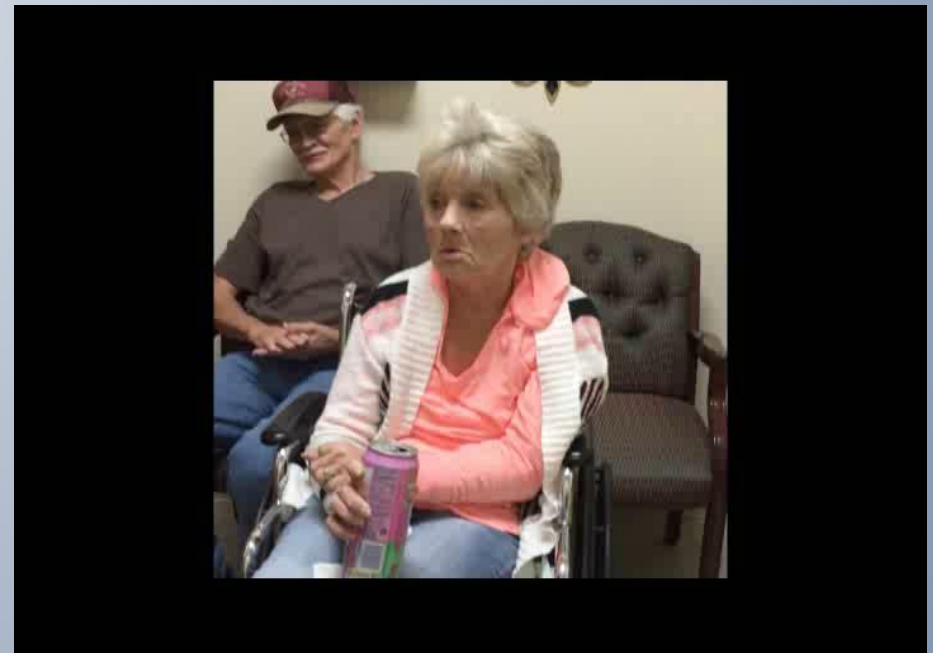
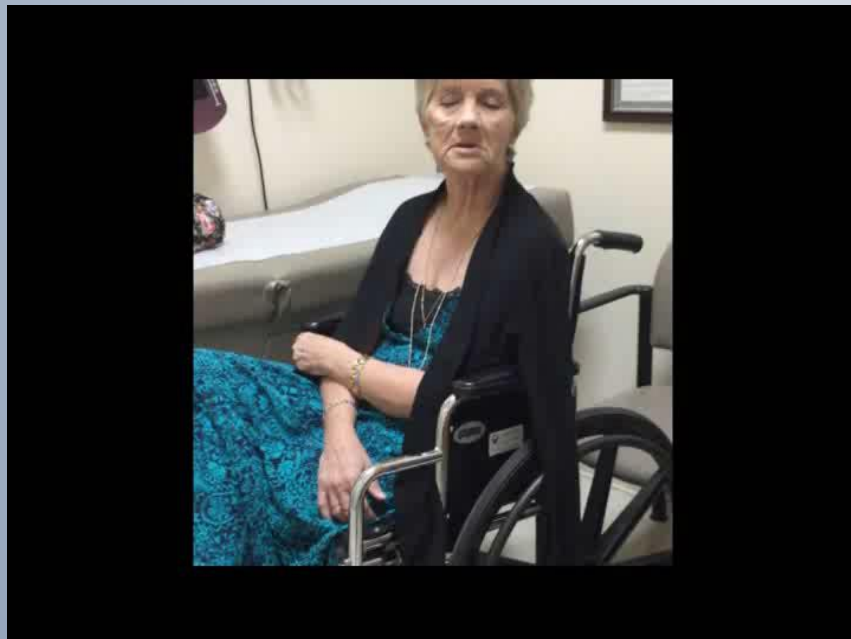
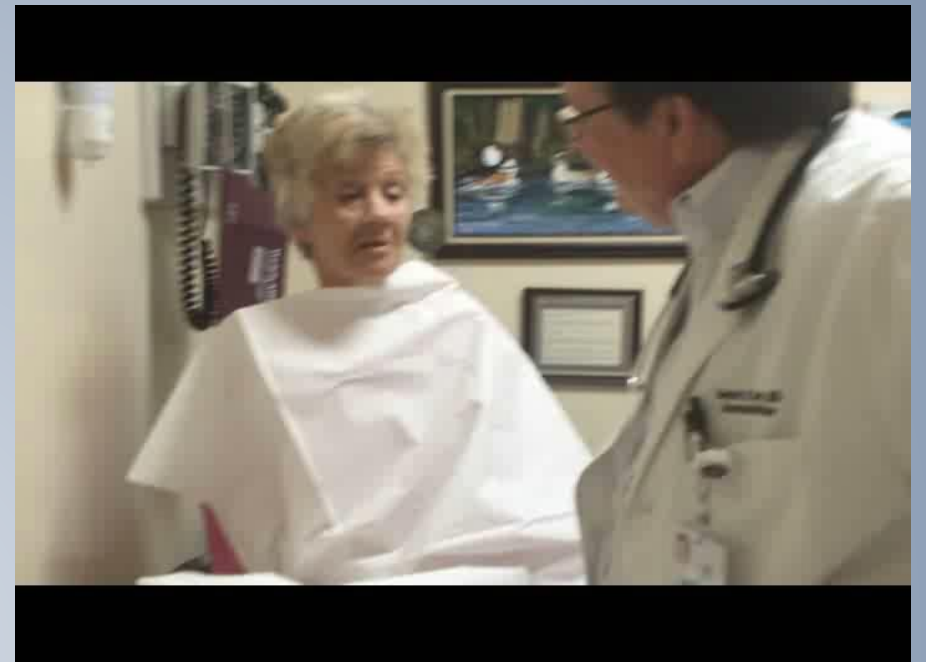




Treatment Goals

- › Improve function/reduce disability
- › At the very least maintain function
- › Reduce pain by at least 50%
- › Improve quality of life
- › Reduce suffering to the safest extent possible









It is not necessarily to
eliminate pain

Primum non nocere



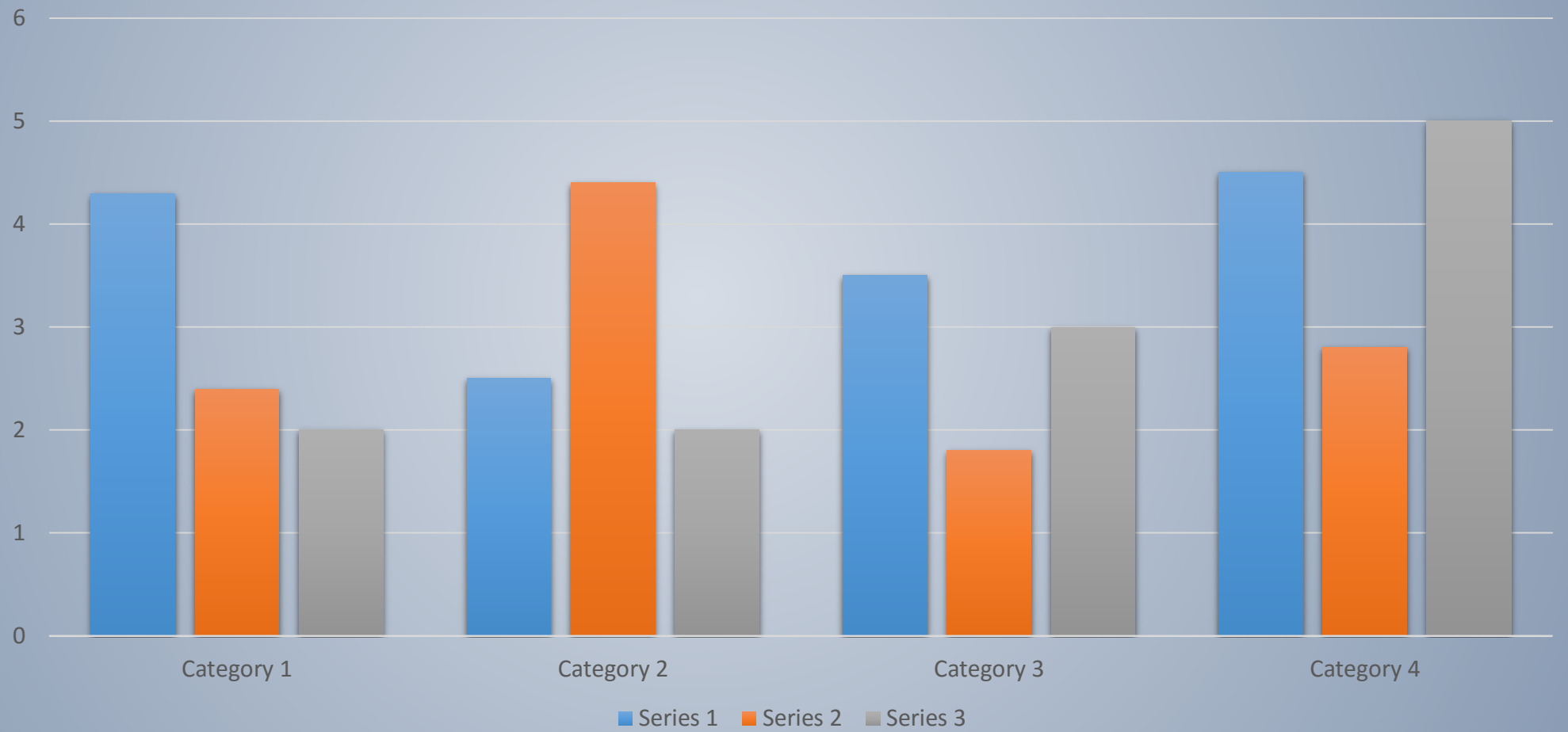


Title and Content Layout with List

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Title and Content Layout with Chart





Major Complications

- › Opioid Induced Hyperalgesia
- › Chronic pain with secondary addiction



Opioid Induced Hyperalgesia

- › Clinically recognized by treatment centers after the opioid prescription epidemic started in 1990s
- › Characterized by continued escalation in pain associated with escalation of opioid dosing
- › Deterioration in ADL performance
- › Progressive decline in quality of life
- › Incidence is unclear but as high as 27%



Pathophysiology

- › COMT expression-influenced influenced by genetics and trauma
- › Chronic hyper-stimulation of opioid receptors
- › NEUROPLASTICITY
- › Neurotransmitter depletion
- › AMPLIFICATION of pain signal transmission from mesolimbic system to the prefrontal cortex
- › OIH does not equal addiction but may be complicated by it



Causitive Agents

- › Opiates/opioids
- › Alcohol
- › Benzodiazepines
- › Amphetamines
- › Nicotine
- › Tramadol at higher doses



Diagnosis and Treatment

- › Problematic
- › Clinical diagnosis
- › Treatment is conversion to non-opioid therapies



Non-Opioid Pharmacologic Treatment

- › NSAIDs/Cox-2 inhibitors
- › Tricyclics/SSRIs/SNRIs
- › Topicals
- › Ofirmev/toradol for parental use
- › Tramadol during transition

- › Buprenorphine



Buprenorphine

- › Partial agonist –antagonist at opioid receptor
- › Aborts withdrawal phenomenon
- › Significant analgesia
- › Eliminates hyperalgesic phenomenon

Problems with Conversion

- › Acute opioid withdrawal
- › Exacerbation of pain for 2-4 weeks
- › High incidence of relapse with recurrence OIH
- › Plagued with failure



Conversion with Buprenorphine

- › Immediate onset of action
- › Aborts withdrawal phenomenon
- › Pain score reduction of >50% in over 80% at 2 hrs
- › Well tolerated
- › Outpatient with lower cost



Chronic pain with Addiction

- › Pain as a craving equivalent
- › Obsession is with the pain
- › Pain and the obsession with pain relief drives compulsivity of use
- › All diagnostic criteria apply
- › Same outcomes without treatment





Treatment

- › Same as recreational addiction including inpatient/IOP as indicated for severity
- › Preferably in center with expertise in chronic pain recovery
- › 12 step recovery with understanding/insight into pain issues
- › CBT with pain recovery groups
- › Non-opioid pharmacology
- › Non-pharmacologic treatments
- › Buprenorphine as a treatment of last resort



Two Content Layout with Table

	Group A	Group B
Class 1	82	85
Class 2	76	88
Class 3	84	90

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Group A

- Task 1
- Task 2

Group B

- Task 1
- Task 2

Group C

- Task 1