

**Pain and Chemical Dependence as a
Complex Human Experience**

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**“Most people think
that everything is
just what they
assume.”**

(Van Morrison, 2005, *Just Like Greta*)

Prevalence Studies

Prevalence data suggest that the rate of abuse of prescription pain relievers has nearly doubled between 1997 and 2002, and related overdose deaths have surpassed that of many street drugs, including heroin

(Gilson, Ryan, Joranson, et al., 2004; SAMHSA, 2008)

Societal Concern

- The National Prescription Drug Threat Assessment (2010) has classified the dramatic increase in prescription opioid misuse and diversion as a public health threat.
- The significant increase in availability of prescription opioids is thought to be a contributing factor to the rise of misuse and diversion (Compton & Volkow, 2006; Dunn et al., 2010).

Societal Concern

- Estimates in the United States
 - 76 million people are living with chronic pain (USDHHS, 2006)
- Estimates in the United States
 - 4.7 million Americans used prescription pain relievers for nonmedical reasons during the month they were surveyed in 2008 (SAMHSA, 2009)

Health Care Utilization

Studies conducted in Veteran Administration medical centers:

patients with coexisting addiction and chronic pain cost more in health care resources

(Morasco & Dobscha, 2008; Trafton, Oliva, Horst, Minkel, & Humphreys, 2004).

Challenges of Health Care Providers

- The ambiguity of how to manage patients with these coexisting addiction and pain conditions has been cited as a barrier to care
(Berg, Arnsten, Sacajiu, Karasz, 2009; Merrill, Rhodes, Deyo, Marlatt, Bradley, 2002; Upshur, Luckmann, Savageau, 2006; Wilsey, Fishman, Crandall, Casamaluapa, Bertakis, 2008; Miller, Yanoshik, Crabtree, Reymond, 1994; Baldacchino, Gilchrist, Fleming, Bannister, 2010)
- There is also low provider satisfaction in providing health care in this population
(Upshur, et al., 2006; Merrill, et al., 2002; Miller, et al., 1994; Wilsey, et al., 2008; and Baldacchino, et al., 2010).

Challenges for Patients

- Struggles with coexisting addiction and pain
 - Addiction
 - Stigma
 - Feeling demeaned
 - Isolation
 - Pain not well treated

(Campbell & Cramb, 2007; Denny, 2004a; Kaiser & Tarzian, 2006; Walker et al., 1999; Jackson, 1994; Osborn & Smith, 1998; Werner, Widding, Isaksen, & Malterud, 2004)

Challenges for Patients

- Comparing methadone patients with pain and without pain
 - Pain patients scored lower on QOL measures
 - significantly lower general health,
 - social and physical functioning,
 - mental health and vitality.
 - Greater % reported
 - depression, anxiety, suicidal ideation, and hallucination in the last month and over their lifetime.

(Trafton, et al., 2004)

Challenges for Patients and Providers

- Lifetime history of SUD (Primary Care)
 - more likely to report borrowing pain medication from friends or family
 - requesting an early refill of pain medication
 - history of SUD are 3-6 times more likely to misuse.
- Patients with SUD more likely to
 - underreport prescription misuse.
 - increased risk of misuse

(Morasco & Dobscha, 2008)

Challenges for Patients

- Associated with prescription medication misuse:
 - Current depression
 - Younger age
 - Poor QOL
- Not associated with prescription medication misuse:
 - Pain duration, severity, and disability

(Morasco & Dobscha, 2008)

Consequences of Pain and Addiction

- Social
 - Caregiving
 - Community
 - Family stressors
 - School and work
- Economic
 - Health care costs
 - Health care utilization
 - Poverty
 - Work productivity

Nursing Research is Key

- Nurses are concern with
 - principles and laws that govern the life processes, well being and optimum functioning of human beings – sick or well
 - patterning of human behavior in interaction with the environment in critical life situation
 - processes by which positive changes in health status are affected.

Nursing Research is Key

- This area of research is without paradigm (model, pattern, standards, definition)
- Without a paradigm all the facts seem equally relevant (Beth Rodgers, 2005)

Chaos

- Build up of anomalies (Thomas Kuhn, 1970)
- Chaos:
 - Patients with a brain disease of addiction being incarcerated
 - Providers who care for them are working with the ambiguity
 - The suffering of pain is allowed to occur in the name of addiction and diversion
 - The suffering of addiction goes undetected

A New Paradigm

- “Normal science breaks down and the only way to account for anomalies will be to generate a new paradigm” (Rodgers, 2005, p.101)
- A new paradigm is the coexistence of addiction and pain where the problem is scientifically investigated as a whole
 - rather than just the addiction or just the pain.

Settings of Pain and Addiction Encounters

- Pain Clinics
- Addiction Clinic
- Post Operative Units
- Emergency Departments

Pain and Addiction

- Pain
 - Somatic symptoms
 - Treatment:
 - Prescription pain medicine
 - Non medicine modalities
 - Pharmacies
 - Legitimate

Pain and Addiction

- Addiction
 - Hedonic Tone
- Treatment:
 - Addiction Treatment
 - Methadone Clinics
 - Buprenorphine
 - Regulations

The Wounded Story Teller by Arthur W. Frank

- The Ethics of Listening
 - Our most difficult duties as human beings is to listen to the voices of those who suffer
 - Listening as a fundamental moral act

The Wounded Story Teller by Arthur W. Frank

- As wounded, people may be cared for
- As story teller, people care for others
 - Empathic bonds
 - Stories can heal
- Recover the voice, that illness and treatment take away

Chemical Dependency (Addiction)

- State of the knowledge
- Neurophysiology of addiction
- Neurotransmitters
- Neuroanatomy
- Dopaminergic Tract

Chronic pain and Remission of Addictive Disease

Of 52 chronic pain patients on opioid therapy, 27% had a history of addictive disease (50% with family history), but did not meet diagnostic criteria for a substance use disorder

(Compton, et al., 1998).

Monitoring for Emergence of Relapse

- Like constipation and sedation, symptoms of relapse must be monitored as a medication related adverse effect
- Evidence of addiction in pain patient on opioid therapy
 - Adverse consequences associated with opioid use
 - Loss of control over the use of opioids
 - Preoccupation with obtaining opioids
 - Decline in function

(2001 Consensus Statement, ASAM, AAPM, APS)

Behaviors that Raise Suspicion of Addiction?

- More predictive?
- Less predictive?

We must change the way we look at the problem

See it through a new set of eyes ...

Nursing Inquiry of this issue

- Aristotle:
 - Seek out the truth of what is the concept of coexisting addiction and pain
 - Simply looking at behaviors limits the view of "what is it"
 - Simply looking at PMH or FH may not cue us that coexisting addiction and pain is present nor will it explain when it occurs or why it occurs
(or why it does not occur)
- American Nurses Association (2003) Nursing's Social Policy Statement:
 - Integrate "objective data with knowledge gained from an appreciation of the patient or group's subjective experience"

Chronic Pain and Addiction

- Majority of chronic pain patients on chronic opioid therapy do not develop addiction
- Opioid misuse behaviors exist on a continuum
- Predisposing factors can exist for developing addiction

Coexisting CD and Pain

- Unique experiences
- Anatomic paths of the nervous system have commonalities
- Addictive responses are altered by the physiological presence of pain
- Pain responses are altered by the physiological presence of addiction.

Monitoring Procedures

- Urine drug screens
- Pill counting
- Pharmacy Profiles (HIPPA)
- Collateral interview (friend, family, boss, etc)
- Regular office visits: document
 - Analgesia, ADEs, Activity, Adherence

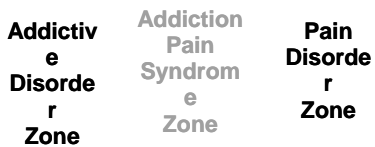
What came first?

- In two methadone clinics, 50% of patients reported pain as the reason for first using drugs (Rosenblum et al., 2008; Jamison et al., 2000)
- Another study conducted at a methadone clinic reported that 31.7% of individuals stated that their addiction preceded their chronic pain (Rhodin et al., 2006).

Underlying psychological disease

- Psychological conditions accompany many chronic pain syndromes.
- Failure to recognize these and refer patient for appropriate management may represent incomplete or inappropriate management of the pain patient.

Addiction-Pain Syndrome



Comparing Treatment Models

- Pain Clinics Focus On The Pain
 - Pain Clinics Struggle With Addiction
- Addiction Programs Focus On The Addiction
 - Addiction Programs Struggle With Pain
- APM Focuses On The Pain And Addiction
 - APM Deals Effectively With Both Conditions

Pain and Addiction Specialists Working Together

- Reciprocity

- Use matter-of-fact and unapologetic tone when referring
- Explain importance of assessing factors of each problem of addiction and of pain
- Assure that referral does not mean transfer of care
- Help make the evaluation appointment

Patient-Clinician Relationship

- Critical for patients with coexisting addiction and pain
- They have already felt demeaned and devalue and they anticipate further criticism of substance use and discount of their pain
- They blame themselves
- Respect and concern need to be present
 - Explain the pain and addiction are uninvited chronic illnesses and both need to be treated conscientiously.

Universal Precautions

- Diagnosis
- Psychological assessment
- Informed consent
- Treatment agreement
- Intervention reassessment
- Trial of opioid therapy
- Reassessment of pain score and level of function

Universal Precautions

- Periodically reevaluation of pain diagnosis and addiction diagnosis
- Documentation of initial evaluation and follow up visits using a standard approach
 - Analgesia
 - ADLs
 - Adverse Events
 - Aberrant behaviors (Gourlay, 2008)

Chronic Pain and Active Addiction

- Start addiction treatment
- Defer opioids until begin
- Non-opioid analgesics determined by pain pathology
- Implement non-medicine ways of managing pain

Chronic Pain and In Recovery

- Without Medication
 - Non-opioid analgesics
 - Non-medicine modalities
 - Determined by pain neurophysiology
- Medication-assisted therapy
 - Continue agonist, increase dose as required for analgesia (within limits)
 - Relapse Prevention Treatments

Chronic Pain and in Recovery

- Reconditioning as determined by functional evaluation
- Complementary therapies
- Treatment of comorbidities
- Monitor

Prescription Monitoring Program

- <http://www.phcybrd.state.mn.us/Main-PMP.htm>
- Purpose is to identify people who are “doctor-shopping”
- “The Board encourages pharmacists and prescribers who identify such patients to help them get the help that they need to deal with either chronic, under-treated pain or chemical dependency. “

Treatment Outcomes

- Effective Medication Management
 - Decreasing relapse rates
- Increased Ability To Problem Solve
 - Improved hope for recovery
- Reduced Pain And Suffering
 - Moving from victim to empowerment

Conclusion

- Substance abuse issues are complex during pain management and they defy simple solutions
- These issues require tactical and humane approaches that combine thoughtful diagnosis, structure and a team approach
- The area of coexisting addiction and pain is an emerging issue...

Future...

- Things are not always as they seem.
- Medical charts are not the official story of the person's illness.
- Story telling is for an other just as much as it is for oneself.
- The voice can be made possible, but not contained...
