Pain, Opioids and the EMR

Dr. Gordon Schacter

April 12, 2018

Faculty/Presenter Disclosure

- **Faculty: Gordon Schacter**

- **Relationships with commercial interests:**
  - **Grants/Research Support:** None
  - **Speakers Bureau/Honoraria:** Merck Frost
  - **Consulting Fees:** KGK Science, Trial Management Group
  - **Other:** London Middlesex Clinical Lead South West LHIN

Disclosure of Commercial Support

- **No Commercial Support**

- **Potential for conflict(s) of interest: None**

Mitigating Potential Bias

- No drug names are used.
- No specific EMR vendors names are used.
- Resources are provided.

Background

- Focus on Chronic Non-Cancer Pain not Acute Pain
- Resources:
  - **Guideline for opioid therapy and chronic non-cancer pain.** *CMAJ May 08, 2017 189 (18) E659-E666;*
  - *Centre for Effective Practice*: **Management of Chronic Non Cancer Pain Tool**
  - *Health Quality Ontario Quality Standards:* **Opioid Prescribing for Chronic Pain**

Management of Chronic Non-Cancer Pain

- Step 1: Comprehensive Assessment
  - May need to be completed **over more than one visit.**
- Step 2: Management Options
  - **Select non-pharmacological and/or pharmacological therapies. (Non-opioids and opioids)**
- Step 3: Initiate, Adapt and Evaluate
- Step 4: Refer as Appropriate

Step 1: Comprehensive Assessment

- **People with chronic pain receive a comprehensive assessment, including consideration of their functional status and social determinants of health.**
- A comprehensive assessment includes an assessment of the following
  - The pain condition
  - Any other medical conditions
  - Psychosocial history, including history of trauma
  - Mental health status
  - Medication and substance use history
  - Functional status
  - Sleep patterns
  - Past and current substance use disorder
  - Past pain management and coping strategies

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Comprehensive Assessment

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Comprehensive Assessment

- **The Pain Condition**
  - Identify pain diagnoses, e.g., OA, FM or NP
  - If suspected Complex Regional Pain Syndrome (CRPS), consider urgent referral
  - Pain
    - Intensity
    - Exacerbating and alleviating factors
    - Character
    - Systemic symptoms
    - Duration

Custom Stamp

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OPQRSTUV

Pain Assessment

Pain is a multidimensional, subjective phenomenon, so a person's self-report is the most valid way of assessing pain if the person is able to communicate. Clinicians should use a consistent, systematic approach to exploring and assessing pain. The mnemonic OPQRSTUV to assist health-care providers systematically explore and assess people who screened positive for the presence or risk of, any type of pain and who are able to self-report.

O	**Onset**	When did your pain begin? How did it start? What were you doing? How often does it occur? How long does it last?
P	**Provoking Palliating**	What brings it on? What makes it better? What makes it worse?
Q	**Quality**	What does it feel like? Can you describe it?
R	**Region Radiation**	Where is it? Pain Map Does it spread anywhere?
S	**Severity**	Pain intensity (0-10) Right now? At best? At worst? On average? How bothered are you by the pain? Any other symptom(s) that accompany the pain?
T	**Treatment**	Medications and treatments currently using? How effective are these? Do you have any side effects? Medications and treatments used in the past?
U	**Understanding**	What do you believe is causing your pain? How is your pain affecting you and / or your family?
V	**Values**	What is your goal for your pain? Acceptable level of pain (0-10)? Any other views or feelings about your pain that are important to you or your family?
	Aggravating / alleviating factors	
	Associated symptoms	
	Attributions / adaptations	

Comprehensive Assessment

- **The Pain Condition**
  - Past investigations/consultations
  - Response to current/past treatments (consider whether trial was long enough to evaluate efficacy/side effects)
  - Past medical history
  - Current medications (including prescription, non-prescription, and natural products)

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Comprehensive Assessment

- **Mental Health Status**
  - Current and past psychiatric history (e.g., depression **PHQ-9**[iii],anxiety **GAD-7**[iv]**,** PTSD)
  - Family psychiatric history
  - Assess psychological yellow flags

PHQ-9 & GAD-7

Last done Mar 2, 2018 Copy from prior

Depression (PHQ-9)

Date Apr 4, 2018

Patient Name Jen Test D.O.B Feb 9, 1972 Age 46 Sex F Patient Id ...547

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	○	○	○	○
Feeling down, depressed, or hopeless	○	○	○	○
Trouble falling or staying asleep, or sleeping too much	○	○	○	○
Feeling tired or having little energy	○	○	○	○
Poor appetite or overeating	○	○	○	○
Feeling bad about yourself — or that you are a failure or have let yourself or your family down	○	○	○	○
Trouble concentrating on things, such as reading the newspaper or watching television	○	○	○	○
Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	○	○	○	○
Thoughts that you would be better off dead or of hurting yourself in some way	○	○	○	○

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
○	○	○	○

PHQ-9:

2018-02-14

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute

Anxiety (GAD-7)

Date Apr 4, 2018

Patient Name Jen Test D.O.B Feb 9, 1972 Age 46 Sex F Patient Id ...547

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious, or on edge	○	○	○	○
Not being able to stop or control worrying	○	○	○	○
Worrying too much about different things	○	○	○	○
Trouble relaxing	○	○	○	○
Being so restless that it's hard to sit still	○	○	○	○
Becoming easily annoyed or irritable	○	○	○	○
Feeling afraid as if something awful might happen	○	○	○	○

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
○	○	○	○

GAD-7

2018-02-14

Developed by Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med*. 2006;166:1092-1097.

Psychological Yellow Flags

YELLOW FLAGS[1]	
Assess the following to identify patients with CNCP who are at risk for poor outcomes:	
Biomedical	• Severe pain or increased disability at presentation • Previous significant pain episodes • Multiple site pain • Non-organic signs • Iatrogenic factors
Psychological	• Belief that pain indicates harm • Expectation that passive rather than active treatments are most helpful • Fear-avoidance behaviour • Catastrophic thinking • Poor problem-solving ability • Passive coping strategies • Atypical health beliefs • Psychosomatic perceptions • High levels of distress
Social	• Low expectations of return to work • Lack of confidence in performing work activities • Heavier workload • Low levels of control over rate of workload • Poor work relationships • Social dysfunction/isolation • Medico-legal issues
Patients at higher risk of poor outcomes may require closer follow-up and greater emphasis on a diversified non-pharmacological and pharmacological, multi-modal approach to treatment.[7]	

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March 2017

thewellhealth.ca/

Comprehensive Assessment

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  - Functional status
  - Sleep patterns
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  - Past pain management and coping strategies

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Comprehensive Assessment

- **Substance use/abuse history**
  - Review history of substance use, abuse, and addiction (start with family history then personal history):
  - Alcohol, cannabis, prescription medications, illicit drugs
  - Attendance at an addiction treatment program
  - May use **Opioid Risk Tool,** however, it has insufficient accuracy for risk stratification
  - Use urine drug testing before starting opioid therapy. Consider annual urine drug testing (or more often, as appropriate) for the use of opioid medication and/or illicit drugs

Opioid Risk Tool

Opioid Risk Tool (ORT)

Date Apr 4, 2018

Patient Name Jen Test D.O.B Feb 9, 1972 Age 46 Sex F Patient Id ...547

Risk Factors	
Family History of Substance Abuse:	
	Alcohol
	Illegal drugs
	Prescription drugs (specify):
Personal History of Substance Abuse:	
	Alcohol
	Illegal drugs
	Prescription drugs (specify):
Other Factors:	
	Age between 16 and 45
	History of preadolescent sexual abuse
	Psychological disorders (Obsessive-Compulsive, Bipolar, or Schizophrenia)
	Depression

ORT Low 2018-02-14

Comprehensive Assessment

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Functional Status

- … is a person's ability to perform activities of daily living, work, play, and socialization.
- Use a validated measure.
  - e.g. **Brief Pain Inventory**

Brief Pain Inventory

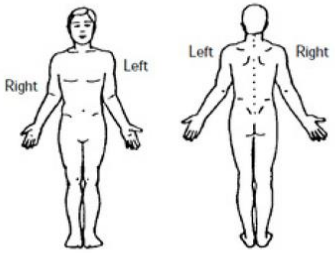
Date: ____ /____ /____ Time: _____

Name: _____ _____ _____
Last First Middle intial

1) Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today?

1. Yes 2. No

2) On the diagram, shade in the areas where you feel pain. Put an X on the area that hurts the most.



3) Please rate your pain by circling the one number that best describes your pain at its **worst** in the past 24 hours.

0	1	2	3	4	5	6	7	8	9	10
No pain										Pain as bad as you can imagine

4) Please rate your pain by circling the one number that best describes your pain at its **least** in the past 24 hours.

0	1	2	3	4	5	6	7	8	9	10
No pain										Pain as bad as you can imagine

5) Please rate your pain by circling the one number that best describes your pain on **average**.

0	1	2	3	4	5	6	7	8	9	10
No pain										Pain as bad as you can imagine

6) Please rate your pain by circling the one number that tells how much pain you have **right now**.

0	1	2	3	4	5	6	7	8	9	10
No pain										Pain as bad as you can imagine

7) What treatments or medications are you receiving for your pain?

_____

_____

8) In the past 24 hours, how much **relief** have pain treatments or medications provided? Please circle the one percentage that most shows how much relief you have received.

0%	10	20	30	40	50	60	70	80	90	100%
No relief										Complete relief

9) Circle the one number that describes how, during the past 24 hours, pain has **interfered** with your:

A. General activity

0	1	2	3	4	5	6	7	8	9	10
Does not interfere										Completely interferes

B. Mood

0	1	2	3	4	5	6	7	8	9	10
Does not interfere										Completely interferes

C. Walking ability

0	1	2	3	4	5	6	7	8	9	10
Does not interfere										Completely interferes

D. Normal work (includes both work outside the home and housework)

0	1	2	3	4	5	6	7	8	9	10
Does not interfere										Completely interferes

E. Relations with other people

0	1	2	3	4	5	6	7	8	9	10
Does not interfere										Completely interferes

F. Sleep

0	1	2	3	4	5	6	7	8	9	10
Does not interfere										Completely interferes

G. Enjoyment of life

0	1	2	3	4	5	6	7	8	9	10
Does not interfere										Completely interferes

Social Determinants of Health

- The social determinants of health include, but are not limited to, the following:
  - Education
  - Employment
  - Family and social support
  - Geographic location
  - Housing
  - Income
  - Transportation and access to care

SDH – Tablet-Based Tools

Social History

Occupation or source of income:

Relationship status:

What is your sexual orientation?

Were you born in Canada? No Yes

Type of residence:

How would you describe your diet? (select all that apply)

balanced | vegetarian | vegan | low-carb | low-fat | low-calorie | gluten-free | pescatarian | could be better | other

What sort of exercise have you had in the past week?

walking | cycling | swimming | running | golf | yoga | pilates | aquatics | team sports | other physical activities | weight lifting | none significant

How many minutes on average have you exercised *per week* in the last month?

Smoking History:

Do you smoke currently? No Yes

Do you use other tobacco or nicotine products?

none | chewing tobacco | cigars | pipe | vaping | nicotine patch | nicotine gum | nicotine inhaler | other nicotine replacement

How often do you have a drink containing alcohol?

Do you use marijuana?

Do you sometimes use cocaine?

Do you sometimes inject drugs for recreational purposes?

Setting Goals for Pain Relief and Function

- People with chronic pain set goals for pain relief and functional improvement in partnership with their health care professionals. These goals are evaluated regularly.
  - **Regular evaluation of goals**
    - Management goals should be documented and monitored over time.
    - After initiating an opioid prescription, health care professionals should see the person with chronic pain for follow-up within 28 days.
    - Progress toward management goals should then be reassessed within 2 to 3 months.

Patient Goals

Personal care plan for chronic pain

The goal of managing chronic pain is to help you to return to the activities (work, family, social and recreational pursuits) that are most important to you. This form can help us work together toward that goal.

Patient name: Jen Test

Set Personal Goals Last score never done Progress towards goal:

- ☐ Improve Functional Ability Score
- ☐ Return to specific activities, tasks, etc.
- ☐ Return to work

Improve Sleep Current hours of sleep per night: Goal: hrs/night Progress towards goal:

- ☐ Follow basic sleep plan
- ☐ Take nighttime medications

Increase Physical Activity Progress towards goal:

- ☐ Attend physical therapy
- ☐ Daily stetching
- ☐ Aerobic exercise
- ☐ Strengthening

Manage Stress Main sources of stress:

- ☐ ...al intervention (counseling or classes, support group or therapy group): Progress towards goal:
- ☐ ...ly practice of relaxation techniques, meditation, yoga, creative activity, service activity, etc.
- ☐ Medication

Decrease Pain best pain level in past week: /10 worst pain: /10 Progress towards goal:

- ☐ Non-medication treatments
- ☐ Medication
- ☐ Other treatments

Physician name: Gordon Schacter Date: April 4, 2018 2018-02-14

Attribution: Institute for Clinical System Improvement (www.icsi.org).

Step 2: Management Options

- **First-Line Treatment With Non-opioid Therapies**
- People with chronic pain receive a multimodal combination of non-opioid pharmacotherapy and nonpharmacological therapies as first-line treatment. These therapies are ideally delivered through a multidisciplinary approach.

Non Pharmacological Therapies

- Physical Activity
- Psychological Therapy – CBT
- Physical Therapy
- Self Management

Self Management

LHIN 1

http://www.wechc.org/health-condition

Supported by:
The Chronic Disease Self Management Initiative

Ontario

Windsor Essex Community Health Centre
Centre de santé communautaire de Windsor Essex
Supporting the Vulnerable

LHIN 2

- https://www.swselfmanagement.ca

South West Self Management Program

Improving your health, together.

LHIN 3

- http://www.wwselfmanagement.ca

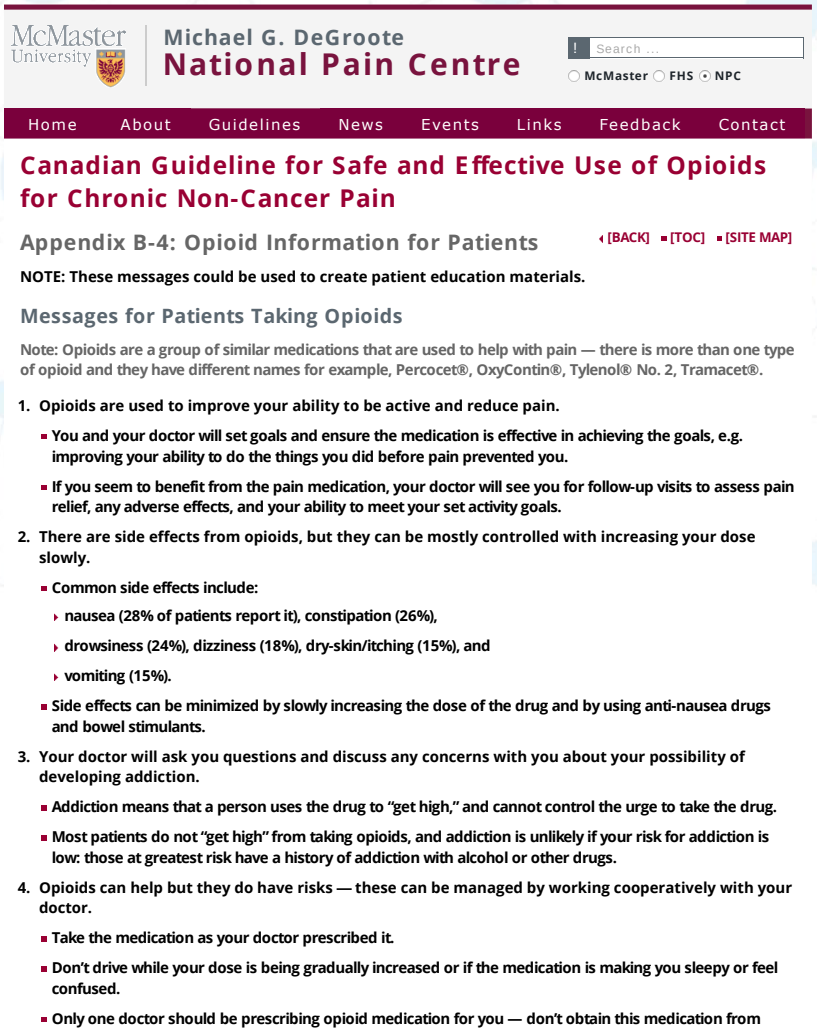
Waterloo Wellington Self-Management Program

Self Management Program Ontario

Information on Harms of Opioid Use and Shared Decision-Making

- People with chronic pain, and their families and caregivers as appropriate, receive information about the potential benefits and harms of opioid therapy at the time of both prescribing and dispensing so that they can participate in shared decision-making.

Opioid Information - Handout



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Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain

Appendix B-4: Opioid Information for Patients

[BACK] [TOC] [SITE MAP]

NOTE: These messages could be used to create patient education materials.

Messages for Patients Taking Opioids

Note: Opioids are a group of similar medications that are used to help with pain — there is more than one type of opioid and they have different names for example, Percocet®, OxyContin®, Tylenol® No. 2, Tramacet®.

1. Opioids are used to improve your ability to be active and reduce pain.
   - You and your doctor will set goals and ensure the medication is effective in achieving the goals, e.g. improving your ability to do the things you did before pain prevented you.
   - If you seem to benefit from the pain medication, your doctor will see you for follow-up visits to assess pain relief, any adverse effects, and your ability to meet your set activity goals.
2. There are side effects from opioids, but they can be mostly controlled with increasing your dose slowly.
   - Common side effects include:
     - nausea (28% of patients report it), constipation (26%),
     - drowsiness (24%), dizziness (18%), dry-skin/itching (15%), and
     - vomiting (15%).
   - Side effects can be minimized by slowly increasing the dose of the drug and by using anti-nausea drugs and bowel stimulants.
3. Your doctor will ask you questions and discuss any concerns with you about your possibility of developing addiction.
   - Addiction means that a person uses the drug to "get high," and cannot control the urge to take the drug.
   - Most patients do not "get high" from taking opioids, and addiction is unlikely if your risk for addiction is low: those at greatest risk have a history of addiction with alcohol or other drugs.
4. Opioids can help but they do have risks — these can be managed by working cooperatively with your doctor.
   - Take the medication as your doctor prescribed it.
   - Don't drive while your dose is being gradually increased or if the medication is making you sleepy or feel confused.
   - Only one doctor should be prescribing opioid medication for you — don't obtain this medication from

Opioid Treatment Agreement

Sample Opioid Treatment Agreement

I, *(name)*_____ understand that I am receiving opioid medication from Dr. _____to treat my pain condition.

I agree to the following:

1. I will not seek opioid medications from another physician. Only Dr. _____ will prescribe opioids for me.
2. I will not take opioid medications in larger amounts or more frequently than is prescribed by Dr. _____
3. I will not give or sell my medication to anyone else, including family members; nor will I accept any opioid medication from anyone else.
4. I will not use over-the-counter opioid medications such as 222's and Tylenol® No. 1.
5. I understand that if my prescription runs out early for any reason (for example, if I lose the medication, or take more than prescribed), Dr. _____ will not prescribe extra medications for me; I will have to wait until the next prescription is due.
6. I will fill my prescriptions at one pharmacy of my choice; pharmacy name: _____
7. I will store my medication in a secured location.

I understand that if I break these conditions, Dr. _____ may choose to cease writing opioid prescriptions for me.

_____ _____

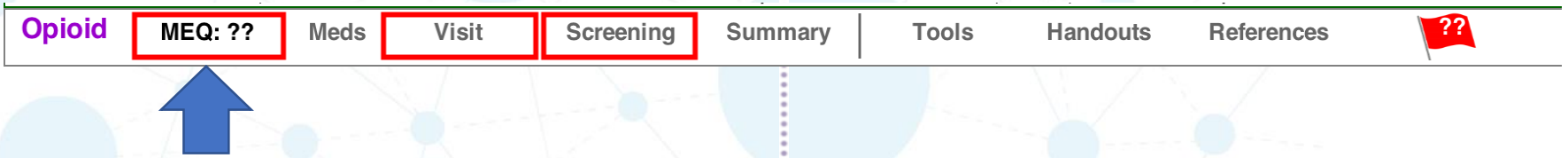
Patient signature *Date*

Source: Kahan 2006.

Step 3: Initiating Opioids for Chronic Pain

- After other multimodal therapies have been tried without adequate improvement in pain and function.
- No contraindications.
- Trial starts at the lowest effective dose
  - Preferably not to exceed 50 mg morphine equivalents per day.
  - In selected cases in which a higher dose is required for effective pain management and the person with chronic pain has discussed the increased risk of overdose and death with their health care professional, the dose may be titrated up to 90 mg morphine equivalents per day.

Calculating Morphine MEQ



Medication Review

Last Review

Current Opioid Meds **Total MEQ** 30

30 **OXYCODONE W/ ACETAMINOPHEN 5-325 MG TABS** (1 tablet 4 times daily for 30 days TABS)

Step 3: Evaluate

Response to Therapy (5As)

Date Apr 4, 2018

Patient Name Jen Test D.O.B Feb 9, 1972 Age 46 Sex F Patient Id ...547

This tool should always be administered by a doctor or healthcare professional. It is not intended to be given to patients for completion on their own.

1 Activity

What progress has been made in the patient's functional goals?

• Sitting tolerance	☐	☐	☐	☐
• Standing tolerance	☐	☐	☐	☐
• Walking ability	☐	☐	☐	☐
• Ability to perform activities of daily living	☐	☐	☐	☐

2 Analgesia

How does the patient rate the following over the last 24 hours? (0 = no pain 10 = worst pain imaginable)

Average Pain 1 2 3 4 5 6 7 8 9 10

Worst Pain 1 2 3 4 5 6 7 8 9 10

How much relief have pain medications provided? (0% to 100%))

0% 100%

3 Adverse effects

Has the patient experienced any adverse effects from medication?

☐ Constipation ☐ Sleeping problems ☐ Depression ☐ Hyperalgesia ☐ Dizziness

☐ Hypogonadism ☐ Dry mouth ☐ Nausea ☐ Drowsiness ☐

4 Aberrant behaviours

Has the patient been taking medication/s as prescribed? ◯ Yes ◯ No

Has the patient exhibited any signs of problematic behaviours or medication abuse/misuse?

Signs of drug and alcohol use	◯ Yes	◯ No
Unsanctioned dose escalations	◯ Yes	◯ No
Reported lost prescriptions or requested early repeats?	◯ Yes	◯ No

5 Affect

Have there been any changes to the way the patient has been feeling?

Is pain impacting on the patient's mood?	◯ Yes	◯ No
Is the patient depressed or anxious?	◯ Yes	◯ No

Clinical Notes:

2018-02-14

Once initiating opioid therapy, it should be monitored regularly by assessing what has been called the "5As" of Analgesia therapy. This monitoring tool, will assist you in adapting the treatment and management plan of your patient by evaluating whether the patient has a reduction in pain (Analgesia), has demonstrated an improvement in level of function (Activity), is experiencing significant Adverse effects, whether there is evidence of Aberrant substance-related behaviours, and mood of the individual (Affect).

Other Important Standards

- **Co-prescribing Opioids and Benzodiazepines**
  - People with chronic pain are not prescribed opioids and benzodiazepines at the same time.
- **Opioid Use Disorder**
  - People prescribed opioids for chronic pain who are subsequently diagnosed with opioid use disorder have access to opioid agonist therapy.

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Prescription Monitoring Systems

- Health care professionals who prescribe or dispense opioids have access to a real-time prescription monitoring system at the point of care.
  - Clinical Connect –
    - DHDR, Narcotic Monitoring System
    - Contact cswo@sw.ccac-ont.ca for more information

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Tapering and Discontinuation

- People with chronic pain on long-term opioid therapy, especially those taking 90 mg morphine equivalents or more per day, are periodically offered a trial of tapering to a lower dose or tapering to discontinuation.

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Opioid Tapering Guides

Centre for Effective Practice

Opioid Tapering Template

This tool is to support primary care providers in discussing the value of opioid tapering with all adult patients currently prescribed an opioid and to support their patients in reducing opioid dosages in a safe and effective way.

Opioid Tapering - EMR

Opioid Tapering Schedule

When to consider tapering?

What type of Opioid	MME	Dose		Frequency	MEQ
Hydromorphone	5.00	36	mg	bid	360

Tapering schedule: **Slow** **Moderate** **Fast** 96 weeks (22.2 months)

	Starting date	#weeks	Daily dose	MEQ	Frequency	Single dose	% original MEQ
1.	Apr 4, 2018	2	65	324	bid	33	90%
2.	Apr 18, 2018	2	58	288	bid	29	80%
3.	May 2, 2018	2	51	252	bid	26	70%
4.	May 16, 2018	2	44	216	bid	22	60%
5.	May 30, 2018	2	36	180	bid	18	50%
6.	Jun 13, 2018	2	29	144	bid	15	40%
7.	Jun 27, 2018	4	26	126	bid	13	35%
8.	Jul 25, 2018	4	22	108	bid	11	30%
9.	Aug 22, 2018	4	18	90	bid	9	25%
10.	Sep 19, 2018	8	17	81	bid	9	23%
11.	Nov 14, 2018	8	15	72	bid	8	20%
12.	Jan 9, 2019	8	13	63	bid	7	18%
13.	Mar 6, 2019	8	11	54	bid	6	15%
14.	May 1, 2019	8	9	45	bid	5	13%
15.	Jun 26, 2019	8	8	36	bid	4	10%
16.	Aug 21, 2019	8	6	27	bid	3	8%
17.	Oct 16, 2019	8	4	18	bid	2	5%
18.	Dec 11, 2019	8	2	9	bid	1	3%

Health Care Professional Education

- Health care professionals have the knowledge and skills to appropriately assess and treat chronic pain using a multidisciplinary, multimodal approach; appropriately prescribe, monitor, taper, and discontinue opioids; and recognize and treat opioid use disorder.

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Health Care Professional Education

- http://www.swpca.ca/20/Opioid_Strategy/
- Medical Mentoring for Addiction and Pain (OCFP) http://ocfp.on.ca/cpd/collaborative-networks
- Safer Opioid Prescribing (U of T) https://www.cpd.utoronto.ca/opioidprescribing/
- OntarioMD Peer Leaders https://www.ontariomd.ca/products-and-services/peer-leader-program/overview
- Partnering for Quality (P4Q) http://www.partneringforquality.ca

Health Care Professional Education

- Centre for Effective Practice – Academic Detailing https://effectivepractice.org/resources/academic-detailing-service/

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  - LHIN 3: pending

Questions

Thank you!