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COUNTERING THE OPIOID EPIDEMIC WITH ALTERNATIVE PAIN MANAGEMENT REGIMENS

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Like any physician in the United States, I'm well aware of the opioid epidemic and how my own prescribing practices might contribute to the crisis. A recent publication by the National Academy of Medicine (NAM) has renewed my resolve to take action in this arena. The report notes that effectively combatting opioid misuse and its consequences will require difficult and dedicated work by many, including patients and their families, physicians and healthcare workers, elected officials and community leaders. However, success will also hinge on a **"culture change" in prescribing** opioid medications and on prioritizing non-opioid strategies in the management of chronic pain.[1] NAM's message to clinicians is that no matter where you practice, non-opioid medications should be looked at first in almost all situations except for cancer, palliative, or end-of-life care.

For those a step removed from the brunt of the crisis, the statistics surrounding opioids often come as a shock. **According to the U.S. Centers for Disease Control and Prevention (CDC)**, more than 15,000 people across the country died from overdoses involving prescription opioids in 2015. (By comparison, approximately **43,000 Americans** die by suicide every year.[2]) Each day, the CDC reports, more than 1,000 individuals are seen in hospital emergency departments following misuse of prescription opioids.[3]

In my own work as an orthopedic surgeon, I'm always on alert for patients who come to my office either already addicted to opioids or at high risk for addiction. I also keep in mind other opioid-related dangers, including potential side effects like nausea/vomiting, drowsiness, constipation, and respiratory depression.[4] Even mild complications arising from opioid use can have a substantial impact on patient outcomes after surgery.[5] My colleagues and I used to prescribe opioids more liberally, but today we utilize a multimodal analgesia approach to perioperative pain management. We've reduced the amount of postoperative opioids we'll give to any one patient, and instead, look to other medications that can effectively control pain with fewer risks and side effects.

When we do see a patient who is a candidate for surgery that we suspect is misusing opioids, the first thing we try to do is wean them off of their medications. Often, this involves explaining to patients that if they reduce their medications prior to surgery, pain relief should come easier during post-operative recovery. Working with pain physicians, we'll also try substituting opioids they're currently taking with non-opioid over-the-counter or prescription medications, or with corticosteroid injections that can mitigate their pain.

As expected, orthopedic surgeons may see drug-seeking patients who typically present in one of two ways. The first, a patient with clinical and radiographic signs and symptoms of arthritis who is a surgical candidate, will say that he or she is in excruciating pain but does not want to undergo surgery, and will ask for a prescription for oxycodone or hydrocodone because no other medications work.

Others may come in post-operatively and ask if they can continue the opioids they were prescribed well outside of the normal time frame for post-operative pain.

Both scenarios are difficult to confront, but post-operative drug seekers can be especially challenging. Again, our approach is to recommend alternative pain management regimens, and to avoid such situations as much as possible by shaping our patients' expectations in advance. When an individual knows there is a strong possibility they won't have complete pain relief following surgery, they're less likely to pin their hopes for a pain-free future on an ongoing supply of prescription narcotics.

"In my practice, I've started offering cooled RF to hip patients with osteoarthritis who aren't candidates for surgery. The results thus far have been highly encouraging; my patients report experiencing less pain and note that they have reduced the amount of pain medication that they regularly take."

Cold and heat treatments, physical therapy, and medications like non-steroidal anti-inflammatory drugs and gabapentin, for example, can effectively counter pain for many individuals, as can relatively new non-invasive treatments like cooled radiofrequency (cooled RF).[6,7]

The CDC reports that in 2015 more than 70 opioid prescriptions were dispensed for every 100 people in the country.[8] As healthcare providers and prescribers of medication, it's up to us to bring that number down. We can do so if we look to pain management alternatives– and only turn to opioids as a last resort.

Antonia F. Chen, MD, MBA, has a consulting/speaking/financial relationship with Avanos Medical, Inc.

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1. https://www.nap.edu/resource/24781/Highlights_071317_Opioids.pdf
2. https://afsp.org/wp-content/uploads/2016/06/2016-National-Facts-Figures.pdf
3. https://www.cdc.gov/drugoverdose/data/overdose.html
4. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4418642/
5. http://journals.lww.com/annalsofsurgery/Fulltext/2017/04000/Preoperative_Opioid_Use_is_Independently.13.aspx
6. http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31744-0/fulltext
7. Malik, A. et al. Percutaneous Radiofrequency Lesioning of Sensory Branches of the Obturator and Femoral Nerves for the Treatment of Non-Operable Hip Pain. Pain Physician. 2003;6:499-502.
8. https://www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6626a4.pdf

There are inherent risks in all medical devices. For more detail on indications, cautions, warnings and contraindications, **click here**.

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