

# HOW THE OPIOID EPIDEMIC IS IMPACTING PAIN MANAGEMENT AND DRIVING THE DEVELOPMENT OF NON-NARCOTIC TREATMENT OPTIONS

By Lisa Kudlacz, General Manager of Avanos Medical Interventional Pain Management

In light of the increase in abuse of prescription opioids, the nation's top federal health agency, the Centers for Disease Control and Prevention (CDC), has intervened and created its first-ever guidelines for prescribing opioids for chronic pain, in order to combat the epidemic abuse of the morphine-like, potentially addictive drugs.

The guidelines urge doctors to avoid prescribing powerful opiate painkillers for patients with chronic pain, noting that the risks of such drugs can far outweigh the benefits for many people. In response to the new guidelines, some physicians now provide prescription checklists and require patients to sign a contract of sorts, in which they must agree to pain management screening, including random drug tests before receiving an opioid prescription.

Others are deferring from prescribing opioids for chronic pain conditions altogether. Consistent with the guidelines, non-opioid options such as post-operative pain pumps, nerve blocks, periarticular injections, neuraxial anesthesia, anti-inflammatory drugs, and exercise and psychological therapies are being positioned as front-line treatments in place of opioids.<sup>1</sup>



**How has the growing opioid abuse epidemic, from heroin to prescription pain pills, affected how opioids are prescribed?**

The prescription opioid epidemic in the U.S. has become a serious problem, and continues to yield discussion at the federal and local level regarding how opioids should be prescribed to curb the epidemic. Recently, the U.S. Senate overwhelmingly passed (94-1) a broad drug treatment and prevention bill to fight the growing painkiller epidemic.

The economic impact on already strained emergency room systems is incredibly high, with 420,000 opioid abuse-related ER visits each year, due to more than \$53 billion in non-medical opioid use. Further, in 2013 alone, nearly two million Americans reported opioid abuse or dependence, leading to 78 deaths per day, with overdoses surpassing gunshots as a cause of death.

The Senate bill represents an initial effort to establish national standards - an opioid policy - for how and when opioids should be prescribed, and how they should be distributed and managed. The bill's long-term goal is greater control from manufacturer to physician to patient, and thus, in theory, fewer opportunities for opioid abuse.



## What role has screening played traditionally in pain management system selection, and how has this changed in the last 10 years as abuse has risen?

Traditionally, screening, including assessment forms for evaluating the use of controlled substances that help treat patients' pain, has played a very important role in pain management.

However, in light of the current opioid epidemic and its status as a public health threat, it is clear that there are opportunities for physicians to further evaluate and scrutinize their current screening methods for selecting pain management systems - the development of the CDC guidelines, and others, are a direct response to that.



## How aware do you think clinicians are of the potentially high risk associated with prescribing opioids for some patients? Why?

Unfortunately, some clinicians are not aware of the full extent of the near-term and long-term potentially detrimental effects of prescribing opioids. Data from the Mayo Clinic in Rochester, Minnesota, indicates that one in five patients prescribed opioid painkillers progress to episodic prescription use, and six percent are at risk of chronic prescription use.<sup>2</sup> However, many patients do not fully understand the potential risks or negative side effects of taking opioid painkillers, including abuse, misuse and addiction, nausea, constipation, respiratory depression, and falls.

**Up to 40% of opioid addictions occur in chronic pain patients who would never describe themselves as typical drug addicts.**

Further, many patients are unaware that there are non-addictive alternatives. Patient and clinician education can change the way we prevent and treat a variety of conditions and can help to curb the opioid epidemic.



## How does the passage of time impact chronic pain treatment options?

**More than 100 million Americans suffer from chronic pain over extended periods.** In fact, the average length of time patients suffer from osteoarthritis (OA) pain before getting a knee replacement surgery is nine years.<sup>3</sup> Unfortunately, many patients do not qualify for surgery, and many pain treatment options eventually become less effective over time. Non-narcotic, minimally invasive treatment methods may be the best way to combat diminishing treatment efficacy.

**More than 100 million Americans suffer from chronic pain over extended periods.**



## What is the next step to fighting this epidemic?

The pain management industry needs to commit to addressing one of today's most important healthcare needs - providing long-term, non-opioid relief for patients suffering from chronic pain. The key to this is not only providing nonopioid options for chronic pain management, but also ensuring that healthcare providers and patients are aware of these options. This epidemic will only be controlled, and hopefully eliminated, if the entire pain management industry commits to educating patients and providers in practical terms about the risks of improper or poorly controlled opioid use and about viable, non-narcotic treatment options for chronic pain patients.

*Lisa Kudlacz is an employee of Avanos Medical, Inc.*

1. Frieden TR, Houry D. Reducing the Risks of Relief--The CDC Opioid-Prescribing Guideline. *N Engl J Med.* 2016 Apr 21;374(16):1501-4.
2. Hooten WM, St Sauver JL, McGree ME, Jacobson DJ, Warner DO. Incidence and Risk Factors for Progression From Short-term to Episodic or Long-term Opioid Prescribing: A Population-Based Study. *Mayo Clin Proc.* 2015 Jul;90(7):850-6.
3. Avanos Medical. OA Pain Landscape & Patient Journey: Research Results. PowerPoint Presentation. Share-out Session: December 7, 2015

# AVANOS

[avanospainmanagement.com](http://avanospainmanagement.com)

\*Registered Trademark or Trademark of Avanos Medical, Inc., or its affiliates.  
© 2018 AVNS. All rights reserved.  
DG182224 COPY-01938