

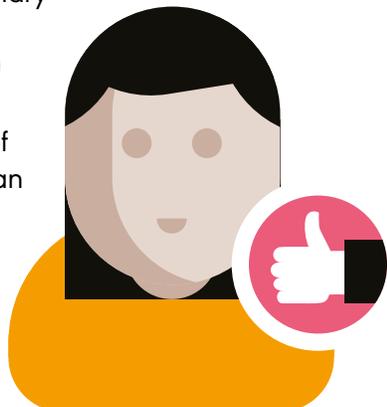
SETTING THE RECORD STRAIGHT ON CHRONIC PAIN MANAGEMENT

By Antonia F. Chen, MD, MBA, Rothman Institute

Prior to prescribing opioids in Pennsylvania, I am mandated by the state to refer to a PDMP (prescription drug monitoring program) as part of my standard patient care. As a physician, it can be easy to see more regulation as being additive to our daily workload. After all, if I want to prescribe an opioid medication, I have to look up the patient in an online system to make sure that the patient has not recently been prescribed opioids from another provider. However, as a physician who mostly prescribes opiates in the immediate postoperative period, I find that a PDMP can be a very beneficial program for patients as well as for physicians.

HOW PDMPs MAY IMPROVE QUALITY OF PATIENT CARE

For patient care, part of the cause of the opioid epidemic is a lack of patient education. Not all patients understand why taking opioids can be a problem and how it can impact their lives. By simply entering the patient's name into the PDMP system, I can easily identify if the patient has already been prescribed narcotics from their primary care physician or other physicians in the last 20 days. This may prevent a dangerous situation of over-prescription and can also be a catalyst for a conversation with the patient about the effectiveness of their pain treatment.



For the physician, a PDMP can provide leverage from an educational standpoint. It allows the physician to explain the treatment algorithm, the process behind prescribing, and create a situation of trust. The conversation is easier to have with a PDMP in place. For me, a PDMP is helpful to check prior to prescribing opioids to ensure that the patient is getting the correct treatment and not doing something to game the system which may cause them harm.

DIFFERENCES BETWEEN CHRONIC AND ACUTE PAIN

Chronic and acute pain are very different. With acute pain, there is an event, such as trauma or a surgical procedure where the patient can point and say, "this is when my pain started." This makes it easier to work with the patient and hopefully mitigate that pain over time. You can include treatment modalities such as anti-inflammatory drugs, physical therapy, injections and only if necessary, a short course of opioid medication. Chronic pain is different because it often develops slowly over time, may increase gradually for no apparent reason and the patient may feel like there is no end in sight.

Oftentimes, it's impractical to keep using one treatment option because it may not continue to work. For example, anti-inflammatory drugs are a viable daily treatment option, but patients can get gastrointestinal bleeding from prolonged use. The same can be true for other modalities of medications as well, including injections, which can have decreasing efficacy over time.

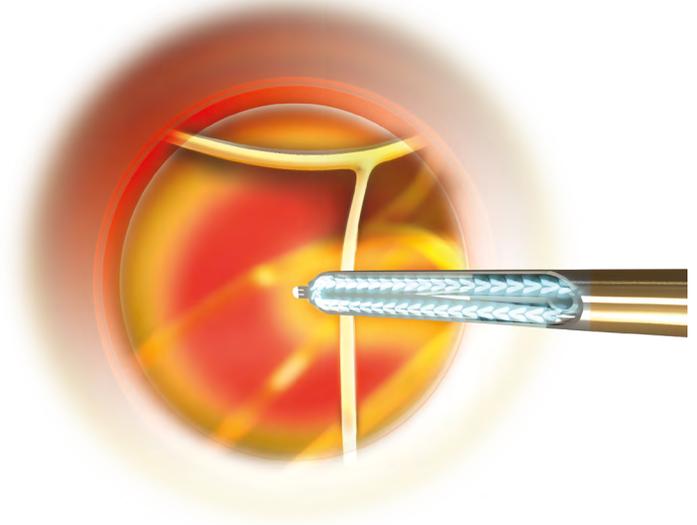
LONGER TERM RELIEF WITH COOLIEF* COOLED RADIOFREQUENCY (RF)

In my experience with COOLIEF*, it has been very useful for treating both chronic and acute pain patients. My patients who have chronic pain from osteoarthritis that are not surgical candidates or are not interested in undergoing a surgical procedure may be eligible for COOLIEF* to help manage their pain; and patients who are undergoing surgical procedures, such as total hip and knee replacements, can reduce their postoperative pain by utilizing COOLIEF* preoperatively. In terms of my relationship with patients, it gives me a non-narcotic option to decrease pain while improving the longterm treatment in a way that is beneficial to all stakeholders. After all, a healthy relationship with the patient is important to build and maintain. A PDMP helps physicians have visibility into the patient experience, what they have been prescribed, and may help to ensure a successful outcome.

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

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– Antonia F. Chen, MD, MBA



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