Walking The Tight Rope Of Pain Management And Addiction

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Using the Addiction-Free Pain Management® (APM) System

Developed By:

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The Development of APM™

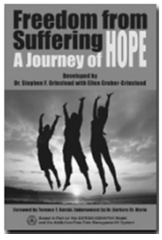
- (1980-2011) My recovery experience – A journey of hope
- (1983-2011) Working with addicted pain patients
- (1986-20111) Applying the CENAPS® Biopsychosocial model to pain management
- (1996-2011) Field testing the system
  - Evaluating protocols that make a difference

The Development of APM™

- (1997-2011) Transferring the technology
  - The evolution continues with you and agency's like yours who utilize APM™
- (2006-2011) Addiction-Free Pain Management® Centers of Excellence
- (2011) *Freedom from Suffering: A Journey of Hope*
- *(2012) Freedom from Suffering Live*
- *(2013-14) Freedom from Suffering Now*

Freedom from Suffering

It's a Right and A Responsibility



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How To Benefit From This Presentation

- Understand the APM™ Model
  - Know the principles and practices
- Integrate it into your personal/clinical style
  - Make it part of your routine practice
- Adapt it to the needs of your program
  - Improve your program quality & effectiveness
- Individualize it for each patient you see
  - Make a difference in the lives of your patients

Background Information

- In 2004, 11 million used opiates non-medically
- Pain management patients with opiate abuse
  - 9% in this study to 41% in other research
- Pain management patients' with illicit drug use
  - 16% in this study to 34% in other research
- 90% of pain patients use opiates

Source: Pain Physician Journal, 2006; Volume 9: pp 215-226

Background Information

- Increase in opioid abuse from 2002 – 2007
- 2007 study of non-medical Rx opioid use
  - 56.5% of abused Rx given by friend or family
  - 18.1% came from only one doctor
  - 14.1% bought from friend or family
  - 4.1% came from drug dealer or stranger

Source: International Association For The Study Of Pain, 2009

Cost of Chronic Pain Management

- Chronic pain is a major public health problem in U.S.
- Chronic pain management costs the nation an estimated $560 to $635 billion each year in medical treatment and lost productivity
  - This equals about $2,000 for everyone in the U.S.
- Chronic pain affects an estimated 116 million Americans
  - This is more than the number of Americans affected by heart disease, diabetes, and cancer combined

Source: Institute of Medicine (IOM) Report, June 29, 2011 — Relieving Pain in America

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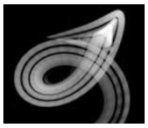
Treatment Outcome Indicators

High Outcome Patients

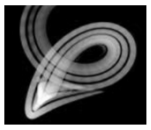
- Become actively involved in understanding their pain disorder and available treatment interventions
- Are open to multiple opinions & options
- Become self-motivated to actively & systematically experiment with both traditional & non-traditional pain management methods
- Positive Family and/or Social Support



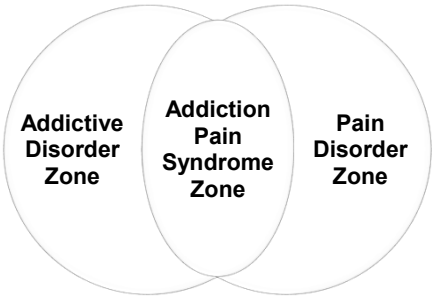
Treatment Outcome Indicators

Low Outcome Patients

- Become compliant in following recommendations with only the first professional they consult
- Expect to become pain free with minimal personal effort
- Are NOT motivated to experiment with both traditional & non-traditional pain management methods
- Lack of Positive Family and/or Social Support



Addiction-Pain Syndrome™



Non-Medical Prescription Drug Abuse

- ER visits for Opioid analgesics increased 111%, from 144,600 in 2004 to 305,900 in 2008.
- Most commonly used pain killers were Oxycodone (this includes OxyContin), Hydrocodone, and Methadone, all of which increased during the five-year period.
- ER visits for benzodiazepines increased 89% during the period from 143,500 in 2004 to 271,700 visits in 2008 and 24% during 2007 to 2008.

Source: U. S. Center for Disease Control – June 2010

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Opioid Drug Overdoses Lead The Rest

- Of the 38,329 drug overdose deaths in the U.S. in 2010, about 58% involved pharmaceuticals.
- The most common pharmaceutical ODs were:
  - Opioids 75.2%
  - Benzodiazepines 29.4%
  - Antidepressants 17.6%
  - Anti-epileptic and anti-parkinsonism drugs (7.8%)

Source: JAMA 2013; 309: 657-659

Opioids Also Present In These ODs

- 77.2% of benzodiazepines
- 65.5% of anti-epileptic and anti-parkinsonism drugs
- 58% of antipsychotic and neuroleptic drugs
- 57.6% of antidepressants
- 56.5% other analgesics, anti-pyretics, & anti-rheumatics
- 54.2% of other psychotropic drugs

Source: JAMA 2013; 309: 657-659

Commonly Abused Pain Drugs

- Alcohol, Marijuana, Methamphetamine
- Hydrocodone (Vicodin, Loratab, etc.)
- OxyContin & Oxycodone
- Demerol & Dilaudid
  - **Exalgo™ (Hydromorphone HCl) Remember Palladone? 24 Hour Extended-Release Tablets**
- Opana (oxymorphone) 12 Hour Extended-Release Tablets
- Morphine & Codeine
- Methadone

Commonly Abused Pain Drugs

- New generation of sleep medication
  - Ambien, Lunesta
- Supposed “non-addictive” pain medication
  - Ultram/Tramadol
  - Soma
- Benzodiazepines
- Over-The-Counter (OTC) Medications
  - Beware of ephedra & alcohol
  - Beware of acetometaphine

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Patient Goals for APM™ Treatment

- Increase effective medication management
  - Reduce relapse rates
- Increase problem solving ability for better pain management solutions
  - Experiment with new pain management strategies
  - Increase level of functioning
  - Increase hope for recovery
- Reduce pain and suffering
  - Shift from victimized to empowered
  - Going from surviving to **THRIVING!**

Treatment Obstacles

- Failure to recognize coexisting disorders
- Family system problems
  - Codependency (or enabling behaviors)
  - Burn out & becoming angry with the patient
- Judgmental healthcare providers
  - Minimize the seriousness of their pain
  - Imply that "it's all in their head"
  - Blaming them - "they did it to themselves"
  - Accuse them of med/drug seeking behaviors

Treatment Obstacles

- Patients' self-defeating reactions
  - Malicious compliance to keep Rx coming
  - Shift toward hopeless & helpless state of mind
  - Grief/Loss & feeling ashamed/guilty
  - Depression and other co-existing disorders
  - Treatment resistance and denial
  - Power struggles with treatment providers
- Opioid-Induced Hyperalgesia

Opioid-Induced Hyperalgesia

- **Definition**: A phenomenon associated with the long term use of opioids such as morphine, hydrocodone, Oxycodone, and methadone. Over time, individuals taking opioids can develop an increasing sensitivity to noxious stimuli, even evolving a painful response to previously non-noxious stimuli (allodynia). This study was on pain sensitivity in patients with non-cancer chronic pain, taking either methadone or morphine.

Journal of Pain; March 2009:
Hay JL, White JM, Bochner F, Somogyi AA, Semple TJ, Rounsefell B

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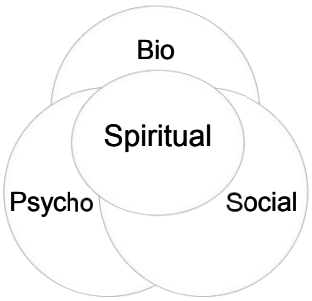
Small Group Discussion

- What types of negative or pejorative statements do you often hear about this population from…
  - Addiction Treatment Professionals
  - Mental Health Professionals
  - Medical/Pain Management Professionals
  - Family Members Or Friends

Expectations!

- Addiction Counselors
  - Abstinence Is "The Solution"
- Mental Health Providers
  - Psychotherapy Is "The Solution"
- Pain Management Providers
  - Medication Is "The Solution"
- Family Members
  - It's Your Job So Please Just Fix My Loved One!

Collaboration – Working With The Whole Person



Common Co-occurring Disorders

- **Addiction & Chronic Pain Disorders**
- **Severe Sleep Disorder**
- **Cognitive Impairment**
- **Anxiety Disorders**
- **Trauma Disorders (PTSD)**
- **Depression**
- **Eating Disorders**

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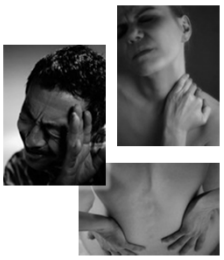
Patients Must Be Proactive

- **Patients Become Knowledgeable Active Participants — Not Passive Recipients**
- The Patient Is **Always** The Captain Of The Team
- Healthcare Professional: Is A Guide Or Coach
- Use A Collaborative Non-Confronting Approach
- Create A Collaborative Treatment Plan
- Develop Recovery & Relapse Prevention Plans

Types of Pain

- Acute Pain
- Chronic Pain
- Recurrent Acute Pain
- Anticipatory Pain
- Neuropathic Pain

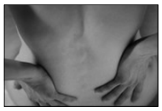


Acute Pain

- Symptom of underlying problem
- Damage to the system
- Source is easily identified
- Time limited healing process
- Analgesics or narcotics *may* be used

Chronic Pain

- Six month duration
- Source is often ambiguous
- Pain lingers long after initial injury
- May no longer serve useful purpose
- Treatment is often confusing and frustrating for patients and their healthcare providers



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Recurrent Acute Pain or Pain Flare-Ups

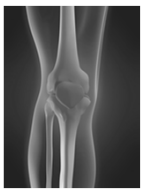
- Patients experience acute pain episodes
- Episodes are usually brief
- Low or pain free periods between episodes
- Often associated with identifiable precursors
- Needs a separate treatment plan
- Most of the time the intervention can be non-medication based except for some serious pain condition i.e., cancer

Anticipatory Pain

- Conditioned pain responses (Felt sense experiences or memories of pain)
- Activated by
  - Environmental triggers
  - Internal psychological/emotional triggers
- Often associated with previous pain flare up episodes
- You get what you expect!

Neuropathic Pain

- Definition:
  - "Neural (nerve) dysfunction that persists beyond the normal time-period of tissue healing"



Neuropathic Pain

- Symptoms:
  - Tingling, itching, numbness (Parasthesias)
  - Shooting, burning, stabbing, aching, electrical sensations (Dysesthesias)
  - Non-harmful stimulus perceived as painful (Allodynia)
  - Spatial Changes: pain perception extending beyond initial area of tissue injury
  - Phantom limb pain: It's not in their head

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Three Components Of Pain

- Biological
  - A signal that something is wrong
- Psychological
  - Meaning individual assigns to pain signal
- Social/Cultural
  - Role assigned to the person in pain
  - Family & cultural beliefs about pain

Pain Versus Suffering

- Pain — Physical sensations that tell us something is wrong
- Suffering — Psychological interpretation that the sensation is awful, terrible, or unbearable
- Pain is inevitable, but suffering is optional
- Freedom From Suffering
  - It's Your Right and Your Responsibility

Stress And Chronic Pain

- Low Stress Zero To Three
- Moderate Stress Four To Six
- High Stress Seven To Ten

Pain Scale

0 1 2 3 4 5 6 7 8 9 10

No Pain **Distressful Pain** **Agonizing Pain**

Levels of Pain

- 1 = Barely Noticeable
- 2 = Noticeable w/ No Distress
- 3 = Becoming Disturbing w/ No Distress
- 4 = Some Distress w/ No Coping Problems
- 5 = Distress w/ Some Coping Problems
- 6 = Distress w/ Significant Coping Problems
- 7 = Starting To Interfere w/ Functioning
- 8 = Moderate Interference w/ Functioning
- 9 = Severe Interference w/ Functioning
- 10 = Unable To Function At All

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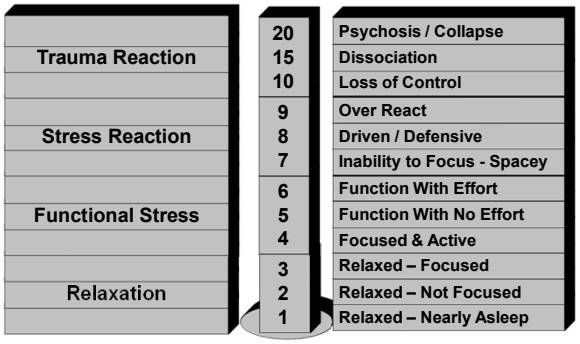
Relaxation Response Management

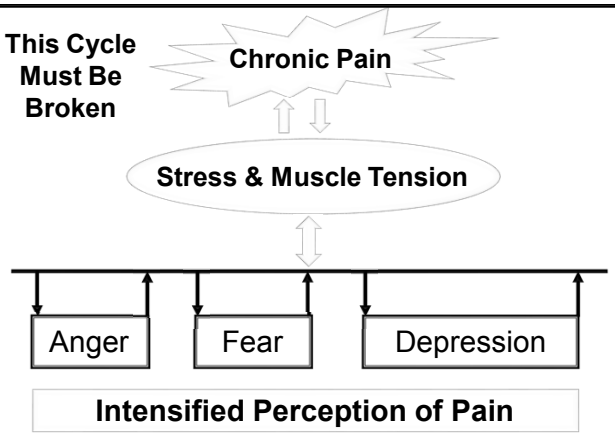
- Understand the Stress Thermometer.
- Match thermometer to life experiences.
- Keep stress below Level 7 at all times.
- Set up mutual time out signal.
- Teach immediate relaxation response.

The Stress Thermometer



Relaxation Response Methods

- Muscle stretching, tensing, relaxing
- Deep breathing
- Guided imagery
- Hypnotic language
  - Count backwards from 10 to 1
- Identify focal points for relaxation
  - Relax jaw or notice warmth in fingers
- Use of self-hypnotic/subliminal recordings



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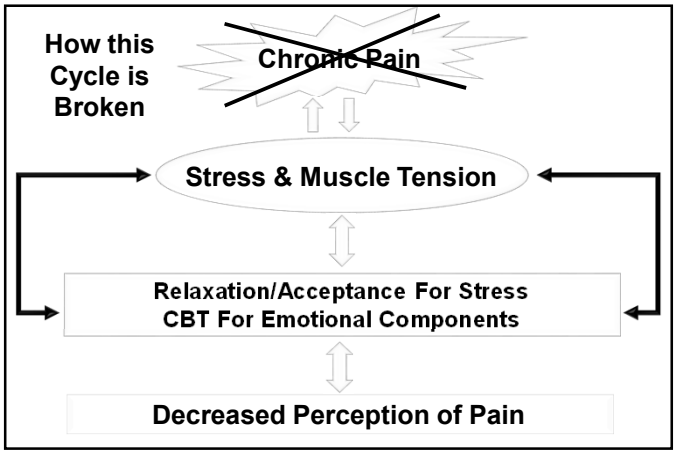

APM™ Outcome Treatment Goals

- Decreased perception of pain & freedom from suffering
- Reduction or elimination of relapse episodes
- Increased levels of functioning & quality of life
- Develop effective non-pharmacological proactive pain management skills
- Resolve co-occurring psychological disorders
- Reintegrate with family, community and work
- Proactive relapse prevention plan
- Therapeutic continuing care & transition plans
- Shift from victimized to empowered

One Day At A Time

My Favorite Sanskrit Proverb

Today well lived makes every yesterday
a dream of happiness and
every tomorrow a vision of hope

Web Site Resources

- www.FreedomFromSufferingNow.Com
- www.youtube.com/drstevegrinstead
- www.chronicpainanonymous.org
- www.terrygorski.com
- www.cenaps.com
- www.relapse.org

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