

Pain Care for People who have Opioid Use Disorder

Mi-CCSI Pain and Addiction Series

Your Speaker

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Objectives

1. Participants will be able to state the basic differences between the three FDA approved medications used to treat opioid use disorder.
2. Participants will have improved confidence in treating acute pain in patients also being treated for opioid use disorder.
3. Participants will be able to state at least one treatment recommendation for chronic pain that is nociceptive, neuropathic, and nociplastic.
4. Participants will be able to state at least two other professionals who might serve their patients with addiction and pain

Three Parts

1. Part 1:

Definitions

Types of treatment for opioid use disorder

Case presentation of someone with acute pain

2. Part 2:

Return to our representative patient, Charlene who is now planning a surgery

How setting expectations and pharmacotherapy can be used

Where to put your hands

3. Part 3:

How the team can impact effective pain care

Define types of pain

**Approaches to chronic pain care for those with
opioid use disorder**

Remember: This is a TEAM effort



Chronic Pain

Nociceptive

Neuropathic

Nociplastic

Nociceptive Pain

- This type of pain is the most familiar
- From injury or wear and tear
- Often will heal and get better
- Pharmacologic agents usually help with this type of pain
- Often will respond to non-opioid treatments like ibuprofen and tylenol
- Often will respond to physical treatments like OMT, chiropractic care, heat, ice, physical therapy, more

Neuropathic Pain

- This type of pain is from a nerve injury, nerve impingement, peripheral neuropathy, MS, trigeminal neuralgia, and more
- Descriptions include “burning, tingling, stabbing, lightning bolt, electrical...”
- The bad news is that this can be difficult to treat
- The good news is that it does not respond well to opioid therapy
- Pharmacology includes gabapentinoids, tricyclic antidepressants

Nociplastic Pain

- This is also known as centralized pain
- Think long standing back pain, fibromyalgia, interstitial cystitis, complex regional pain syndrome (RSD), others
- More bad news, can be tough to treat
- More good news, does not respond well to opioid management
- In fact, opioids tend to wind up this central nervous system and make this type of pain worse
- Sometimes will respond to gabapentinoids, antidepressants
- Best care includes lifestyle management

Approach to Chronic Pain in People with Opioid Use Disorder

- It turns out the approach in this patient population is the same as in people who do not have opioid use disorder
- There are many patients in recovery who misused their prescribed opioids and do not wish to return to chronic opioid use
- The most meaningful benefits will come from lifestyle management and the least meaningful benefits will come in a pharmaceutical

What do I Mean by Lifestyle?

- Think of it in terms of movement, mood, and rest
- Think of it in terms of improvement in function
- The pain scale has NO value in treating chronic pain
- If someone wants to talk about pain, it is sufficient enough to treat
- Search for problems that can be fixed
- Never assume that someone is looking for drugs

Assembling the Team



Behavioral Health

- Behavioral health providers play an important role for people in recovery and for people who have pain
- Behavioral medications often can support both mental health conditions and pain conditions BOGO!
- Therapy will address many concerns including mood disorders, misuse of drugs, coping with illness and pain, reframing pain perception, sleep issues, trauma, and much more
- Communication between primary care and behavioral providers can really UNIFY goals of care
- A tiny tidbit: allowing space for a patient to “vent” is appropriate, participating in “provider bashing” does not help the patient achieve their goals

RN Care Managers

- Many offices have RN Care Management Providers
- Often, an RN can have a visit with a patient in order to check in and then communicate progress to the provider
- Patients challenged by the diseases of addiction and conditions that cause pain may benefit by more frequent visits
- RNs may also help the patient with some lifestyle modifications including helping them with diet and exercise
- RNs can help connect your patient to resources/education to address social determinants of health (SDOH)

Physical Medicine Providers

- Physical therapists
- Psychiatrists
- Chiropractors
- Acupuncturists
- Massage therapists
- Interventional anesthesiologists
- Reiki providers
- And more...know your community!

Your Office Staff

- What do your patients see/hear/feel when they come to your office?
- Are all staff coached on language associated with stigma for those in recovery?
- Does your medical assistant help coordinate medications and treatments?
- How are late arrivals to appointments handled?
- How are no-shows managed?
- Does your billing system support your patients?
- How are past due bills managed?
- How does your management support YOU to make decisions that allow you to care for your patient population?

Summary: Part III

We defined major types of chronic pain based on tissue and injury

We talked about lifestyle management of chronic pain

We talked about who should be on the team to help you manage your patients with OUD and pain