PainWeek®

Chronic Pain in the Year of a Pandemic: Advanced Practice Provider Edition

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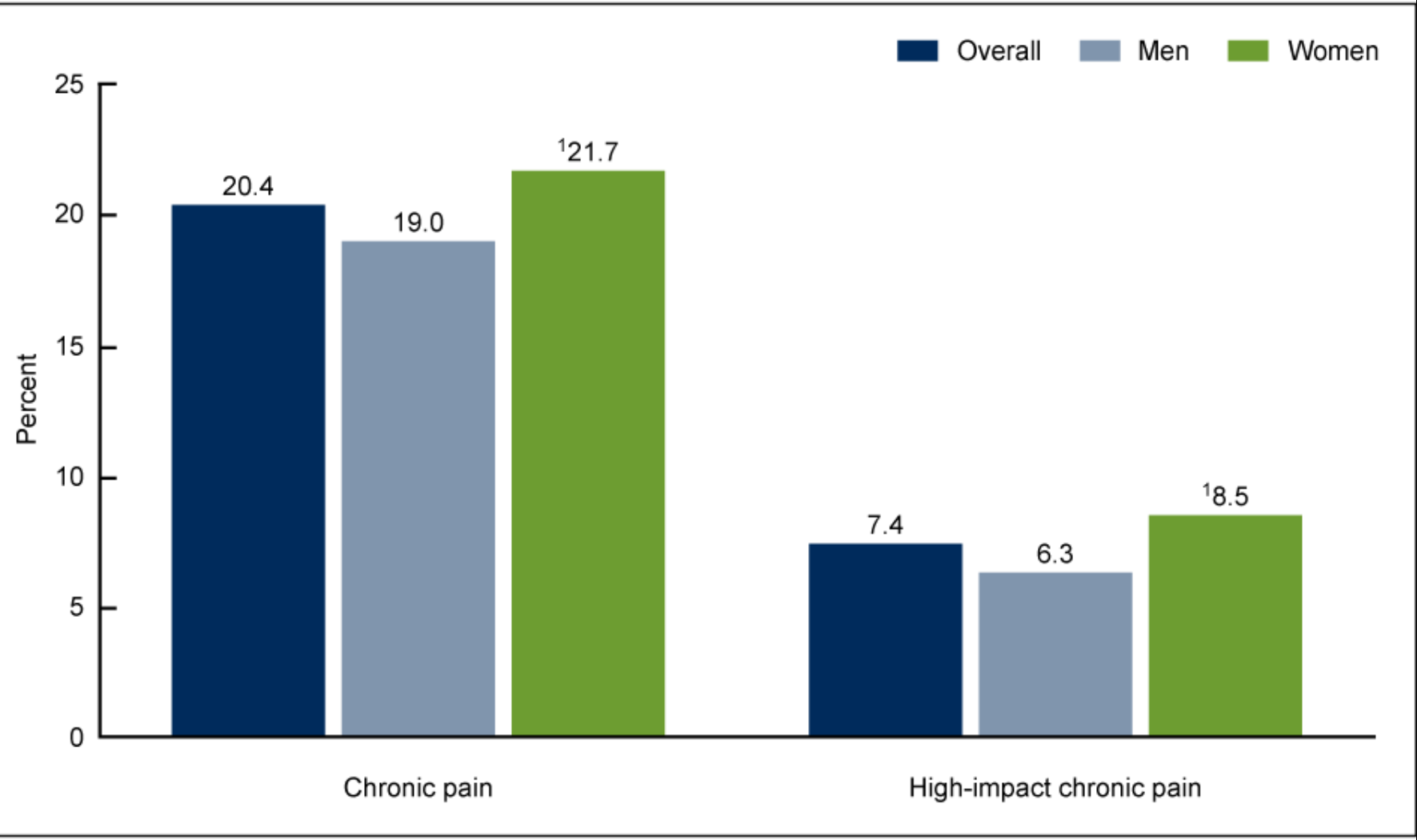
Disclosure

- Speakers Bureau: Salix Pharmaceuticals

Learning Objectives

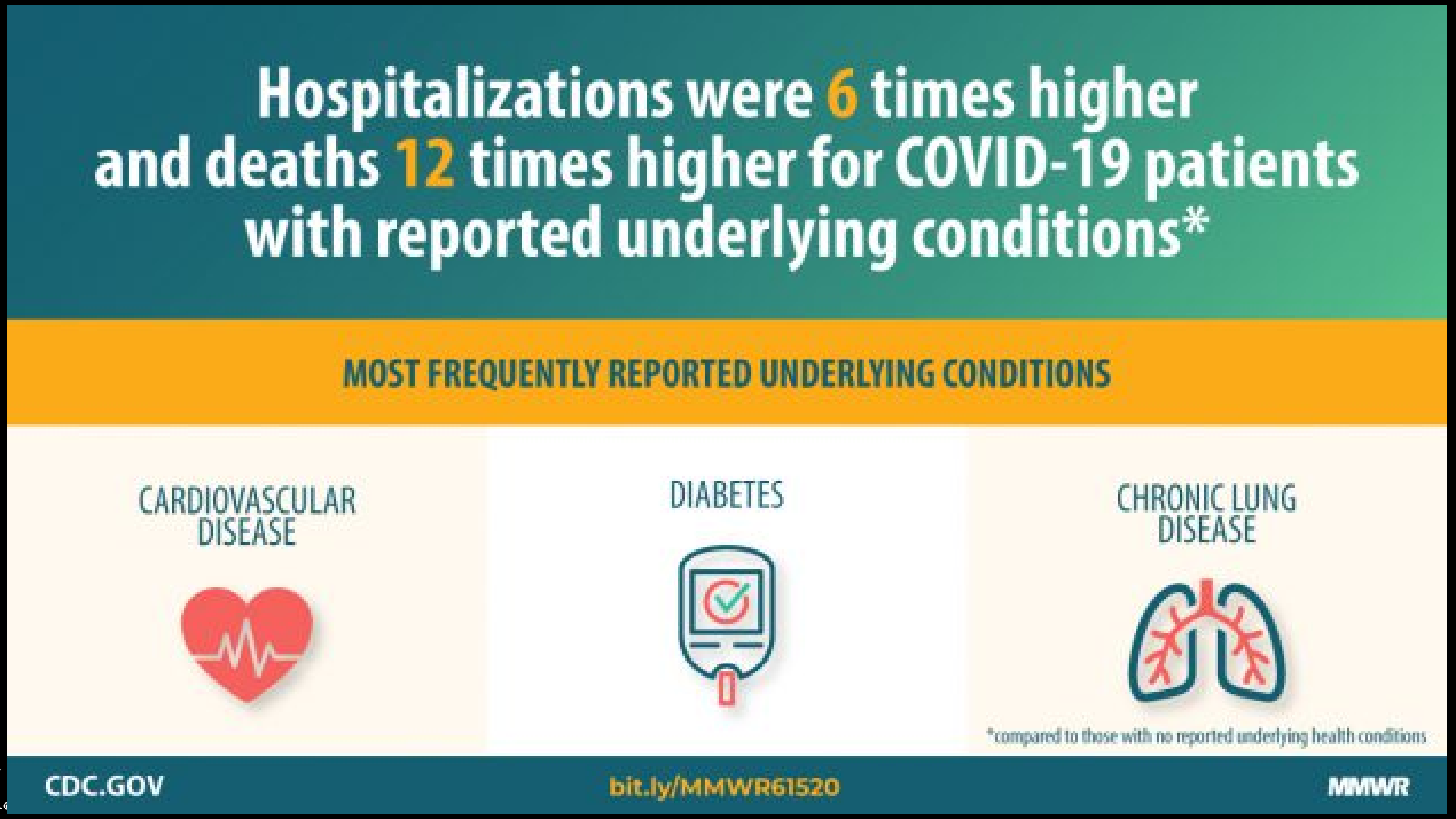
- Describe the changes of chronic pain management during the pandemic
- Identify the specific points to include in a chronic pain visit
- Explain how telemedicine pertains to chronic pain and the pandemic

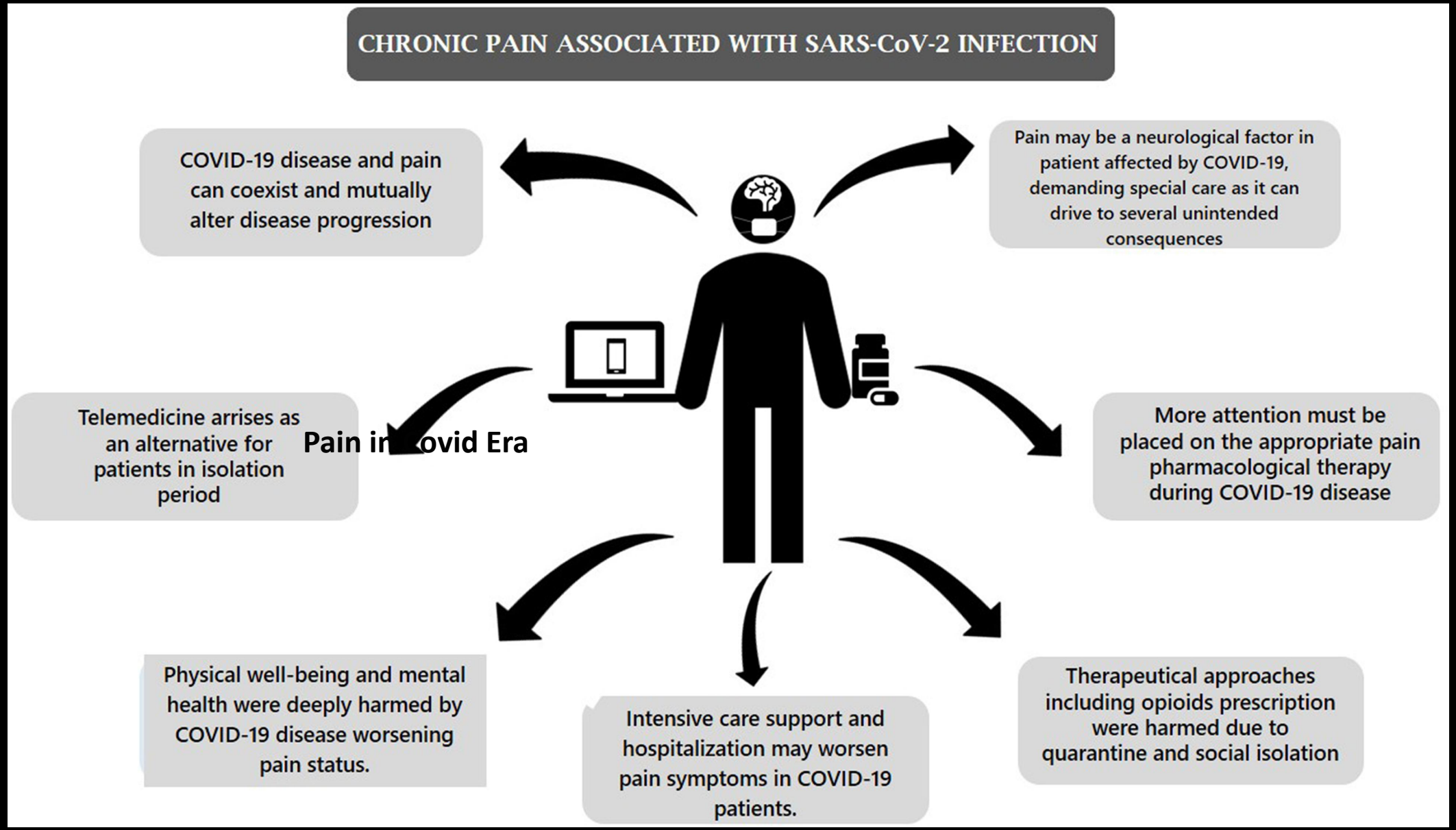
Figure 1. Percentage of adults aged 18 and over with chronic pain and high-impact chronic pain in the past 3 months, overall and by sex: United States, 2019



[1]Significantly different from men ($p < 0.05$).
NOTES: Chronic pain is based on responses of "most days" or "every day" to the survey question, "In the past 3 months, how often did you have pain? Would you say never, some days, most days, or every day?" High-impact chronic pain is defined as adults who have chronic pain and who responded "most days" or "every day" to the survey question, "Over the past 3 months, how often did your pain limit your life or work activities? Would you say never, some days, most days, or every day?" Estimates are based on household interviews of a sample of the civilian noninstitutionalized population. Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/databriefs/db390-tables-508.pdf#1.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2019.

Including….. Chronic Pain




CHRONIC PAIN ASSOCIATED WITH SARS-CoV-2 INFECTION
COVID-19 disease and pain can coexist and mutually alter disease progression
Pain may be a neurological factor in patient affected by COVID-19, demanding special care as it can drive to several unintended consequences
Telemedicine arrises as an alternative for patients in isolation period
Pain in Covid Era
More attention must be placed on the appropriate pain pharmacological therapy during COVID-19 disease
Physical well-being and mental health were deeply harmed by COVID-19 disease worsening pain status.
Intensive care support and hospitalization may worsen pain symptoms in COVID-19 patients.
Therapeutical approaches including opioids prescription were harmed due to quarantine and social isolation

Considerations and Recommendations: COVID 19 International Consensus

Considerations and Recommendations

- The Immune Response and Opioid Therapy
  - Higher risk mortality in elderly
  - Hypertension, Diabetes, Coronary Artery Disease, COPD, cancer
  - Endocrine changes associated with opioid therapy
    - Immune response/inflammatory response
  - Immunosuppressive
    - Most - Morphine & Fentanyl
    - Least – Buprenorphine
  - Chronic pain patients on opioids - potentially more susceptible to COVID-19

Considerations and Recommendations

- Steroids
  - Potential for secondary adrenal insufficiency and altered immune response
  - Dexamethasone and betamethasone less immune suppression
  - In a large retrospective study, the injection of corticosteroids into joints was shown to be associated with a higher risk of influenza [
- Psychological, Physical and Social Functions
  - higher prevalence of anxiety, depression, catastrophising and suicidal ideation. This may worsen during a period of crisis.

Therapeutic Consideration and Recommendations

- Inpatient Visits
  - Any elective in-person patient visits or meetings should be suspended.
  - No elective pain procedures should be performed, except specific semi-urgent procedures.

Therapeutic Consideration and Recommendations

- Use of Telemedicine
  - First approach and exclusively in most cases.
  - Ensure adherence to the subscribed needs of telemedicine required by individual state

Therapeutic Consideration and Recommendations

- Biopsychosocial Management of Pain
  - Telemedicine platforms are available to engage in multidisciplinary interactions.
  - Online self-management programms that integrate components of exercise, sleep hygiene, pacing and healthy lifestyle should be considered.
  - Multidisciplinary therapies could be helpful in overcoming increased opioids needs and/or procedures during the pandemic

Therapeutic Consideration and Recommendations

- Prescribing Opioids
  - Use telemedicine to evaluate, initiate and continue opioid prescriptions.
  - Ensure all patients receive their appropriate prescription of opioids to avoid withdrawal.
  - Naloxone education and prescription for high-risk patients.

Therapeutic Consideration and Recommendations

- Prescribing Opioids
  - Inform patients of the risks and impact of long-term opioid therapy on the immune system.
  - Communicate with other healthcare providers in the patients' circle-of-care including family HCPs, pharmacists and nurses

Therapeutic Consideration and Recommendations

- NSAID Recommendations

  – All patients prescribed or who use non-steroidal anti-inflammatory drugs on a regular basis continue their use
    - monitoring for adverse effects.

  – Educate patients on non-steroidal anti-inflammatory drugs that any mild fever or new myalgia should be promptly reported.

Therapeutic Consideration and Recommendations

- Steroid Recommendations
  - Increase potential for adrenal insufficiency and altered immune response.
  - Intraarticular steroid injections could increase the risk of viral infection.
  - Duration of immune suppression could be less with the use of dexamethasone and betamethasone.
  - Consider evaluating risks and benefits of steroid injections and use a decreased dose

Therapeutic Consideration and Recommendations

- Intrathecal Recommendations
  - Avoid insertion of any new intrathecal pump (ITP) except for highly selected cancer pain cases where the benefit is considered to outweigh the risk.
  - Consider proceeding straight to an implant, without a trial, for appropriate candidates.
  - In COVID-19 suspected or symptomatic patients, consider the possibility of delaying the refill if the low reservoir alarm date allows a time frame until the patient has served a recommended self-isolation period

Therapeutic Consideration and Recommendations

- Neurostimulator Recommendations
  - Avoid any new trials or implants.
  - Use telemedicine as much as possible to resolve patient concerns. An audiovisual interview makes it easier to evaluate ortroubleshoot most issues

Therapeutic Consideration and Recommendations

- Steroid Recommendations
  - Increase potential for adrenal insufficiency and altered immune response.
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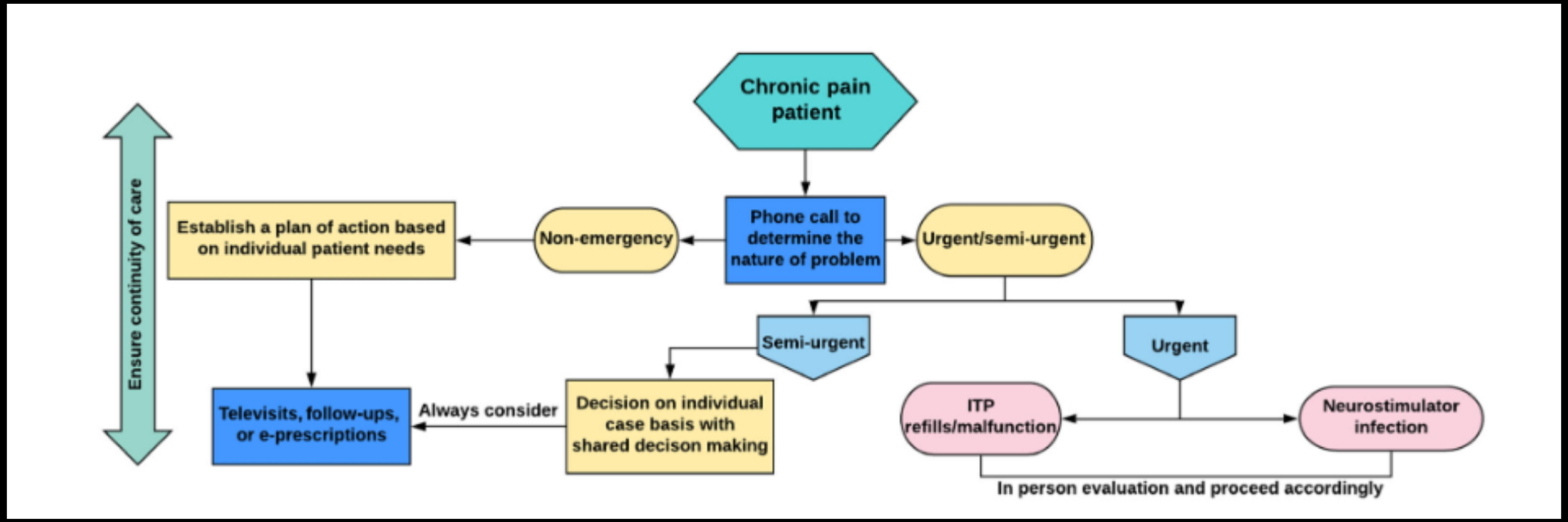
Chronic pain patient
Phone call to determine the nature of problem
Non-emergency
Establish a plan of action based on individual patient needs
Urgent/semi-urgent
Semi-urgent
Urgent
Ensure continuity of care
Televisits, follow-ups, or e-prescriptions
Always consider
Decision on individual case basis with shared decison making
ITP refills/malfunction
Neurostimulator infection
In person evaluation and proceed accordingly

Proper Documentation in Telemedicine for the Chronic Pain Patient

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Proper Documentation of Telehealth Video Visit

The above-named patient gives consent for this Telehealth visit and understands that "telehealth" is a video teleconferencing connection between the patient and the Healthcare provider. The patient understands the risks and benefits of a Telehealth visit, including that, 1) the Healthcare provider will do their best to provide reasonable medically necessary determination and treatment based on the client's Telehealth interview, history, and available test results, and 2) the limitation of Telehealth as not providing in-person live examination by the Healthcare provider.

Tips for Telehealth

- Check and follow state laws pertaining to chronic pain and telehealth
- The primary condition of payment under telehealth is that the provider must conduct the patient visit using real-time, two-way communication that includes BOTH audio AND visual components.
- CPT Codes 99421-99423
- Consider live visits for urine drug screening or medical adherence

Tips for Telehealth

- Live Visits
  - –High Risk
    - •Every 1-2 mos
  - –Moderate Risk
    - •Every 3-4 mos
  - –Low Risk
    - •Every 5-6 mos

Establish a Diagnosis.
Pain Is Not a Diagnosis….It's a Symptom

- Pain Management is not without liability

- Your liability greatly increases, if you treat a patient with controlled substances without a firm diagnosis

What Kind of Pain Is it?

- Neuropathic pain
  - –Burning, electric
- Musculoskeletal pain
  - – Localized pain, pain with movement
- Inflammatory pain
  - –Visible inflammation

The 4 Pillars of Oral Pain Therapy

1)Anti-inflammatories

2)Anticonvulsants

3) Mood Modulators
   –SNRIs
   –SSRIs

4) Opiates

When Opioids are Appropriate in Telemedicine

The Pain Assessment

Clinical Interview: Pain & Treatment History

Description of pain

Location

Intensity

Quality

Onset/Duration

Variations/Patterns/Rhyt

What relieves the pain?

What causes or increases pain?

Effects of pain on physical, emotional, and psychosocial function

Patient's pain & functional goals

Clinical Interview: Pain & Treatment History, cont'd

Pain Medications

Past use

Current use

- Query state **PDMP** where available to confirm patient report
- Contact past providers & obtain prior medical records
- Conduct **UDT**

Dosage

- For opioids currently prescribed: opioid, dose, regimen, & duration
  - Important to determine if patient is **opioid tolerant**

General effectiveness

Nonpharmacologic strategies & effectiveness

Assess Risk of Abuse, Including Substance Use & Psychiatric Hx

Obtain a complete Hx of current & past substance use

- Prescription drugs
- Illegal substances
- Alcohol & tobacco
  - Substance abuse Hx does not prohibit treatment w/ ER/LA opioids but may require additional monitoring & expert consultation/referral
- Family Hx of substance abuse & psychiatric disorders
- Hx of sexual abuse

Social history also relevant

Employment, cultural background, social network, marital history, legal history, & other behavioral patterns

Opioid Risk Tool - Revised (ORT-R)

The revised ORT has clinical usefulness in providing clinicians a simple, validated method to rapidly screen for the risk of developing OUD in patients on or being considered for opioid therapy.

Opioid Risk Tool – OUD (ORT-OUD)

This tool should be administered to patients upon an initial visit prior to beginning or continuing opioid therapy for pain management. A score of 2 or lower indicates low risk for future opioid use disorder; a score of >/= 3 indicates high risk for opioid use disorder.

Mark Each Box That Applies	Yes	No
Family history of substance abuse		
Alcohol	1	0
Illegal drugs	1	0
Rx drugs	1	0
Personal history of substance abuse		
Alcohol	1	0
Illegal drugs	1	0
Rx drugs	1	0
Age between 16-45 years	1	0
Psychological disease		
ADD, OCD, bipolar, schizophrenia	1	0
Depression	1	0
Scoring total		

Cheatle, M, Compton, P, Dhingra, L, Wasser, T, O'Brien, C. (2019) Development of the Revised Opioid Risk Tool to Predict Opioid Use Disorder in Patients with Chronic Nonmalignant Pain The Journal of Pain 0 (0) 1-10. Available online: https://www.jpain.org/article/S1526-5900(18)30622-9/fulltext Accessed June 10, 2019.

Reasons for Discontinuing Opioids

No progress toward therapeutic goals

Intolerable & Unmanageable AEs

Pain level decreases in stable patients

Nonadherence or unsafe behavior

- 1 or 2 episodes of increasing dose without prescriber knowledge
- Sharing medications
- Unapproved opioid use to treat another symptom (e.g., insomnia)

Aberrant behaviors suggestive of addiction &/or diversion

- Use of illicit drugs or unprescribed opioids
- Repeatedly obtaining opioids from multiple outside sources
- Prescription forgery
- Multiple episodes of prescription loss

Utilize a PPA

Reinforce expectations for appropriate & safe opioid use

- Obtain opioids from a single prescriber
- Fill opioid prescriptions at a designated pharmacy
- Safeguard opioids
  - Do not store in medicine cabinet
  - Keep locked (e.g., use a medication safe)
  - Do not share or sell medication
- Instructions for disposal when no longer needed
- Commitments to return for follow-up visits
- Comply w/ appropriate monitoring
  - E.g., random UDT & pill counts
- Frequency of prescriptions
- Enumerate behaviors that may lead to opioid discontinuation
- An exit strategy

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