Confidential Professional Consults at no cost

MMA/BOLIM Chronic Pain Project

Renewed for a Second Year!

Noel J. Genova, MA, PA-C, Director

MMA/BOLIM Chronic Pain Project
Year One Results

- 15 practices, about 115 prescribers visited over the past 12 months. 4 additional practice visits pending with 50 prescribers is in process.
- Consult evaluations have been very positive.
- Compassionate care of complex patients is well documented.
- Variability in practices' comfort level with UDT and screening for addictions.
- Participants are interested in relevant evidence, practical suggestions re: performance of UDT, documentation of functional status, and important elements of the patient's history for initial evaluation and ongoing monitoring.

February, 2009 Opioid Treatment Guidelines

Chou R, Fanciullo GJ, Fine PG, et al; Clinical Guidelines for the Use of Chronic Opioid Therapy in Chronic Noncancer Pain; *The Journal of Pain*; Vol. 10, No. 2 (February), 2009; pp. 113-130.

Highlights

- Excellent appendices, including tools to guide patient selection, assess risk of opioid abuse, a sample treatment agreement, and a sample informed consent.
- "Sparse" evidence for treatment of chronic low back pain, daily headache, and fibromyalgia.
- "The factor that appears to be the most strongly predictive of drug abuse, misuse, or other aberrant drug-related behaviors after initiation of COT is a personal or family history of alcohol or drug abuse." (Need to ask that history.)
- "There is insufficient evidence to recommend short-acting vs. long-acting opioids, or as-needed versus around the clock dosing of opioids."
- There is insufficient evidence to guide monitoring plan, interval, or use of UDT. Despite the lack of evidence, use of UDT, particularly in high risk individuals, in strongly recommended. "there is little evidence to guide safe and effective prescribing at higher doses and there is no standardized definition for what constitutes a "high" dose." (The panel uses >200 mg daily of oral morphine equivalent.)
- One of only 4 "moderate-quality evidence" (the rest are low-quality evidence) recommendations is for intensive interdisciplinary therapies, which are almost never covered by insurance, and for which there is minimal funding.
- Although Primary Care is critical for successful treatment of chronic pain conditions, there is moderate-quality evidence that consultation with a pain management specialist improves patient management.
- "There is insufficient evidence to guide recommendations regarding optimal treatment strategies for breakthrough pain in patients with CNCP."
- Breakthrough pain should be assessed separately from the underlying chronic pain condition. Caution is advised when using an as-needed opioid medication, esp. in patients at higher risk for aberrant drug-related behaviors.

Conclusion

"Critical research gaps are present in methods for providing informed consent, effective components of opioid management plans, balancing risks and benefits of high-dose opioid therapy, utility of opioid rotation, and treatment of breakthrough pain. More research is also needed on how policies that govern prescribing and use of COT affect clinical outcomes."

For More Information, or to Schedule a Confidential Consult
At no cost to your practice:
Contact Noel Genova at 207-671-9076; NoelPAC@aol.com
Or Contact Gordon Smith, at MMA