



**East Bay HIV providers and nurses network  
Chronic Pain Management with Dr. Scott Steiger**

Wednesday, June 22, 2016 \* 6-8:30 pm \* presentation will start at 6:30 pm

**Learning objectives:**

1. Identify and treat patients with opioid use disorder
2. Apply at least 2 strategies for reducing doses of chronic opioid therapy for non-cancer pain in a patient case
3. Implement 2 new or modified strategies for reducing risk of complications from chronic opioid therapy for non-cancer pain in your practice

Outcome metrics: reduced total milligrams of morphine equivalents taken in each day among patients served by providers attending this training.

**Potential topics/dates for next sessions:**

- Topics: Reproductive health (incl new pap guidelines), geriatrics, Scope of Pain, more on bup/nx, neuro/PML?
- Dates: Fall: Sept 14, 21, or 28? Winter: Nov 30, January 11, 25?

**CME info: 2 CME credits will be provided by CHCN.** CHCN is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education. CHCN designates this live activity for a maximum of 2 AMA PRA Category 1 Credits TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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**Key content from Dr. Steiger's slides:**

**Evidence-based non-pharmacologic treatments for chronic pain**

Physical activation

- aerobic exercise
- Physical therapy
- Yoga
- Tai Chi
- Aquatherapy

Behavioral treatments

- Cognitive behavioral therapy
- Mindfulness/meditation
- PMR
- Guided imagery

Other techniques

- Massage
- Chiropractic
- Acupuncture
- Trigger point injections
- Botox injections
- IA steroid injection
- TENS
- Nerve blocks

**Part 1, Chronic pain management take home: a checklist**

- Start non-pharmacologic interventions
- Patient-Provider Agreement
- P/E/G
- U tox
- Check PDMP ("CURES report")
- Discuss with previous/current providers
- Consent to discuss with one family member/friend
- Discuss safe storage

### What is a high dose of an opioid?

- MSO4 50 mg is about the same as....
  - Codeine 60 mg q4h
  - Oxycodone/APAP 10/325 tid
  - Hydrocodone/APAP 10/500 5x a day
  - Methadone 5 mg tid
  - Hydromorphone 4 mg tid
  - Oxymorphone ER 7.5 mg bid
  - Fentanyl 12 mcg/hr patch
- Opioidcalculator.practicalpainmanagement.com
- agencymeddirectors.wa.gov/mobile.html

### The nuts & bolts of tapering

1. Non-opioid pain care
  2. Medication management
  3. **Patient engagement**
- Goals
    - Function/Quality of life
    - Opioid dose
  - Concerns, risks
  - Shared decision-making?
  - Clear, written instructions
    - Contingency management
    - Provider/team access plan

### Part 2, Tapering opioids: take home points

- INDIVIDUALIZE: Think 10% per month
- A pause can refresh: Anticipate at 33-50% of original dose

### Diagnosis of opioid use disorder

1. Taking the opioid in larger amounts and for longer than intended
2. Wanting to cut down or quit but not being able to do it
3. Spending a lot of time obtaining the opioid
4. Craving or a strong desire to use opioids
5. Repeatedly unable to carry out major obligations at work, school, or home due to opioid use
6. Continued use despite persistent or recurring social or interpersonal problems caused or made worse by opioid use
7. Stopping or reducing important social, occupational, or recreational activities due to opioid use
8. Recurrent use of opioids in physically hazardous situations
9. Consistent use of opioids despite acknowledgment of persistent or recurrent physical or psychological difficulties from using opioids
10. \*Tolerance as defined by either a need for markedly increased amounts to achieve intoxication or desired effect or markedly diminished effect with continued use of the same amount. (Does not apply for diminished effect when used appropriately under medical supervision)
11. \*Withdrawal manifesting as either characteristic syndrome or the substance is used to avoid withdrawal (Does not apply when used appropriately under medical supervision)

### Part 3, Opioid use disorder management: take home points

- Talk to patients on chronic opioid therapy about substance use disorder before it's required
- If opioid use disorder, stop prescribing chronic opioids, treat w/buprenorphine or refer to methadone maintenance.
- Get your X-waiver and USE IT

### Resources

- Providers' Clinical Support System for opioid therapies: **PCSS-O.ORG**
- **Substance Use Warmline: Providing clinician-to-clinician consultation on managing substance use disorders, 10 am – 6 pm EST, Monday – Friday, 1.855.300.3595**