

Chronic Pain, Psychiatry and Opioid Therapy ...Anything To Learn???

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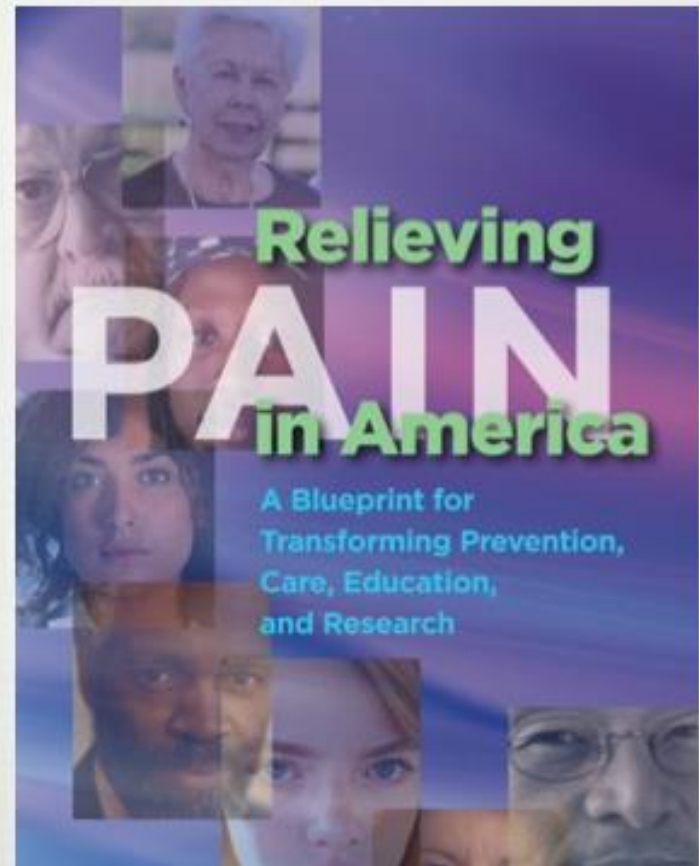
Ouch!!!

- 47 Y/O male with a history of B/L knee OA
- “Nothing works and I have no motivation anymore to do my PT or even get out of bed”
- Irritable, depressed, late for appointments, entitled, and requesting an increase to his 100 mcg Fentanyl patch
- “Don’ t tell me this is all in my head...I don’ t need a shrink...you need a shrink if you think this pain is not real” .
- “20/10” pain level – “you got to help me!”

The “Difficult Patient Encounter” ...



- THE AMERICAN INSTITUTE OF MEDICINE
- JUNE 2011 REPORT



THE CURRENT STATE OF AFFAIRS

- 100 MILLION ADULTS AFFECTED.
- GREATER THAN THE TOTAL INCIDENCE OF HEART DISEASE, CANCER AND DIABETES COMBINED.
- PAIN -- COSTS THE NATION \$635 BILLION EACH YEAR IN MEDICAL TREATMENT AND LOST PRODUCTIVITY.



**NEARLY
2M**

- **Americans, aged 12 or older, either abused or were dependent on prescription opioids in 2014.**

Since 1999, there
have been more than

165,000
deaths from overdose related to
prescription opioids.

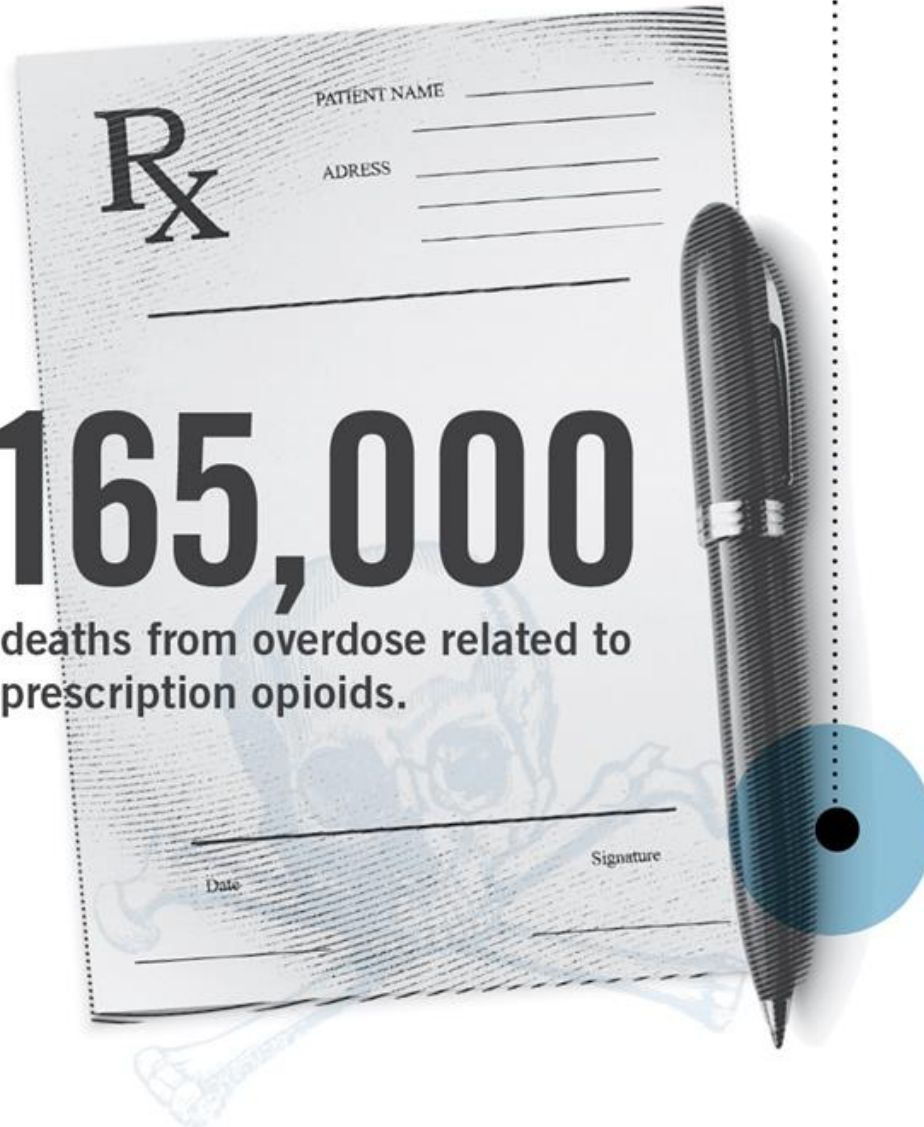
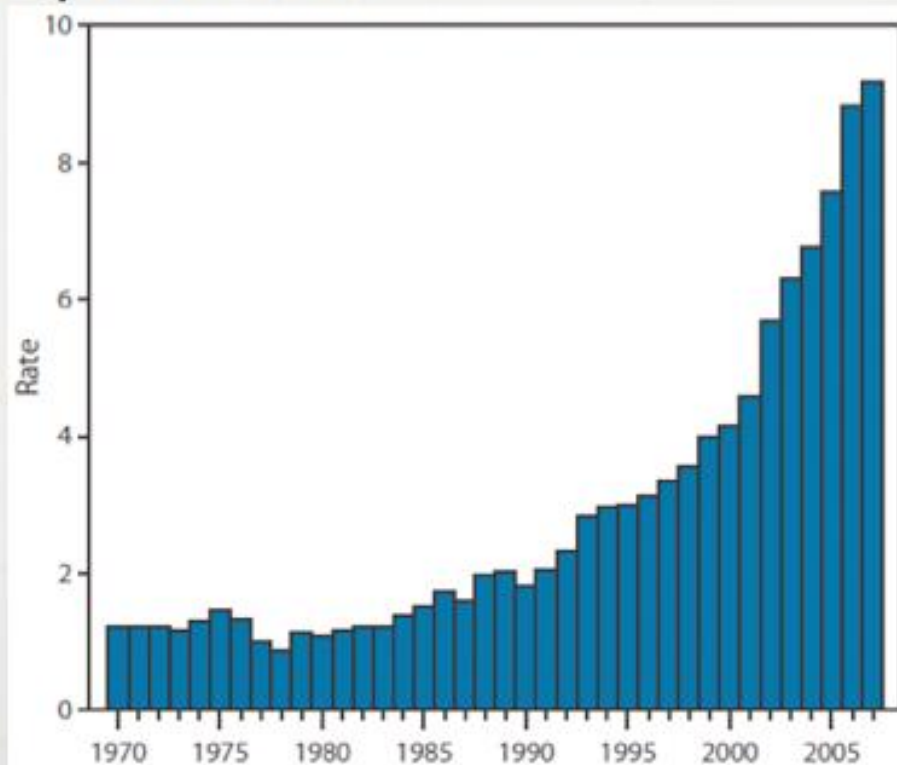


FIGURE 1. Rate* of unintentional drug overdose deaths — United States, 1970–2007



SHARP INCREASE IN OPIOID PRESCRIPTIONS → INCREASE IN DEATHS

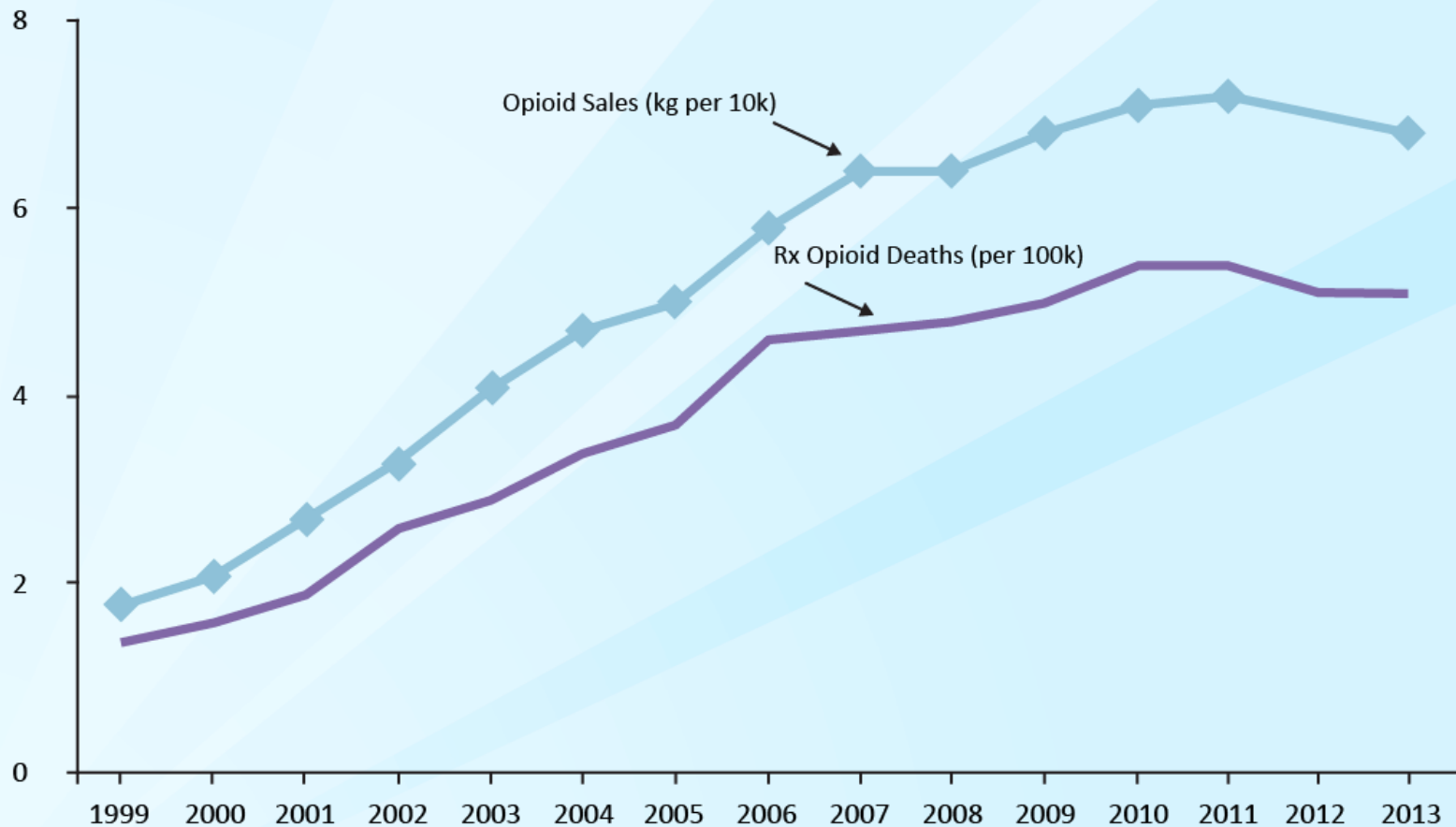
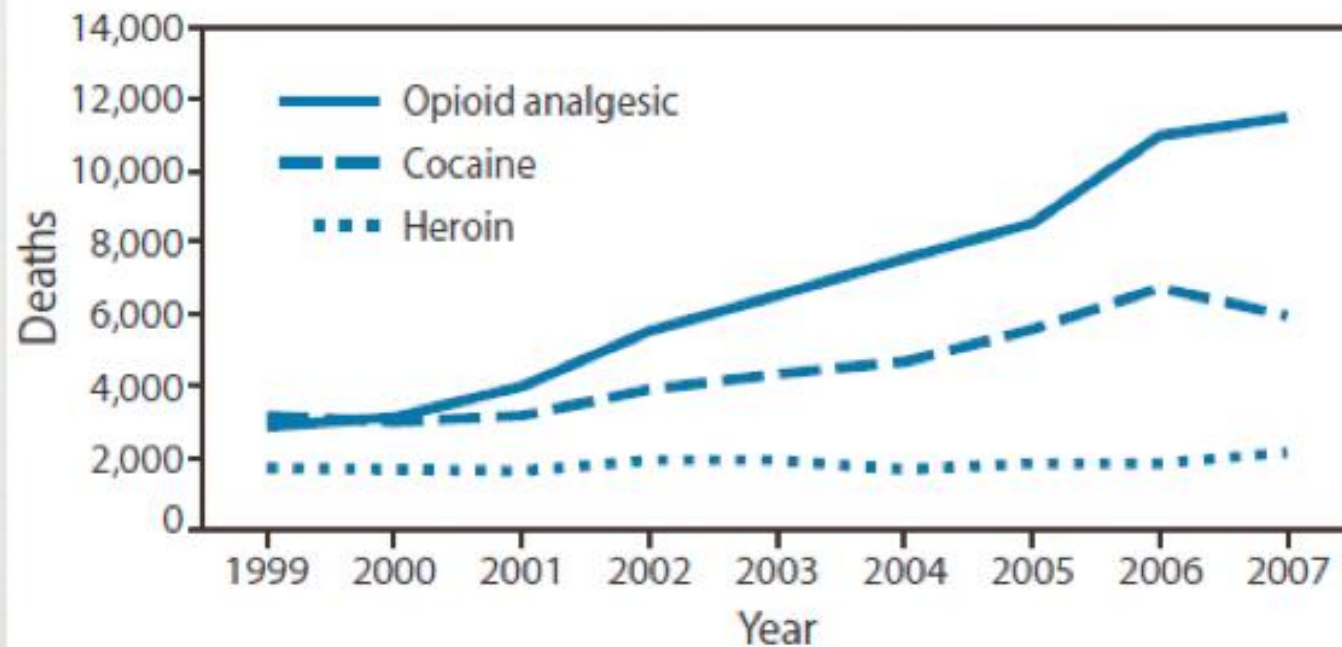
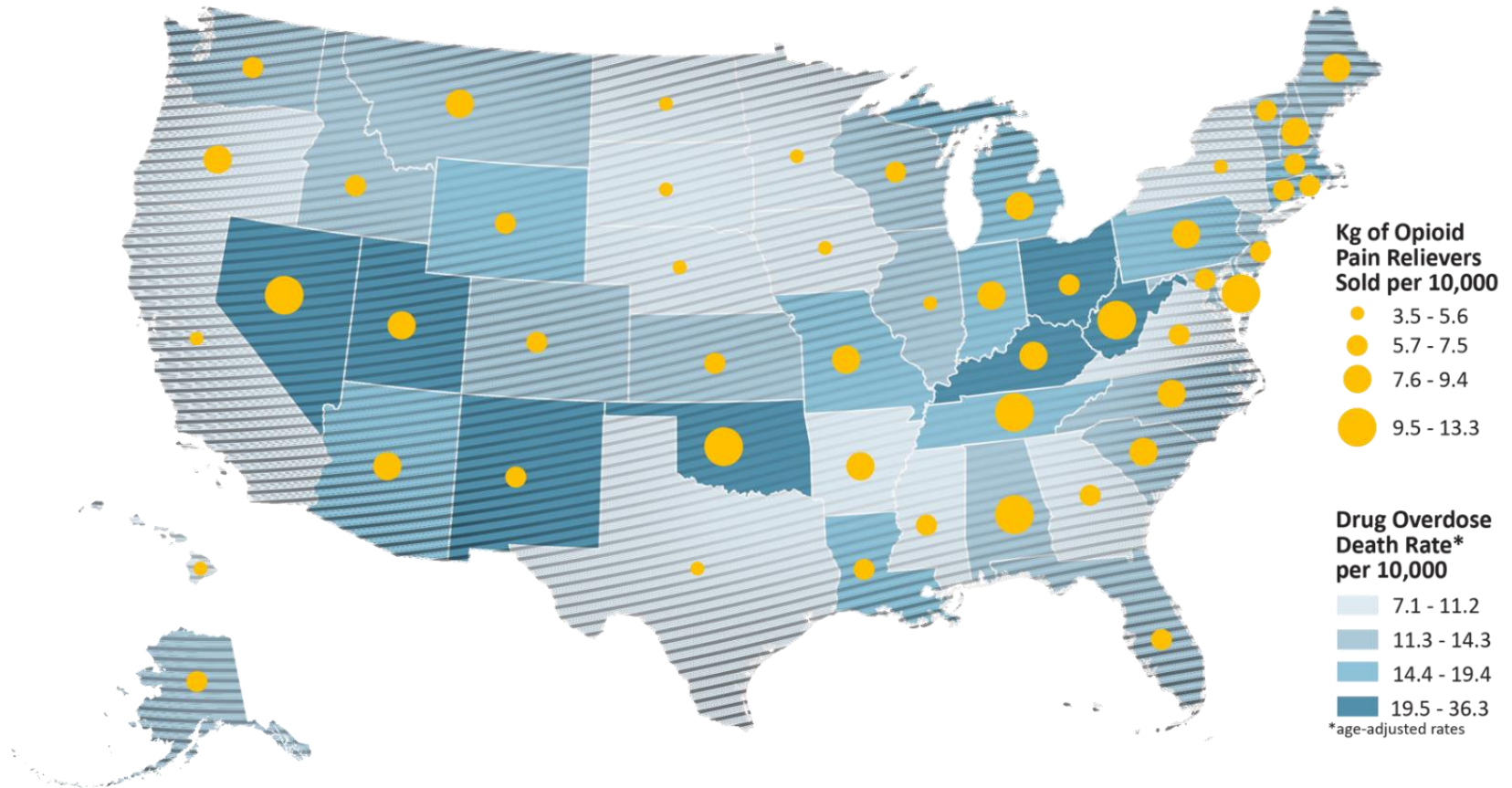


FIGURE 2. Number of unintentional drug overdose deaths involving opioid analgesics, cocaine, and heroin — United States, 1999–2007



Role of Prescribing Opioids and Overdose Deaths



*Death rate, 2013, National Vital Statistics System. Opioid pain reliever sales rate, 2013, DEA's Automation of Reports and Consolidated Orders System

What's up with use of opioids...?

PAIN

Pain may be defined as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage"

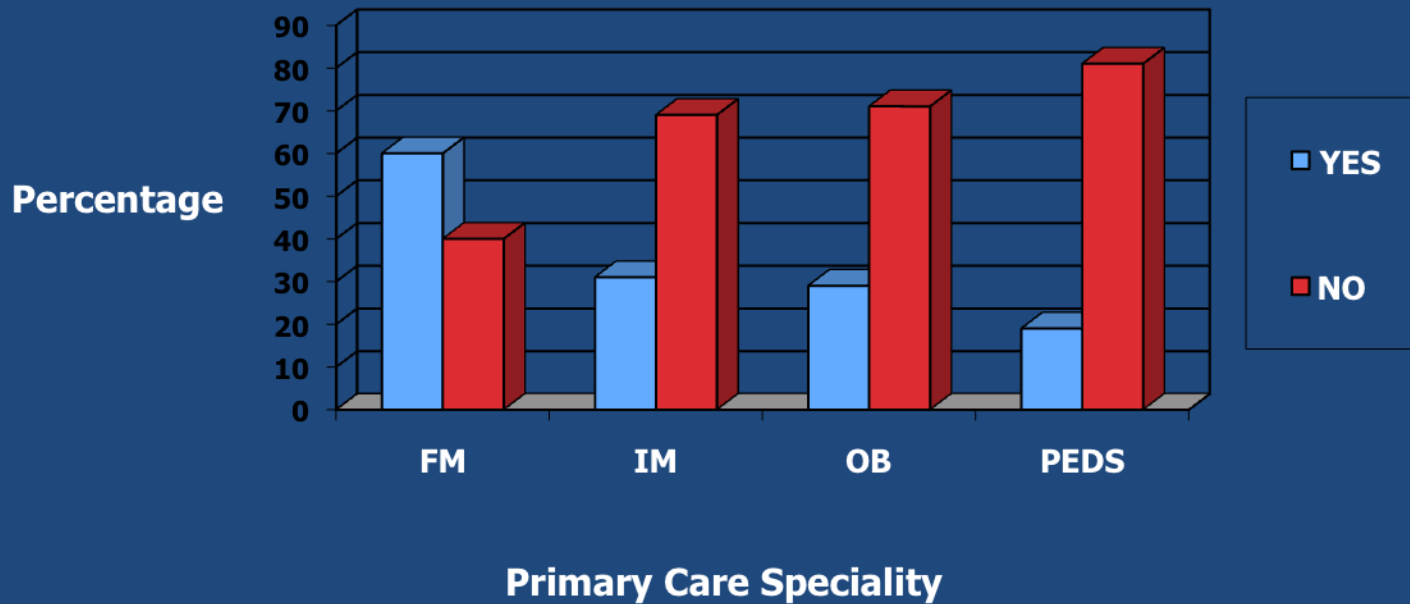
(International Association for the Study of Pain)

Primary Care Setting: The *de facto* mental health care system

- Primary care physicians – provide over 60% of all psychiatric care in U.S.
- Up to 40% of primary care patients have primary, active psychiatric problems
- 50% of patients with mental health referrals do not follow up (stigma, poverty, language barriers, paucity of psychiatrists, financial constraints)

PRIMARY CARE PSYCHIATRY TRAINING ISSUES

Satisfaction With Psychiatry Training

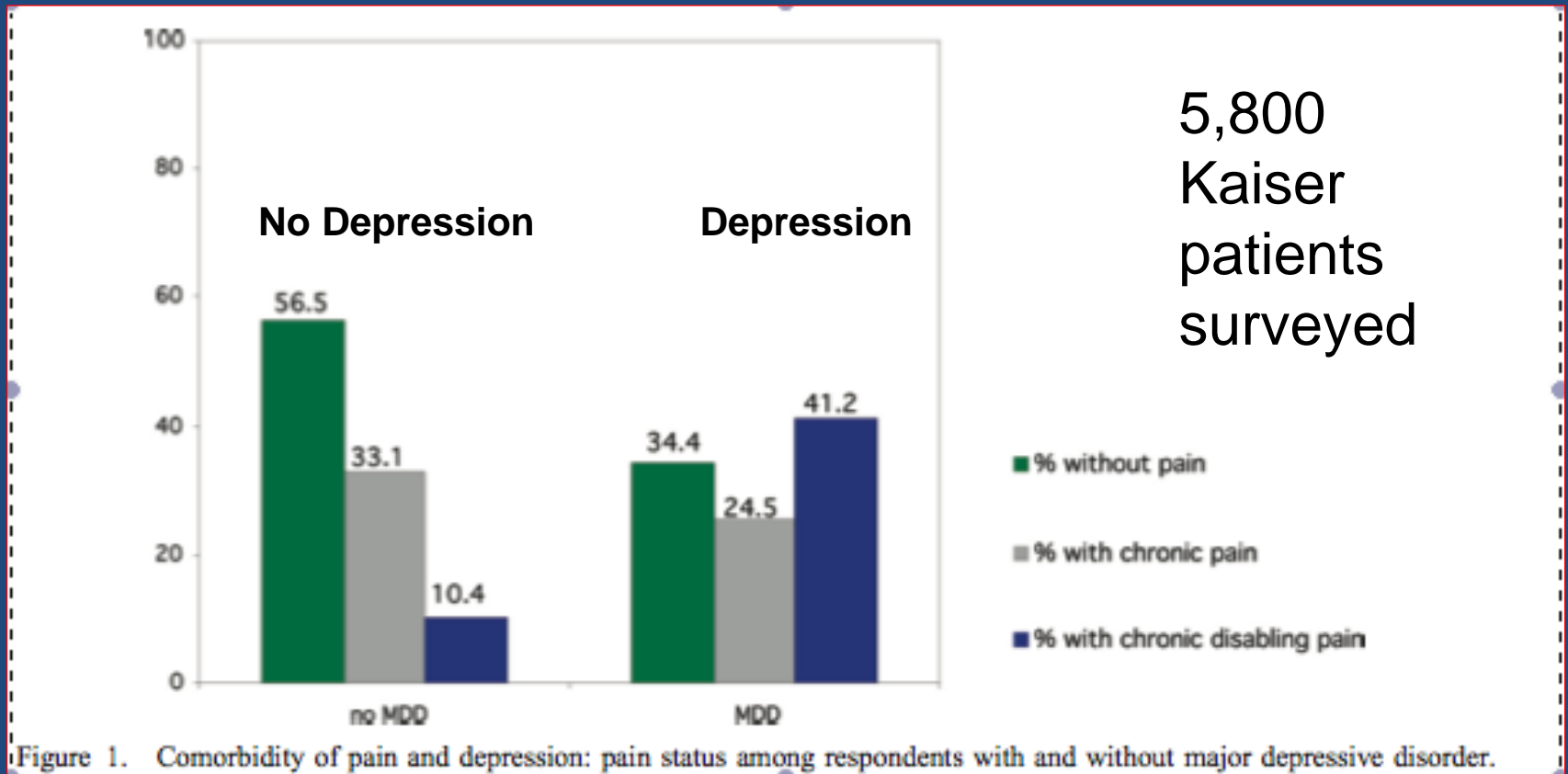


PRIMARY CARE PSYCHIATRY

TRAINING ISSUES

- Less than half of primary care patients with mental illness receive any treatment
- 50-70% MDD is not accurately diagnosed or treated in the primary setting
- Roughly 80% of all antidepressants are prescribed by non-psychiatrists (Mark, et. Al 2009)
- More than half of primary care patients on antidepressants do not meet criteria for MDD (Perez-Stable 1990, Tiemens 1999, Klinkman 1998)
- Only 1/3 of internal medicine residents are comfortable treating MDD (JAMA 2002)

Depression ↔ Chronic Pain



Chronic Pain and Depression

- Disabling chronic pain present in 41% of those with MDD, versus 10% of those with no MDD.
- Co-morbid depression and chronic pain:
 - Decreased overall quality of life
 - Greater somatic symptom severity
 - Higher prevalence of panic disorder
 - Higher chance of opioid use and abuse

Depression and Anxiety

- 85,000 self report
- 17 countries
- Chronic neck or back pain
- 2-3 times more likely to have PDO, GAD or SAD
- Those with fibromyalgia increases risk of anxiety and depression

Pain and Psychiatric Illness – Closely Linked

Pain Symptoms in Patients With Depression

Source	# of Patients	Study Setting	Pain Type	Patients with Pain (%)
Bair et al	573	Primary Care	Multiple sites	69
Delaplaine et al	29	Psych inpatient	Multiple sites	51
Diamond	432	Neurology	Headache	85
Lindsay et al	196	Private Practice	Chronic pain	77
Singh	150	Depressed patients	Multiple sites	65
Von Knorring et al	161	Psychiatry inpatient	Multiple sites	57

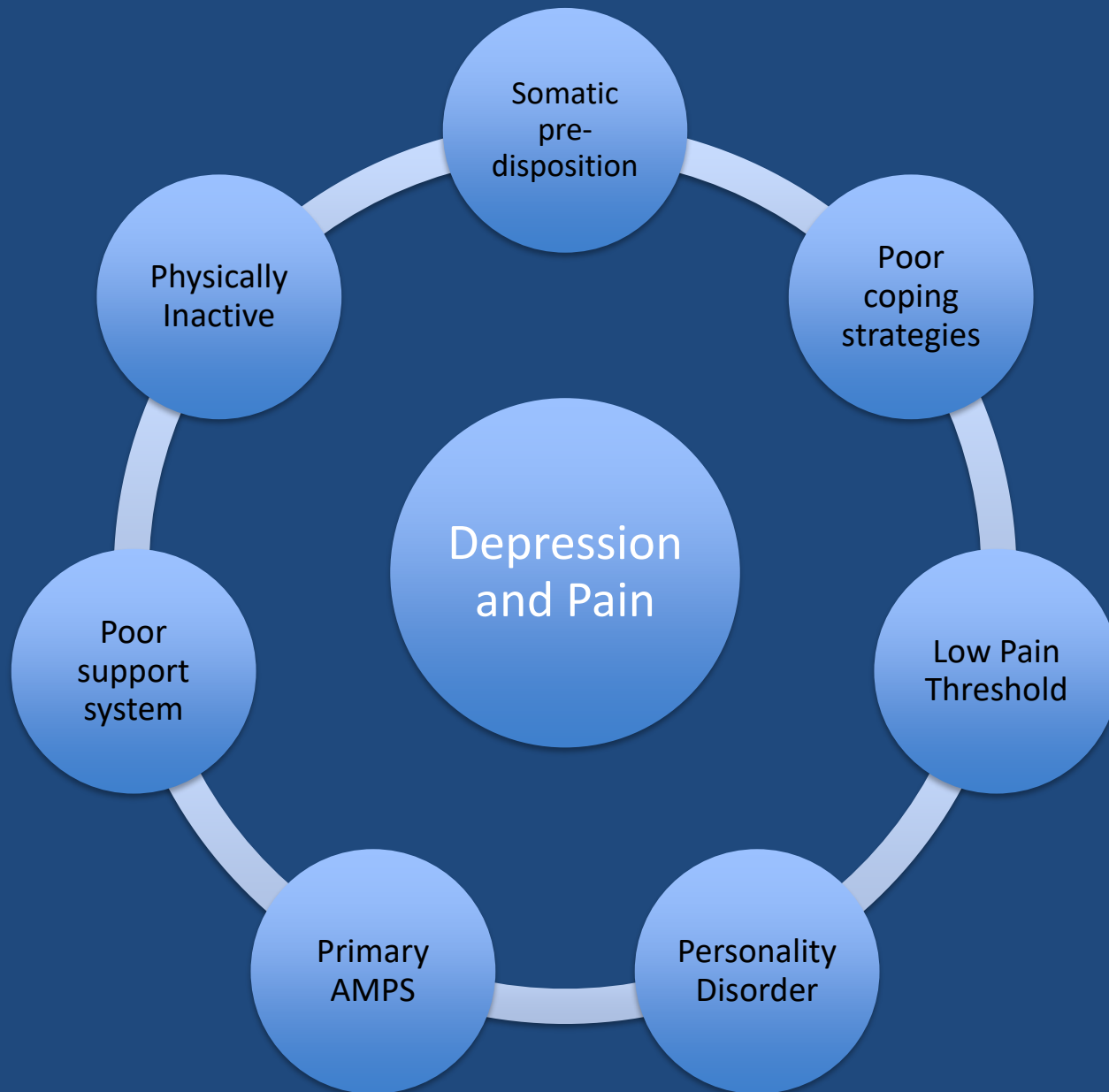
Pain and Psychiatric Illness – Closely Linked

Major Depression in Patients With Pain

Source	#of patients	Setting	Pain Type	Patients with Depression (%)
Blumer et al	900	Pain Clinic	Chronic Pain	83
Lindsay et al	300	Pain Clinic	Chronic Pain	87
Chaturvedi	200	Outpatient Psychiatry	Chronic Pain	61
Katon et al	49	Outpatient Psychiatry	Chronic Pain	57
Piling et al	182	Psychiatry Patients	Chronic Pain	64
Kroenke et al	1000	Primary Care	Multiple Pain Complaints	46

Age-Old Question...



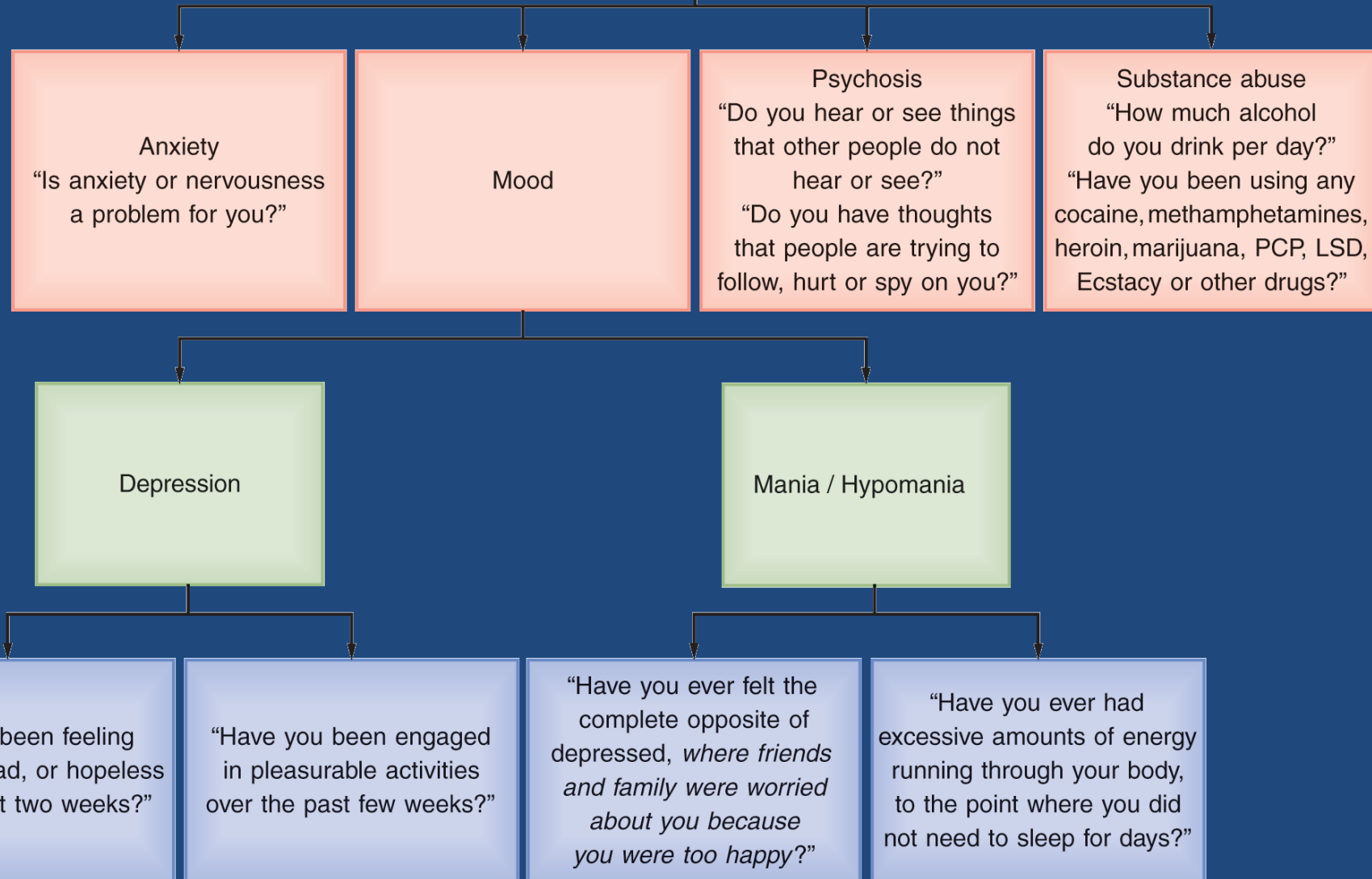


Conceptual Model for Pain / Depression Co-occurrence

What Can I Do...?

- Prescribe opioids with caution
- Address poor coping strategies
- Help patient self identify healthy support systems
- Check UDS periodically and connect with a PCP
- Encourage regular physical activity (avoid deconditioning)
- Monitor for AMPS and suicidal risk

AMPS Approach to the
Primary Care Psychiatric
Review of Symptoms



Screening For Substance Abuse

- **CAGE**
 - Sensitivity: 94%
 - Specificity: 70-97%
 - Easy to use
 - If one or more are positive – probe further
- **Audit-C**
 - WHO --- easy to use
 - Score of >4
 - Sensitivity: 86%
 - Specificity: 72%



Assessing risk for suicide

- Over 50% of those who kill themselves have seen their primary care doctor within one month of doing so.
- Over 50% of suicides will end up in litigation
- Firearms --- ask about access
 - Women 45%
 - Men 70%
- Make a concluding statement about *acute* risk

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The “Four A’s” of Opioid Therapy

- Analgesia (does it work)
- Activities of daily living (functionality)
- Adverse effects (including accidental death)
- Aberrant behavior (screen everyone)

Any Questions???