

Managing pain with a heightened sensitivity to issues of addictive illness

For all patients

1. Believe and act on the patient's report of pain
2. Identify the patient's goal for pain management; negotiate consensus goals balancing analgesia, side effects, and functionality
3. If pain does not respond as expected to usually effective interventions, reassess
4. Whenever possible, use multidimensional & multimodality combinations of interventions
5. Monitor and reassess frequently for effectiveness, side effects, and functionality
6. Adjust or change therapy according to patient response
7. Clearly document diagnosis, plan, evaluation, and rationale for continuing or changing therapy
8. Monitor for behaviors of concern

For patients with acute pain who are already opioid tolerant due to treatment of a chronic pain condition

1. Anticipate a need for higher than "usual" doses of opioid analgesics and titrate to effect
2. Provide both scheduled and PRN analgesics

For patients with chronic pain syndromes

1. Thoroughly assess medical, psychiatric, and social history; confirm pain diagnosis; assess for relative risk of abuse
2. Consider a time-limited trial of opioid analgesic with appropriately escalating doses
3. Include patient, family, and other professional carers in the treatment plan. If patient has psychiatric co-morbidities, collaborate with mental health professional in medical and behavioral management
4. Carefully assess and adjust recommended treatment to account for co-morbidities and other medications
5. Strongly consider an opioid-sparing multimodality treatment approach
6. Be forthright with patient about the potential benefits and risks of long-term opioid therapy
7. Consider an opioid therapy agreement tailored to patient's needs; emphasize the partnership and protective aspects of agreement
8. Explain the need for and criteria for monitoring and evaluation of progress on therapy and criteria for adjusting or changing therapy
9. Consider whether routine urine and/or blood testing should be a part of the monitoring of therapy
10. Provide written copies of practice policies regarding the prescribing of opioids, including any restrictions

For patients with history of substance abuse, including those in methadone maintenance programs

1. Be forthright in discussing risks and benefits of opioid analgesic therapy
2. For acute pain, explain the importance of managing pain and the deleterious effects of pain on recovery
3. Acute pain, especially in a controlled setting such as a hospital, should be treated as aggressively as for other patients; inform maintenance program of treatment and prognosis; anticipate higher than usual need for opioid analgesic; continue daily maintenance methadone dose and add analgesic regimen of methadone or other opioid
4. Provide reassurance of close monitoring and restrictions to help patient avoid loss of control over medications
5. When possible, use scheduled longer-acting agents and try to avoid shorter-acting and PRN dosing
6. Use an opioid therapy agreement
7. Use urine and/or blood testing as part of routine monitoring
8. Enlist patient, family, other professional carers, and 12-step or similar resources in providing support to the patient
9. Provide small prescriptions with frequent monitoring, especially in early stages of treatment
10. Monitor for behaviors of concern

For patients with active substance abuse/addictive illness

1. Acute pain, especially in a controlled setting such as a hospital, should be treated as aggressively as for other patients; anticipate higher than usual need for opioid analgesic; use scheduled long-acting formulations in preference to PRN and short acting formulations
2. Collaborate with a specialist familiar with both pain management and addictive illness
3. Require that patient participate in addiction-targeted treatment and support programs
4. Use frequent urine and/or serum testing as part of routine monitoring
5. Monitor frequently for behaviors of concern
6. Recognize that, while no one wants to be addicted, “comorbid psychiatric disease and adverse situational factors may be profound enough to undermine any effort to implement an effective pain management strategy.” (Fine & Portenoy, 2004)