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Rebekah Dunn
University of North Dakota

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Prescription Opioids: A Band-Aid for Chronic Low Back Pain

Rebekah Dunn, PA-S

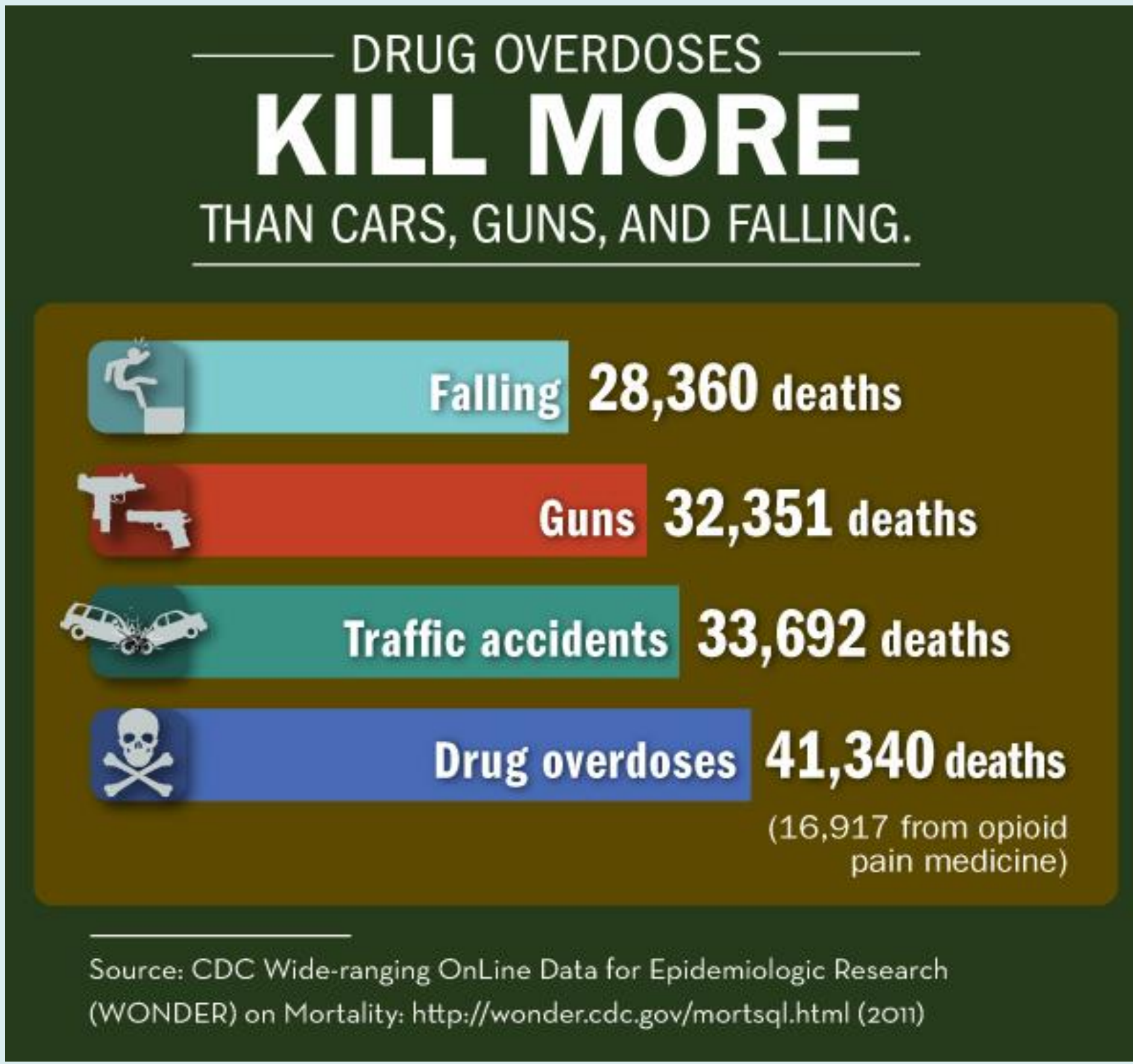
Department of Physician Assistant Studies, University of North Dakota School of Medicine & Health Sciences

Grand Forks, ND 58202-9037



Abstract

Pain is one of the most common reasons patients seek medical care in the outpatient clinic and emergency department setting.



- In the last decade, per the Centers for Disease Control (CDC), prescription drug abuse and overdose, specifically opioids, has become the leading cause of injury and deaths in the United States.
- “Opioids—primarily prescription pain relievers and heroin—are the main driver of overdose deaths and were involved in 28,647 deaths in 2014...opioid overdoses have quadrupled (an increase of 200%) since 2000” (Rudd et al. 2016).
- In 2016 the CDC established guidelines of clinical practice regarding management of chronic low back pain (CLBP).
- Clinical evidence shows treatments such as physical therapy, chiropractic care and cognitive behavioral therapy provide positive outcomes.

Introduction

Pain is defined as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage” (Kivrak et al., 2016).

- Acute (present for < 3 months)
- Chronic (lasting > 3 months)

“Chronic neck and back pain are conditions that people live with the longest” (Slade et al., 2016).

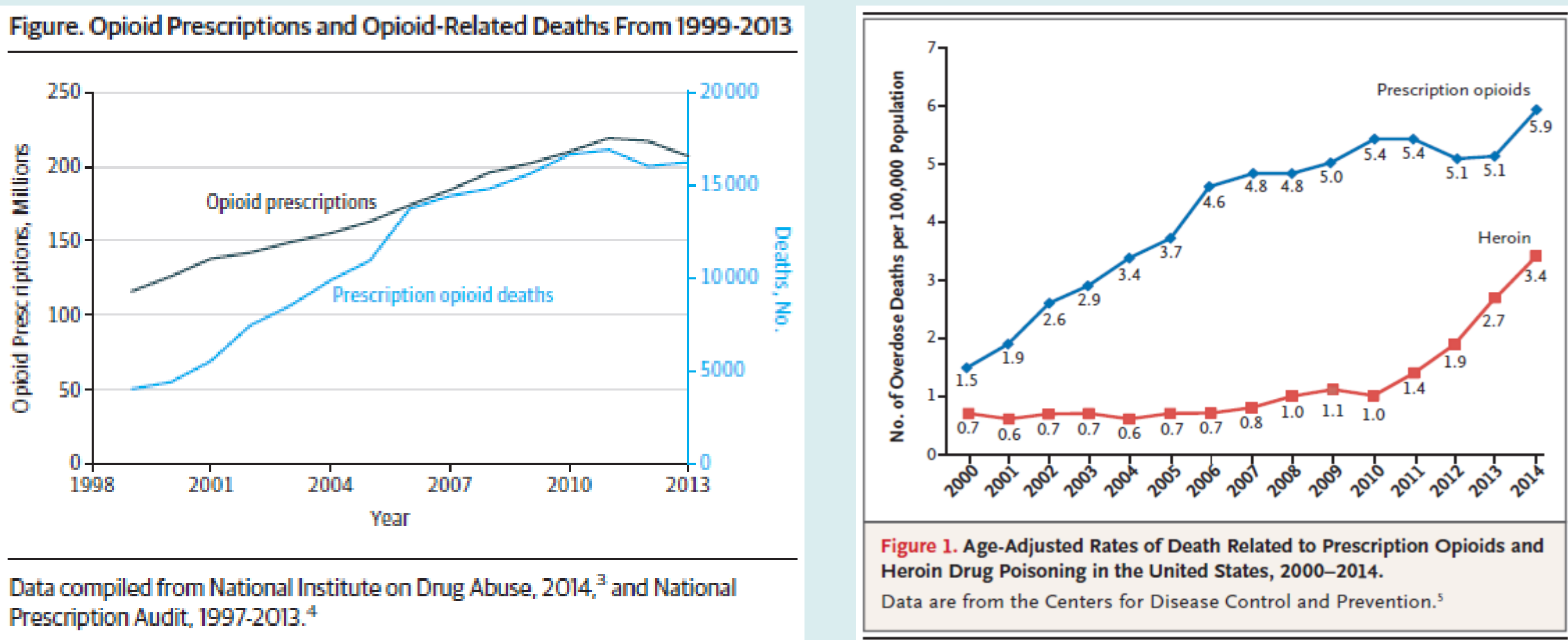
Management of CLBP is multifaceted.

Clinical considerations:

- Current knowledge of nonopioid, nonpharmacologic, complementary, and alternative therapies
- Remain up-to-date on safe prescribing practices
- Thorough patient screening and monitoring

Statement of the Problem

Increased opioid prescription directly correlates to increased opioid deaths over the last fifteen years. These numbers also correlate with the number of heroin deaths.



Studies have shown, despite the use of prescription opioids, chronic pain remains prevalent.

| Table 1 Incidence of chronic pain in the United States compared with other common chronic illnesses | | |
|--|--|----------------|
| Condition | Estimated Incidence in United States: 2011 | Source of Data |
| Chronic pain | 100 million | IOM |
| Diabetes | 25.8 million (diagnosed and estimated less-than-diagnosed) | ADA |
| Coronary heart disease (MI or angina) | 16.3 million | AHA |
| Stroke | 7 million | AHA |
| Cancer | 11.9 million | ACS |

Abbreviations: ACS, American Cancer Society; ADA, American Diabetes Association; AHA, American Health Association; MI, myocardial infarction.
Data from American Academy of Pain Medicine. AAMP facts and figures on pain. 2011. Available at: http://www.painmed.org/patientcenter/facts_on_pain.aspx#refer. Accessed July 6, 2015.

Research Questions

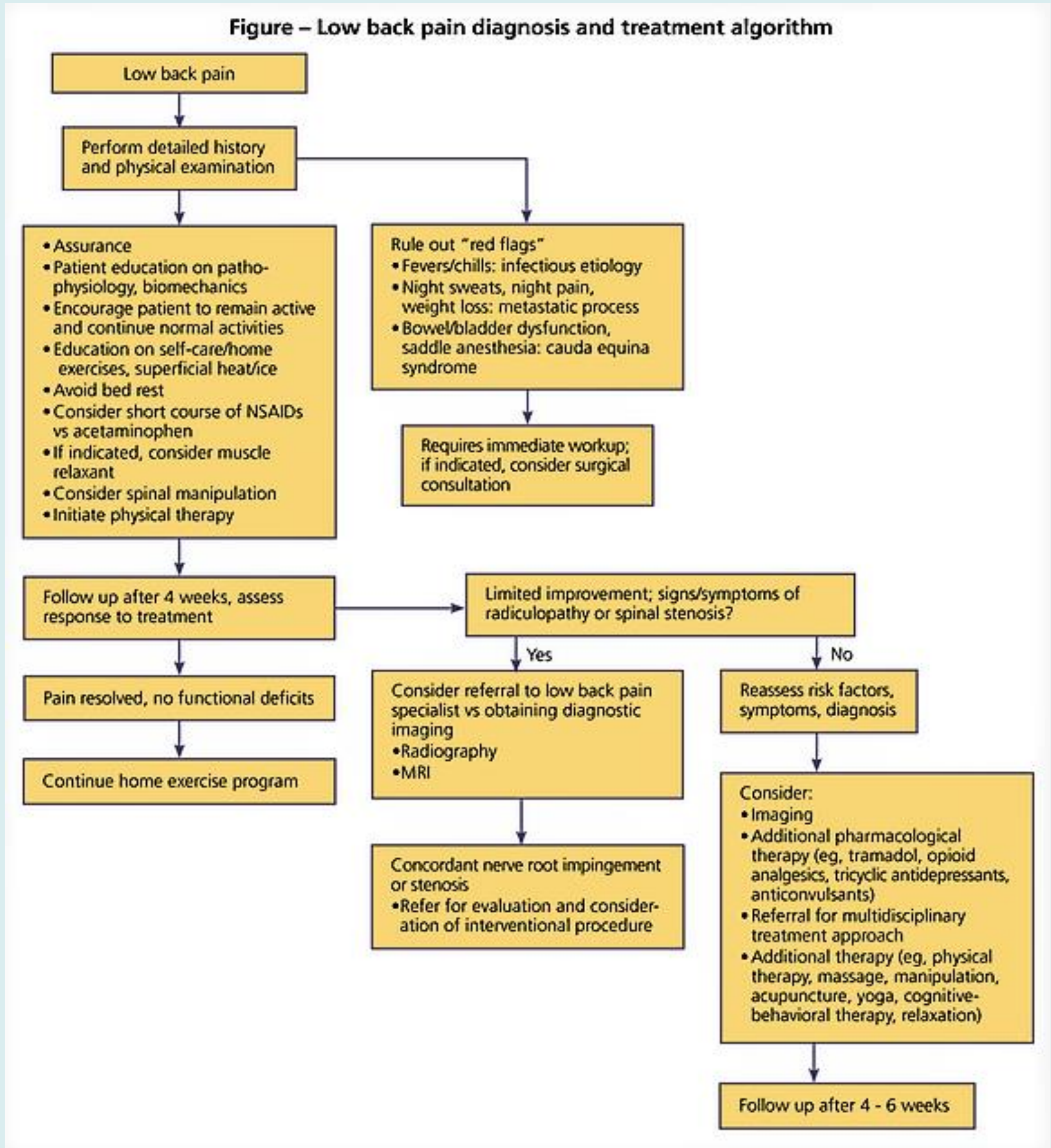
- For patients with CLBP, what are the non-narcotic, complementary and/or alternative therapies available and what is their efficacy?
- During initiation or continuation of prescription opioid use for CLBP, what guidelines are available to aid clinicians in management of safe and effective patient care?

Literature Review

- Prescription opioids are effective for short-term use in acute low back pain, however, NSAIDs or acetaminophen, ice/heat, and avoiding rest still remain first-line treatment.
- Physical therapy, massage therapy, biofeedback, and chiropractic care are proven to provide short-term pain relief and increased functional status/return-to-work rates, when combined with NSAIDs or acetaminophen.
- Alternative/complementary therapies such as TENS units, acupuncture, and acupressure show little to no adverse effects and minimal positive effects on CLBP.
- If initial and alternative and/or complementary treatments have failed, opioids may be carefully considered in the management of CLBP.

Discussion

Limited studies are available regarding the effects of complementary therapies for CLBP. Experts recommend that further studies on alternative and complementary therapies should be conducted to prove efficacy and clinicians should be educated on these safe and effective alternatives to prescription opioids.

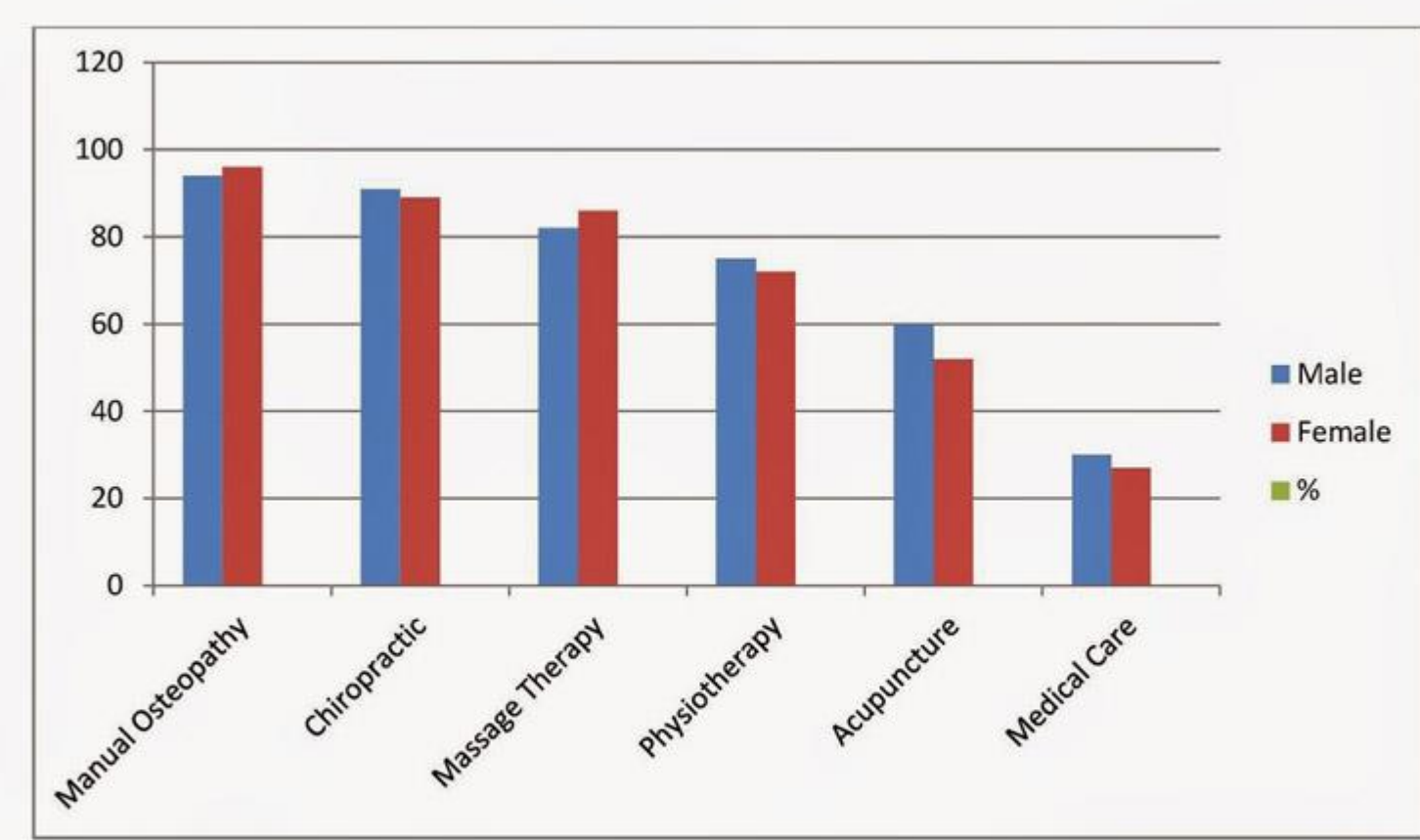


<http://www.rheumatologynetwork.com/sites/default/files/rm/1628806.png>

Complementary Alternative Medicine (CAM)

- Physical Therapy / Home Exercise Programs
- Chiropractic Care / Massage Therapy
- Acupuncture / Acupressure
- TENS units
- Cognitive Behavioral Therapy / Biofeedback
- Multidisciplinary Biopsychosocial Rehabilitation
- Nonopioid pharmacotherapy
- Interventional Pain Management

Treatment Satisfaction Rate in 2012 of Canadian Patients With Low Back Pain



Manual osteopathy, with a treatment satisfaction rate of 95% is the number one choice of Canadian patients for low back pain relief.

www.nationalacademyofosteopathy.com

Applicability to Clinical Practice

- Use of CAM therapies, as well as nonopioid medications, are recommended as first-line treatment and management of both acute and CLBP.
- Use of the CDC's 2016 Guideline for Prescribing Opioids for Chronic Pain is highly recommended. A summary of the CDC guidelines include:
 - Use of nonpharmacologic and nonopioid medications are considered first-line treatments.
 - Avoid expensive and unnecessary imaging early on (pain for less than 3 months).
 - Consider coexisting psychosocial diagnoses including anxiety, depression, and insomnia; providing treatment when appropriate.
 - Thoroughly educate the patient of the risks associated with opioid use.
 - Discuss, with the patient, ways to securely store their controlled substance(s) at home.
 - Start with low doses of immediate-release opioids and titrate to the minimum dose for effective pain relief; avoid doses higher than 50MME as this increases the risk of overdose and death; prescribe no more than needed; establish goals.
 - Avoid concomitant use of benzodiazepines and other narcotics.
 - Regularly evaluate the patients pain and function status to allow for appropriate titrations, with the intention of discontinuing [opioid] medications as soon as possible.
 - Diligent use of your states' prescription drug monitoring program.
 - For select individuals, perform random urine drug screens.
 - Arrange treatment for opioid use disorder if needed.

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