2017

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

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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 26,647 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" (Kivvak 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.

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?

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.

Complementary Alternative Medicine (CAM)

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

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 secure their stored 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 50MMME 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.

References

CDC Guideline for Prescribing Opioids for Chronic Pain (2016)


database-of-systematic-reviews


Acknowledgements

The author expresses sincere appreciation to her ever-supportive friends and family, her extraordinary new Healing friends/peers, and the accomplished staff within the University of North Dakota’s Physician Assistant program.