

Managing Acute Pain in the Patient with Opioid Dependence

Dr. Roman D. Jovey, Toronto, Canada
Dr. Howard Heit, Georgetown, USA
Dr. Douglas Gourlay, Toronto, Canada



Agenda for the Workshop

- 1. Introductions, case vignettes
- 2. Addiction, Physical Dependence and Patient Evaluation Heit
- 3. Managing Acute and Chronic Pain in the Opioid Dependent Patient - Gourlay
- 4. Q&A, Case discussions



Speakers

- Roman D. Jovey, M.D. GP, Pain & Addiction Medicine, Mississauga, Ontario
- Douglas Gourlay, M.D. FRCP Anesthesiologist, Pain & Addiction Medicine, Toronto, Ontario
- Howard Heit, M.D. FACP Internist, Pain & Addiction Medicine, Georgetown, USA



Resources

- Handout:
 - Universal Precautions
 - Urine Drug Testing Monograph
 - Opioid Risk Tool and Paper
- CPS Website
 - Slide Presentations
 - Reference List



Opioid agonist treatment of opioid addiction is an evidence-based treatment

5 Cochrane Reviews

Simoens S et al., 2005

Amato L et al., 2005



Opioid agonist treatment of chronic pain is an evidence-based treatment

Furlan AD, Sandoval JA, Mailis-Gagnon A, Tunks E.
CMAJ. 2006 May 23;174(11):1589-94.

Kalso E, Edwards JE, Moore RA, McQuay HJ.
Pain. 2004 Dec;112(3):372-80.



**Patients with addiction disorders
on OAT and those with chronic
pain on LTO will develop acutely
painful medical problems**



Case Phyllis

- 39 y.o. female – Ehlers-Danlos Syndrome
- Chronic pain managed >2 yrs stable dose opioid
 - CR Hydromorphone (CRH) 216mg daily
- Elective, total L knee replacement
- Initially pain managed with i.v. PCA
- Back on same dose oral CRH + 1-2 Percocet q4-6h
- Patient complains of severe pain
- She is told that her CRH dose “should be enough”



Case Frank

- 32 y.o. male heroin abuser on MMT x 2 yrs
- MVA → fractured left tibia-fibula
- UDS negative for methadone, +ve for THC
- Patient agitated by morning, demanding his regular dose of 250mg methadone
- He is NPO for surgery later in the day



Case Bill

- 65 y.o. male long history of chronic low back pain due to DDD and spinal stenosis
- Radicular pain right leg getting worse
- Agrees to have surgery
- He has been on opioid therapy and GPN for years
- His CR oxycodone dose recently 240mg q8h
- ? Perioperative pain management



Joan

- 28 y.o. female recurrent renal colic
- Admitted for 3rd time in past year
- Previous spiral CT showed a stone at UV junction
- Seen by urologist briefly in ER
- Repeat spiral CT booked for tomorrow
- Tx: Indomethacin supp. + MS 10mg q2h i.v.
- Patient complains of severe pain
- She is caught adjusting her own i.v.



Case P.C.

- 58 y.o. woman with severe OA knees + severe mechanical LBP
- Failed trials of physical Tx, weight loss 10kg
- Failed trials of acetaminophen, NSAIDs, COXIBs
- On CR-oxycodone 60mg q8h + AMT 40mg qhs
- Saw orthopedic surgeon who advised: “we will do the surgery after you come off the opioids”



References

- Alford DP, Compton P, Samet JH. Acute pain management for patients receiving maintenance methadone or buprenorphine therapy. *Ann Intern Med.* 2006 Jan 17;144(2):127-34.
- Gourlay DL, Heit HA, Almahrezi A. Universal precautions in pain medicine: a rational approach to the treatment of chronic pain. *Pain Med.* 2005 Mar-Apr;6(2):107-12.
- Jovey RD. Managing acute pain in the opioid-dependent patient. In: Flor H, Kalso E, Dostrovsky JO (Ed). *Proceedings of the 11th World Congress on Pain.* IASP Press, Seattle, 2006:469-79
- Mehta V, Langford RM. Acute pain management for opioid dependent patients. *Anaesthesia.* 2006 Mar;61(3):269-76. Review.
- Peng PW, Tumber PS, Gourlay D. Review article: perioperative pain management of patients on methadone therapy. *Can J Anaesth.* 2005 May;52(5):513-23.
- Swenson JD, Davis JJ, Johnson KB. Postoperative care of the chronic opioid-consuming patient. *Anesthesiol Clin North America.* 2005 Mar;23(1):37-48.

