ACCEPT

Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics

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Session Date: Friday, September 17, 2021

Didactic Topic and Presenter:
Pain Self-Management: An Essential Adjunct for Opioid Use Disorder Populations

Marian Wilson, PhD, MPH, RN, PMGT-BC
Associate Professor
Washington State University College of Nursing
Spokane, Washington
Content Experts:
Ritu Bhatnagar, MD; Lindsey Peterson, MS, CRC; Sheila M. Weix, MSN, RN, CARN

- 12:15 PM: Attendance text-in – Introductions
- 12:25 PM: Case Presentation
  - Presenter: Beth (Elizabeth) Lindner, NP, PhD, APNP - *Mental Health for Women: Medication Management*
- 1 PM: Didactic Presentation
  - Presenter: Marian Wilson, PhD, MPH, RN, PMGT-BC
- 1:15 PM End of Session

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Interprofessional Continuing Education Partnership
UNIVERSITY OF WISCONSIN-MADISON
School of Medicine and Public Health
School of Nursing
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Project ECHO®
University of Wisconsin

ECHO ACCEPT
Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics
2020-2022
Pain Self-Management: An Essential Adjunct for Opioid Use Disorder Populations
9/17/2021

Didactic Presenter: Marian Wilson, PhD, MPH, RN, PMGT-BC
Case Presenter: Beth (Elizabeth) Lindner, NP, PhD, APNP

Provided by the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP)

Intended Audience:
Nurses, Nurse Practitioners, Pharmacists, Physicians, Physician Assistants, Pharmacy Technicians, Psychologists, Social Workers, Patient/Caregivers, Students

Objectives:
As a result of this educational regularly scheduled series, learners as members of the healthcare team will be able to:
1. Identify potential gaps in symptom management for adults with opioid use disorders.
2. Develop strategies to integrate a positive pain symptom management environment for people with opioid use disorder.

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Name	Role	Financial Relationship Disclosures	Discussion of Unlabeled/Unapproved uses of drugs/devices in presentation?	COI completion date
Randall Brown	RSS Chair	No relevant financial relationships to disclose	Yes	3/11/21
Nada Rashid	RSS Coordinator	No relevant financial relationships to disclose	No	3/11/21
Kathleen Maher	Planner	No relevant financial relationships to disclose	No	3/15/21
Ritu Bhatnagar	Planner	No relevant financial relationships to disclose	Yes	3/12/21
Paul Hutson	Planner	No relevant financial relationships to disclose	Yes	3/11/21
Susan Mindock	Planner	No relevant financial relationships to disclose	No	3/11/21
Lindsey Peterson	Planner	No relevant financial relationships to disclose	No	3/11/21
Sheila Weix,	Planner	No relevant financial relationships to disclose	No	3/11/21
Kellene Eagen	Planner	No relevant financial relationships to disclose	No	6/23/21
Joseph Galey	Planner	No relevant financial relationships to disclose	Yes	6/23/21

Marian Wilson	Presenter	No relevant financial relationships to disclose	No	8/17/21
Elizabeth Linder	Presenter	No relevant financial relationships to disclose	No	8/25/21

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Patient Case Presentation Form

***Please do not attach any patient-specific files or include any Protected Health Information.**

1. Date: 9/17/21
2. Presenter Name: Beth (Elizabeth) Lindner, NP, PhD, APNP
3. Presenter Organization: Mental Health for Women: Medication Management
4. ECHO ID: 3178
5. Have you presented this patient during this teleECHO clinic before? ☐ Yes ☒ No

6. Please state your main question for this case: How to achieve abstinence?

Patient Demographic Information:

7. Age: 44
8. Sex: Male
9. Education/Literacy: HS
10. Income source: Full-time job
11. Social Factors/History:
    - Divorced in 2001. Has one child, male, who is now 22 years old.
    - Lives alone. Owns his home. Has a dog.
    - Moved to WI to be closer to family of origin. M&F & sister are near-by & supportive.
    - Sister searched the internet to find him mental-health help, Spring 2020.
    - SA counselor referred him to me for medication help for anxiety & depression.

12. **Substance Use History:**
    - Methamphetamine: Made him feel normal; helped with anxiety.
    - Alcohol: May drink 12/pack/day. He drinks to calm anxiety.

13. **Consequences of Substance Use:**
    - Social/occupational/educational:
        - Federal prison for 10 years for methamphetamine use.

- Physical (including evidence of tolerance/withdrawal):
    - 8/3/2020 LE's WNL

- Physical (including evidence of tolerance/withdrawal):

14. Interventions that have been tried:

- Seeing SA counselor every 2 weeks
- Trazodone
- Escitalopram
- Naltrexone
- Clonidine
- Gabapentin
- Hydroxyzine
- Adderall
- Bupropion SR

15.

Current Addiction and Mental Health-related Medications:	Medical/Behavioral Health Diagnosis:
• Bupropion SR 150mg/day • Adderall IR 20mg tid • Naltrexone 50 mg/day	• F10.20 Alcohol use disorder/severe • F40.1 Social Anxiety Disorder • F90.1 ADD/Combined presentation

16.

Patient Strengths/protective factors:	Risk factors:
• Full-time job • Supportive family • Insight into why he drinks/Intelligence	• Limited success with abstinence from alcohol. Persisting anxiety.

17. Labs (as indicated), include summary of urine testing or last urine drug screen results:

- PE 8/2020 LE's WNL

18. Patient Goals/Motivations for Treatment:

- Recognizes harm from alcohol use & wants to stop.

19. Proposed Diagnoses:

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- Alcohol use disorder/severe
- Anxiety Disorder

20. <u>Proposed Treatment Plan:</u>

- Vivitrol

By initialing here __EL_____ you have acknowledged that Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any ECHO clinician and any patient whose case is being presented in a teleECHO clinic.

<u>DSM 5 Criteria for Substance Use Disorder</u>

A use disorder is characterized by maladaptive use resulting in repetitive consequences over the previous 12 months. A minimum of 2-3 criteria is required for a mild substance use disorder diagnosis, while 4-5 is moderate, and 6-7 is severe (American Psychiatric Association 2013)

1. Taking the substance in larger amounts and for longer than intended
2. Wanting to cut down or quit but not being able to do it
3. Spending a lot of time obtaining the substance
4. Craving or a strong desire to use
5. Repeatedly unable to carry out major obligations at work, school, or home due to use
6. Continued use despite persistent or recurring social or interpersonal problems caused or made worse by use
7. Stopping or reducing important social, occupational, or recreational activities due to opioid use
8. Recurrent use in physically hazardous situations
9. Consistent use despite acknowledgment of persistent or recurrent physical or psychological difficulties from using
10. *Tolerance as defined by either a need for markedly increased amounts to achieve intoxication or desired effect or markedly diminished effect with continued use of the same amount. (Does not apply for diminished effect when used appropriately under medical supervision)
11. *Withdrawal manifesting as either characteristic syndrome or the substance is used to avoid withdrawal (Does not apply when used appropriately under medical supervision)

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Pain self-management: an essential adjunct for opioid use disorder populations

Marian Wilson PhD, MPH, RN, PMGT-BC
Associate Professor, College of Nursing
Washington State University, Spokane WA

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The Speaker has NO DISCLOSURES OR CONFLICTS OF INTEREST

- regarding this presentation.

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Overview

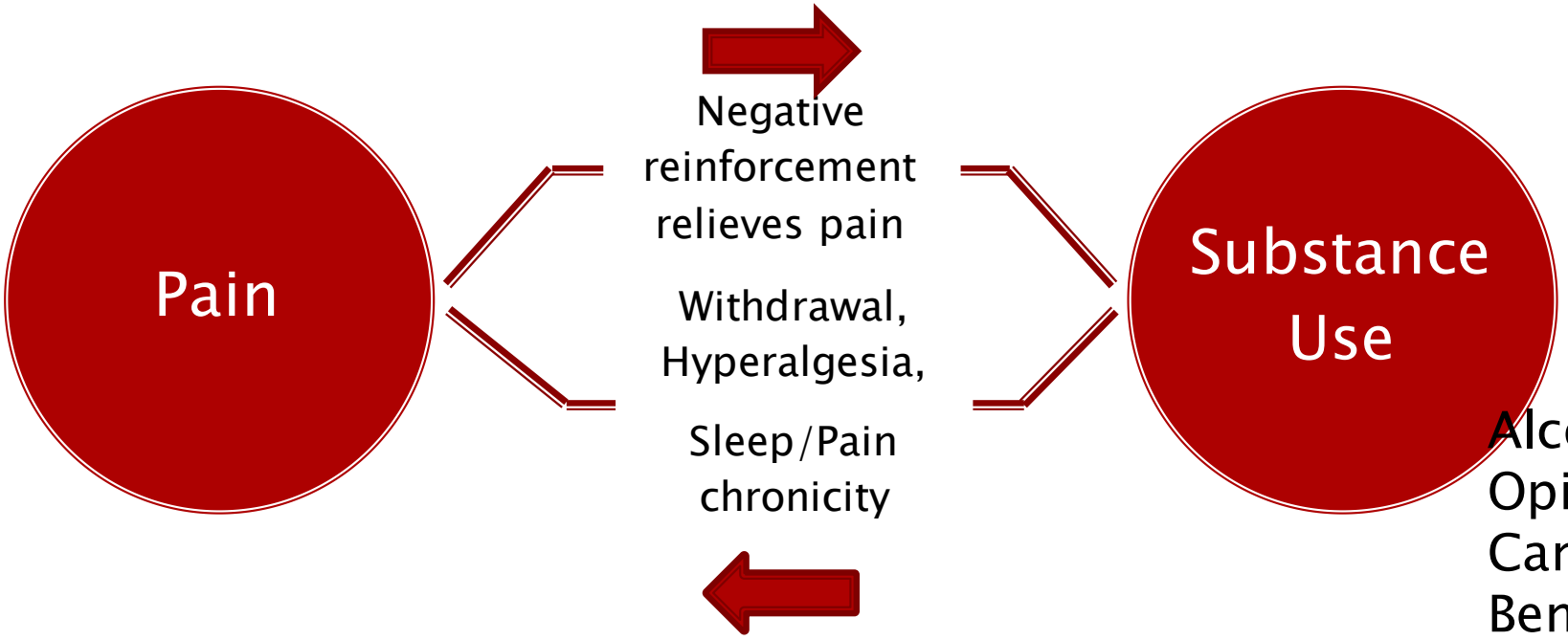
Share research highlights to improve the identification and management of pain within the context of opioid use disorders.

At the conclusion of this session learners should be able to:

- Identify potential gaps in symptom management for adults with opioid use disorders.
- Develop strategies to integrate a positive pain symptom management environment for people with opioid use disorder.

The problem

Pain promotes and reinforces substance use



Pain and substance use may interact in a feedback loop that worsens both conditions over time.

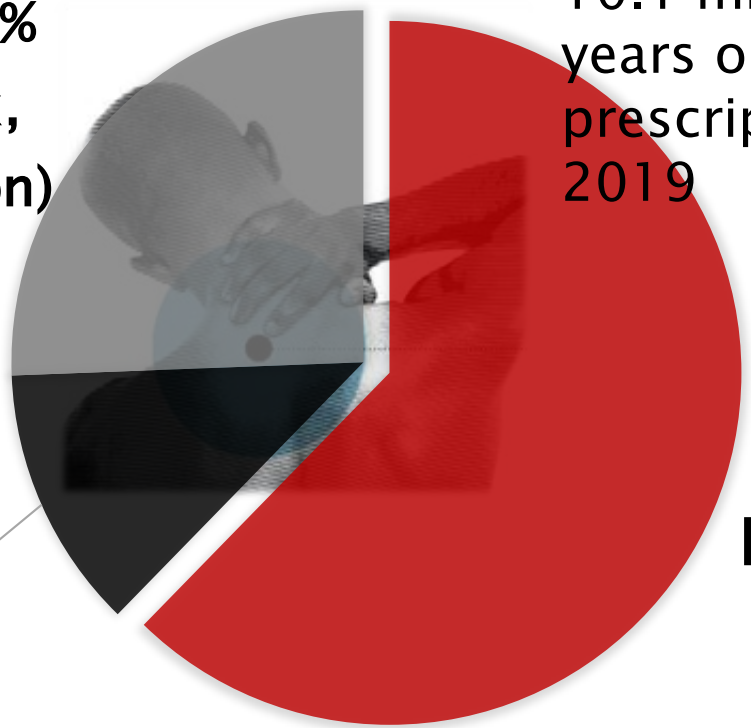
The “opioid conundrum”

Chronic Pain and Opioid Misuse: “Non-Medical Pain Reliever Use”

“taken other than prescribed” reported by 12.5% of those with an opioid prescription

Other 24.8% (e.g. Relax, Ease Tension)

10.1 million in U.S. 12 years or older misused prescription opioids in 2019



Misuse can be a precursor to SUD

To Feel Good or Get High 12.9%

Relieve Physica Pain 62.3%

Misuse can signal inadequate symptom control

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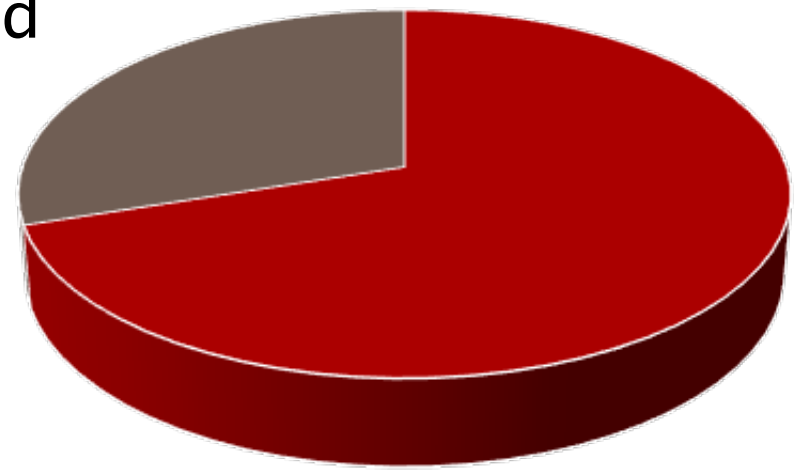
Poor symptom control can trigger substance use

- Most (>50%) U.S. adults with a SUD (alcohol, tobacco, cannabis, sedatives, opioids) have a comorbid chronic pain condition.
- People with SUD may have limited access to pain management treatment
- High need for non-pharmacologic options



Transitions to OUD

Unknown true incidence of OUD developing from chronic pain:

- estimated 15-26% "misuse"
- < 8% "addicted" (Volkow et al., 2018).

Gaps in understanding how people move from appropriate opioid use for pain to OUD treatment

- Past myths: *If you take opioids for pain, you cannot become addicted*
- We now know increased risk of OUD
  - with increased opioid dose
  - genetics, psychiatric disorders, younger age, social/family environments, childhood trauma

What about symptoms?

Study objectives

Test online **pain self-management** program in a new population (MAT/OTP) for symptom control.

Apply screening tools to evaluate symptom burden in 60 people with OUD **and** co-existing chronic pain.

Investigate whether needs for chronic pain were being met in MAT.

Majority of participants (n=44; 73%) reported that their first use of opioids was *in response to a painful event.*

Contents lists available at ScienceDirect

Addictive Behaviors

journal homepage: www.elsevier.com/locate/addictbeh

Engagement in online pain self-management improves pain in adults on medication-assisted behavioral treatment for opioid use disorders

Marian Wilson[a,b,*], Myles Finlay[a,b], Michael Orr[a,b], Celestina Barbosa-Leiker[a,b], Naghmana Sherazi[b,c], Mary Lee A. Roberts[a,b], Matthew Layton[b,c], John M. Roll[a,b,c]

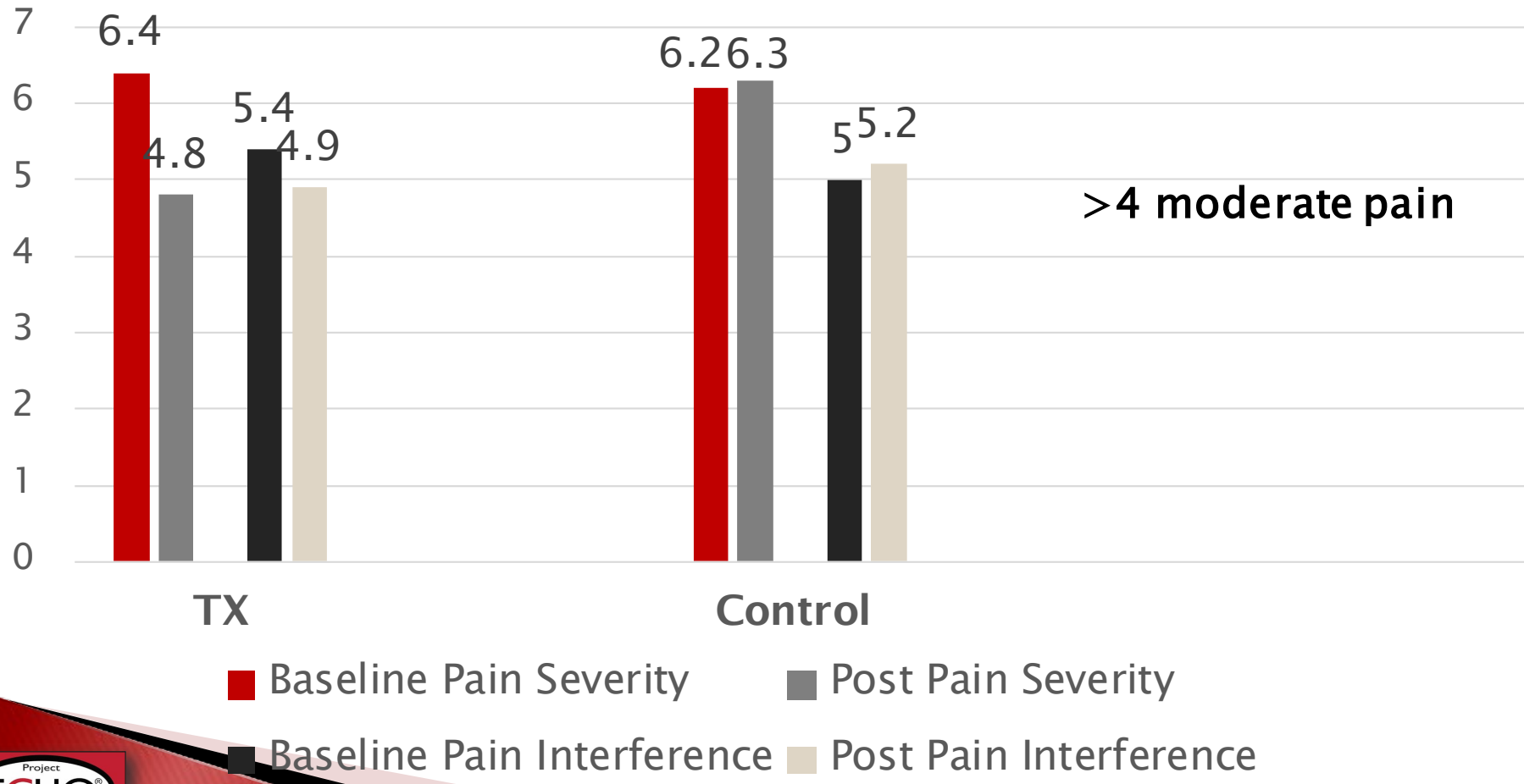
[a] College of Nursing, Washington State University, Spokane, WA, USA
[b] Program of Excellence in Addictions Research, Washington State University, Spokane, WA, USA
[c] Elson S. Floyd College of Medicine, Washington State University, Spokane, WA, USA

HIGHLIGHTS

- Online pain programs can reduce symptoms for people with pain and opioid use disorders.
- Pain self-efficacy is inversely related to pain, depression and opioid misuse.
- Strategies to improve online program engagement are needed.

Symptom burden snapshot

Pain Severity and Interference (BPI)



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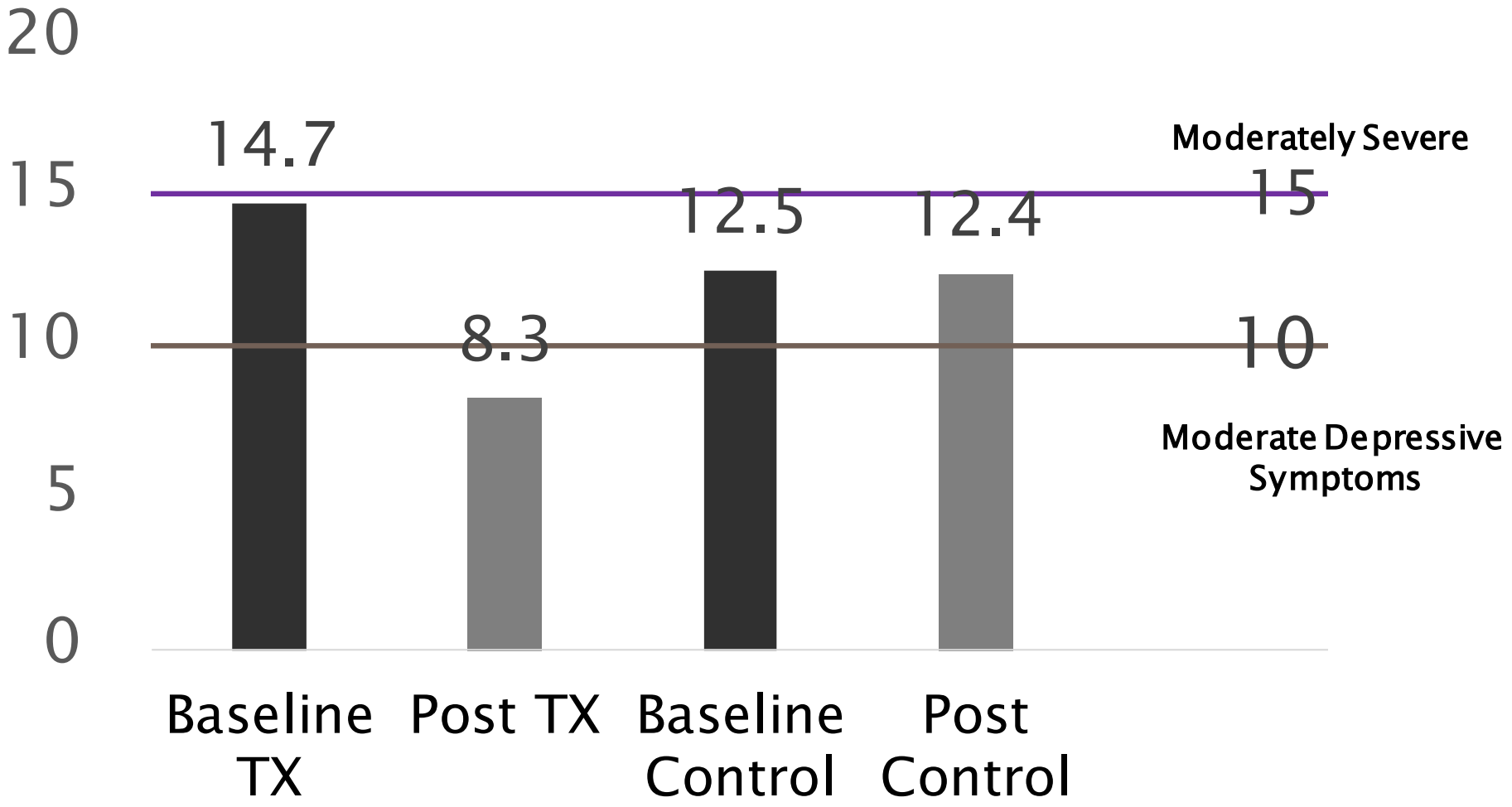
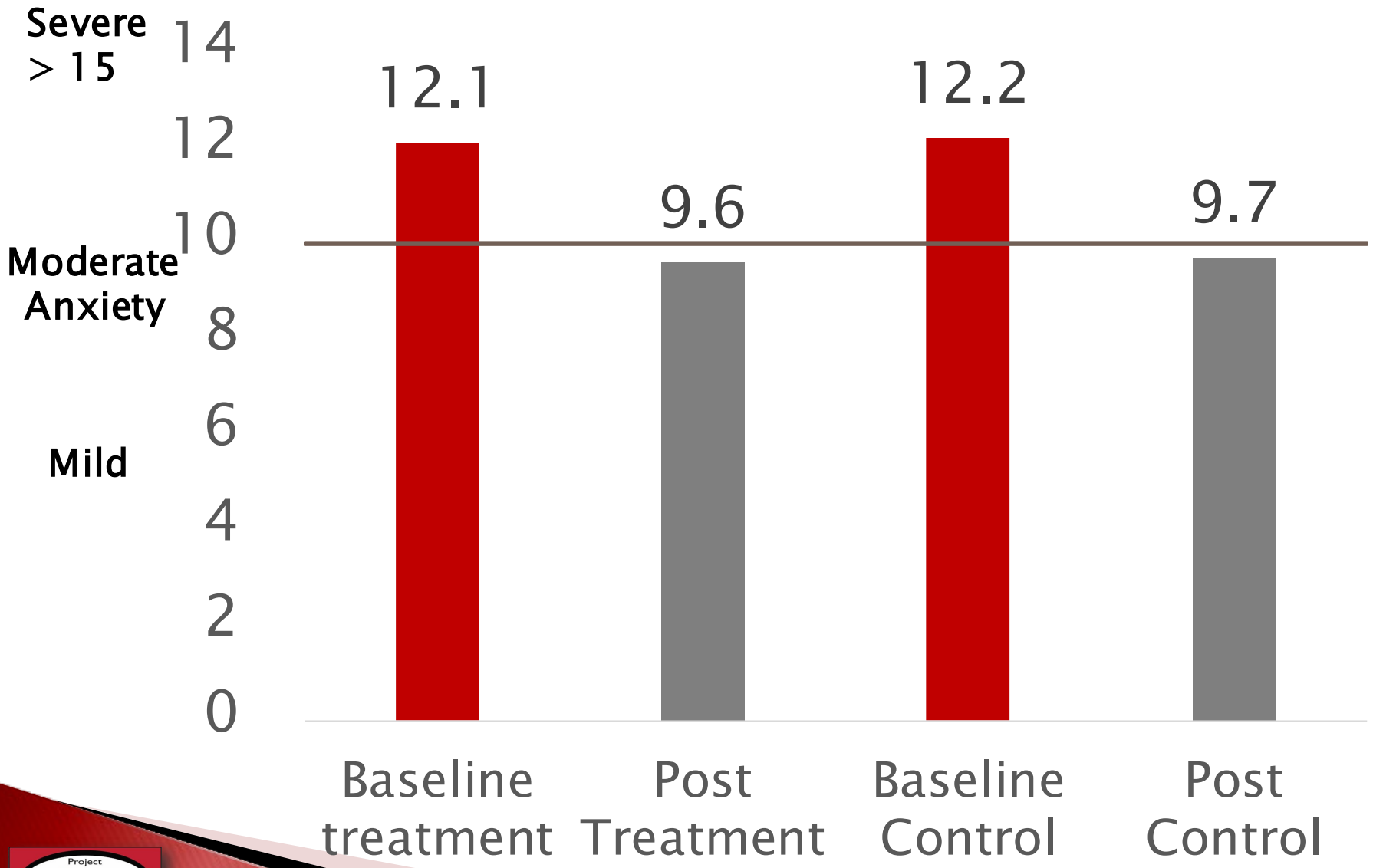
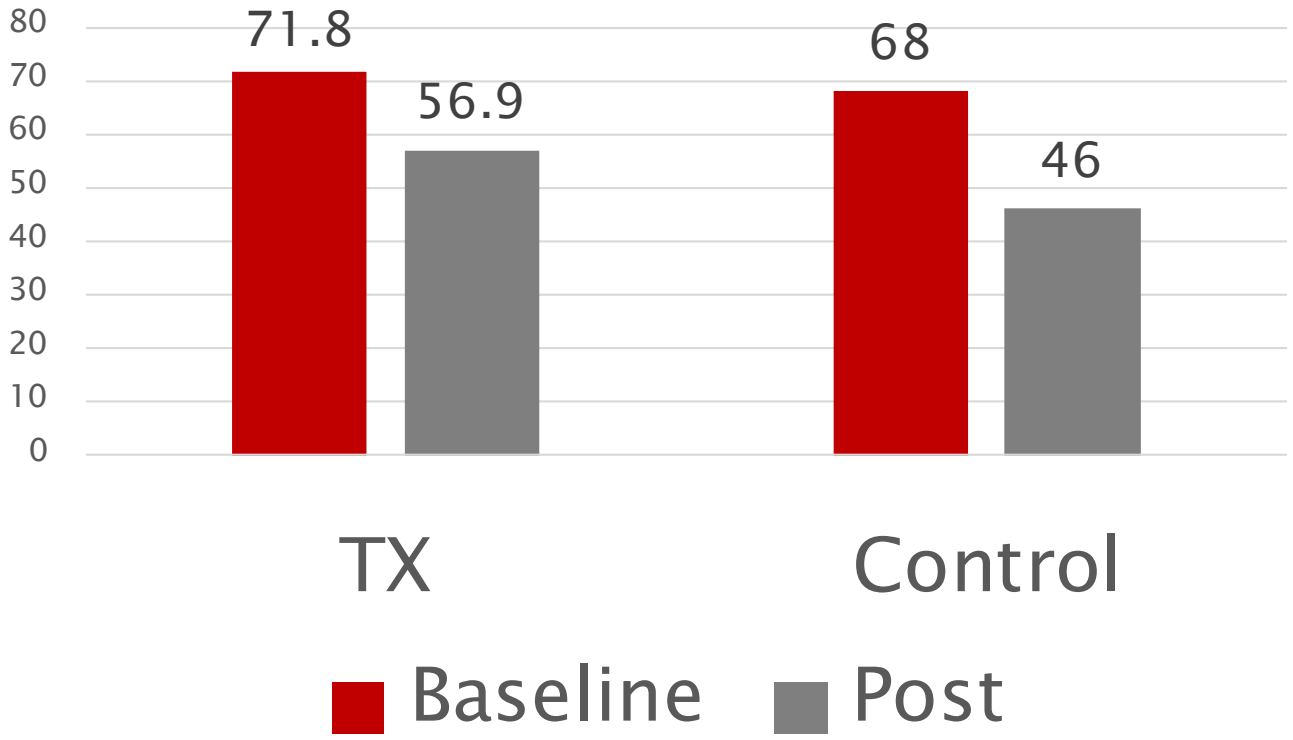
Depressive Symptoms (PHQ-8)



Anxiety (GAD-7)

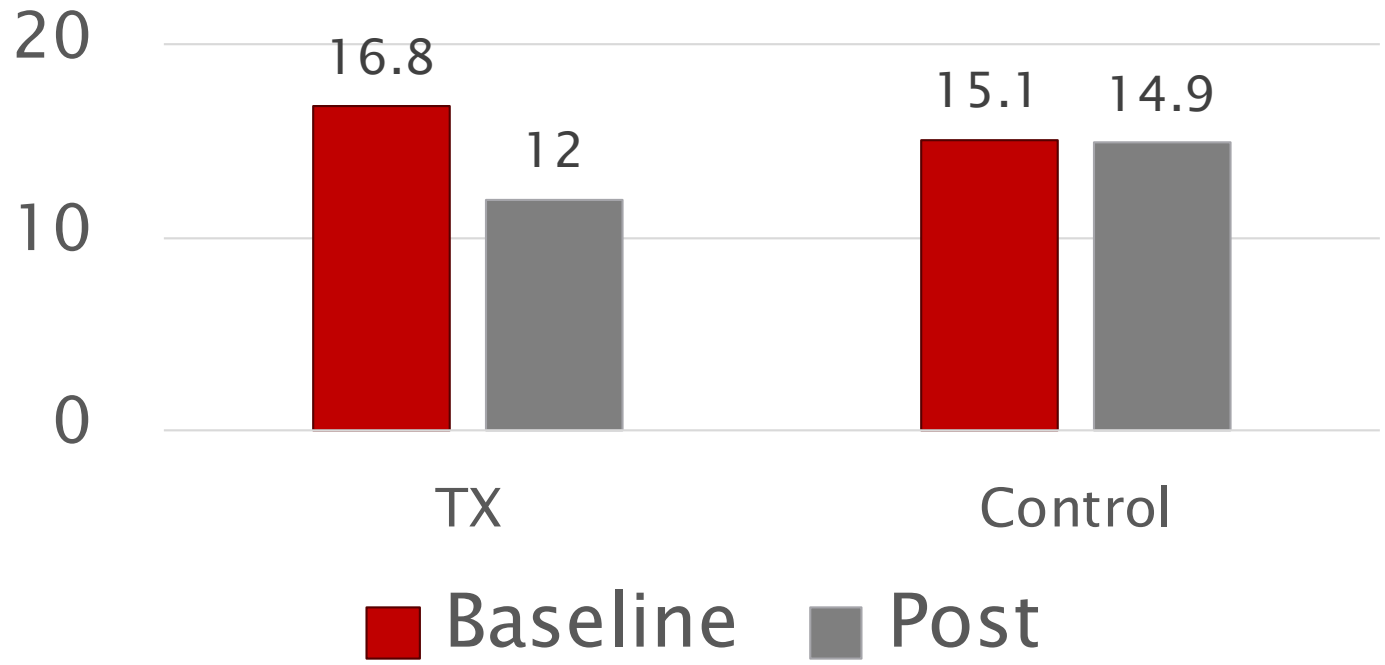


Withdrawal Symptoms (ARSW)

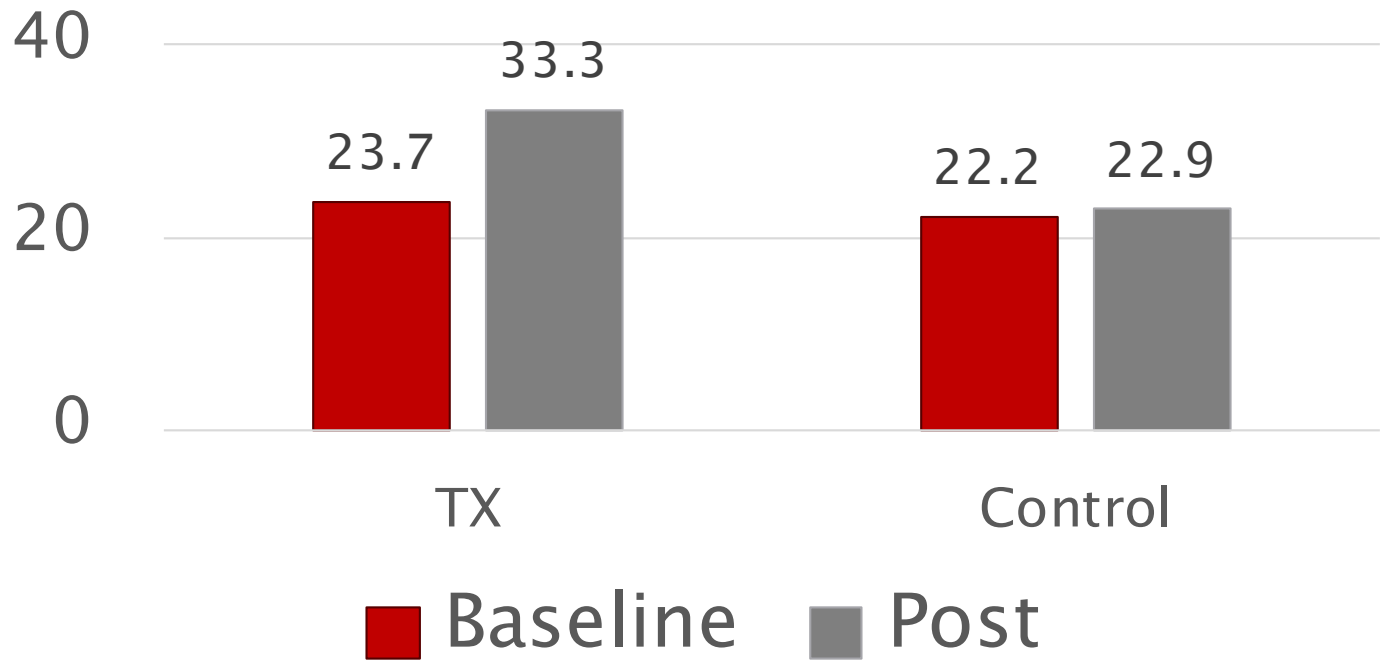


Are withdrawal symptoms worse for those with chronic pain?

Opioid Misuse (COMM)



Pain Self-Efficacy



Adjective Rating Scale Withdrawal Most Common Symptoms

	Pre	Post
Muscle Cramps	5.33 (2.25)	3.97 (2.92)
Painful Joints	6.08 (2.37)	5.29(2.50)
Trouble getting to sleep	5.33 (2.76)	4.44 (3.25)
Irritable	5.3 (2.38)	4 (2.42)
Fitful Sleep	5.18 (3.15)	4.08(3.10)

Conclusions

- Those engaged in the online program improved pain interference ($p = .048$), pain severity ($p = .04$), opioid misuse ($p = .04$), and depressive symptoms ($p = .001$) compared to those who did not.
- More guidance and support is needed for engagement. 1:1 time helps complete tasks; encouragement, rewards, accountability
- Ideally, integrate into clinic programming
- High physical and emotional symptom burden can interfere with treatment goals

Opioid Initiation to Substance Use Treatment

"They Just Want to Feel Normal"

Marian Wilson ▼ Michele R. Shaw ▼ Mary Lee A. Roberts

Background: Opioid use disorder has drastically increased in recent years within adult populations. Limited understanding exists regarding how people enter medication-assisted treatment (MAT) for opioid use disorder—particularly those who initiate opioid use to treat a painful condition.

Pain management essentials: Invest Time

Holistic pain assessment takes more than 5 minutes

- Create a strategy for information gathering/sharing
- Standardized surveys/data collection tools
- Designate human resources for the "pain story" so person feels listened to and understood
  - Peer counselors/volunteers
  - Pain certified RNs
  - Students/interns
  - Case managers
- Complex history and past traumas are common

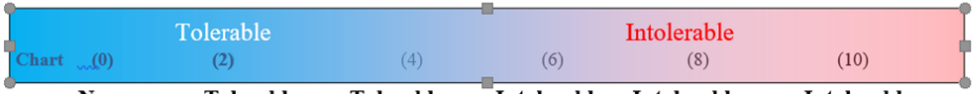
Measure wisely: Move beyond pain intensity

9. Circle the one number that describes how, during the past 24 hours, pain has interfered with your:

	0	1	2	3	4	5	6	7	8	9	10
A. General Activity	Does not Interfere										Completely Interferes
B. Mood	Does not Interfere										Completely Interferes
C. Walking Ability	Does not Interfere										Completely Interferes
D. Normal Work (includes both work outside the home and housework)	Does not Interfere										Completely Interferes
E. Relations with other people	Does not Interfere										Completely Interferes
F. Sleep	Does not Interfere										Completely Interferes
G. Enjoyment of life	Does not Interfere										Completely Interferes

- Pain intensity and interference
- Mood (depression, anxiety)
- Post-traumatic stress disorder (PTSD)
- Opiate withdrawal scale
- Adverse childhood events (ACES)
- Spiritual health/Quality of life
- Suicidality
- Sleep

Functional Pain Scale (FPS)



(0)	(2)	(4)	(6)	(8)	(10)
No Pain	Tolerable activities not prevented	Tolerable prevents some active activities	Intolerable prevents many active, (not passive) activities	Intolerable prevents all active and many passive activities	Intolerable incapacitated, unable to do anything or speak due to pain

Active activities : usual activities or those requiring effort (turning, walking, etc)
Passive activities: talking on phone, watching TV, reading

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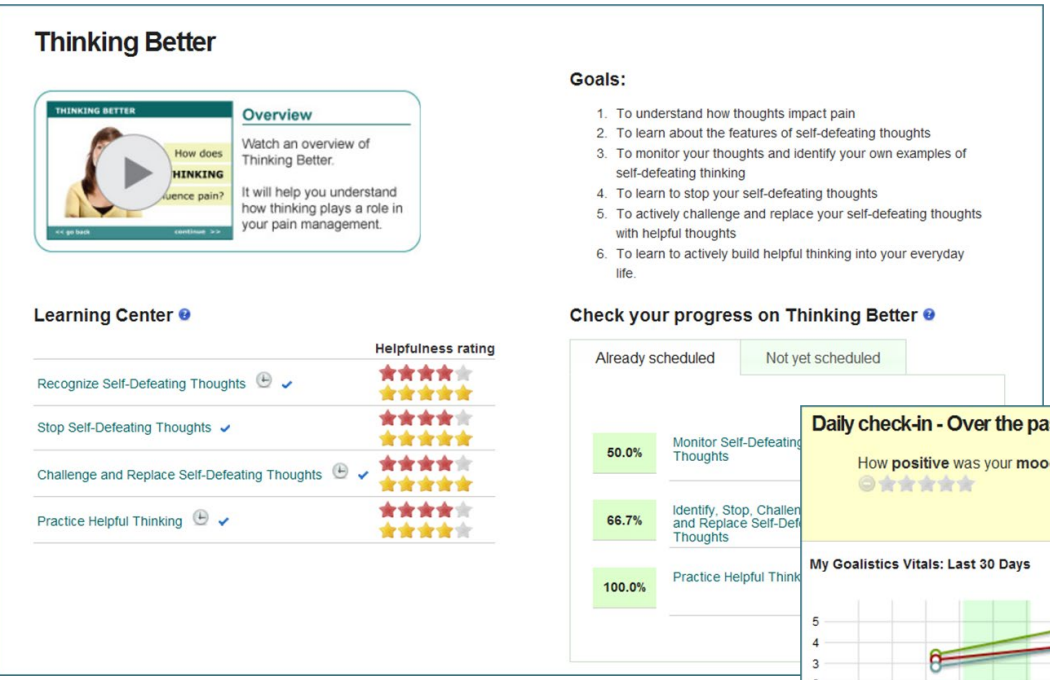
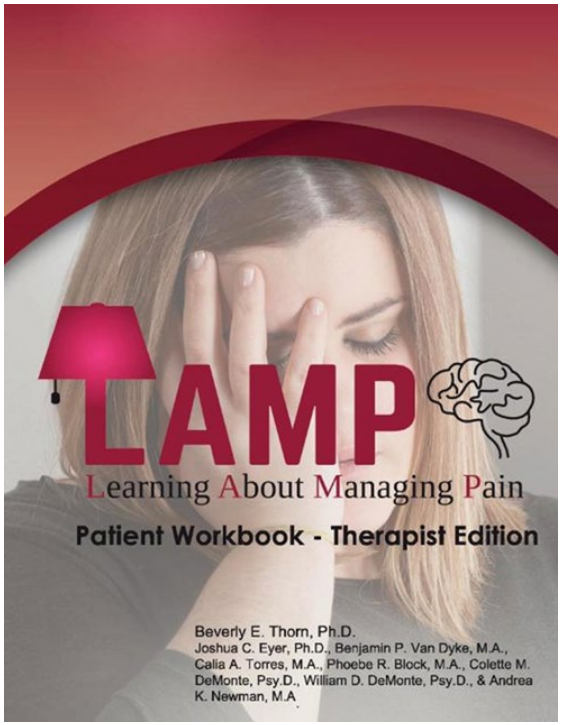
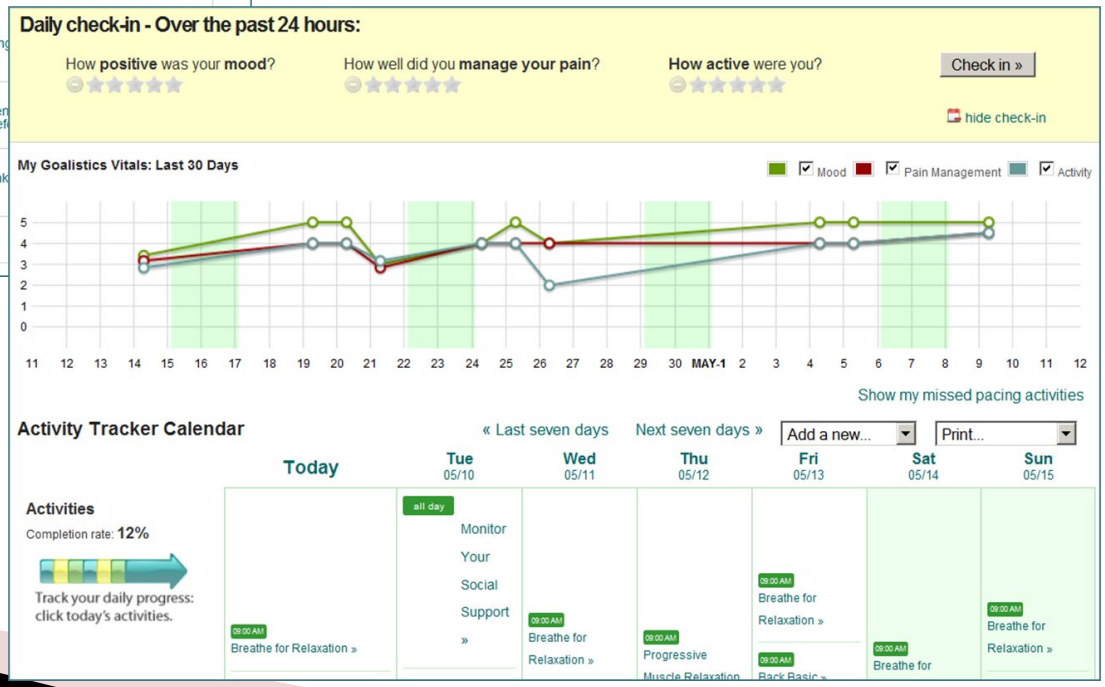
Offer options & hope

Pain self-management is a process- not a quick fix







- In person/online
- Shared medical appt
- Self-directed
- Pain psychologists/CBT

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Complementary & Integrative Medicine (CIM)

- A combined approach allowing for multimodal treatment
- No longer “alternative” medicine
- Addresses need for biopsychosocial-spiritual approach to pain care
- Often will require a combination of techniques to address multiple mechanisms of pain relief

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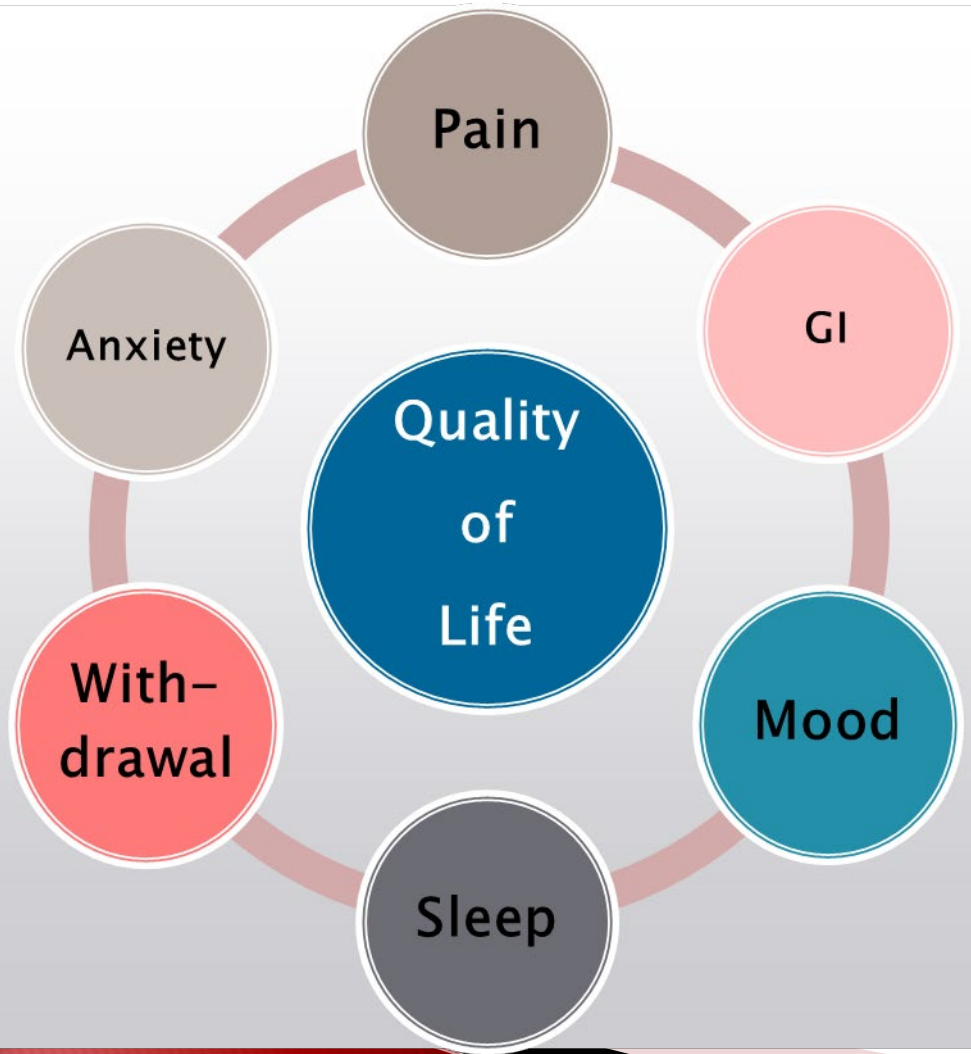
Symptoms are not insignificant



"…when their last dose of drugs starts to wear off, they'll take anything to avoid withdrawal, which they describe as the flu on steroids with fever, vomiting, diarrhea and high anxiety."

www.npr.org

Fentanyl Adds A New Terror For People Abusing Opioids
April 6, 2017

College of Nursing

WASHINGTON STATE UNIVERSITY
COLLEGE OF NURSING

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Selected references

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