

# Trauma and Analgesia: Balancing Patient Comfort and Opioid-Related Risks

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**School of Medicine  
and Public Health**

UNIVERSITY OF WISCONSIN-MADISON

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"More people now die in Wisconsin from drug overdoses than car crashes."

— Brad Schimel on Monday, June 6th, 2016 in an opinion piece



## Do more people die in Wisconsin from overdoses than car crashes?

By Cara Lombardo on Friday, July 8th, 2016 at 10:30 a.m.



### About this statement:

Published: Friday, July 8th, 2016 at 10:30 a.m.

Researched by: [Cara Lombardo](#)

Edited by: [Greg Borowski](#)

Subjects: [Drugs](#)

### Sources:

[Lesson's from Prince's overdose death](#), Brad Schimel, Wisconsin State Journal, June 6, 2016

Email exchange with Department of Justice spokesman Johnny Koremenos, June 13-14, 2016

Email exchange with Department of Health Services spokeswoman Jennifer Miller, June 13-16, 2016

[Special Emphasis Report: Drug Overdose Deaths, 1999-2013](#), Wisconsin Department of Health Services, released in September 2015

[2015 National Drug Threat Assessment Survey](#), Drug Enforcement Administration, October 2015

### How to contact us

# Mr. Pink

- 20 yo male s/p assault w/ brief LOC
  - Sustained L maxillary sinus fx, orbital wall fx, L humeral shaft fx
  - BAC 0.28 at presentation
  - 2 prior OWIs
- Given Rx for 90 oxycodone/acetaminophen (5/325) upon discharge at 24 hours
- Phones clinic 5 days after DC stating his pain is inadequately controlled and requests more potent analgesia

# Mr. Blue

- 48 yo male sustained R acetabular fx due to falling from a ladder at height of 8 feet
- In the 4 weeks after injury, required 30-50mg total daily oxycodone for management of pain
- After 4 wk adherence to recommended dosing, he experienced chills, intense anxiety, nausea, vomiting, abdominal cramping and diarrhea when he attempted to DC

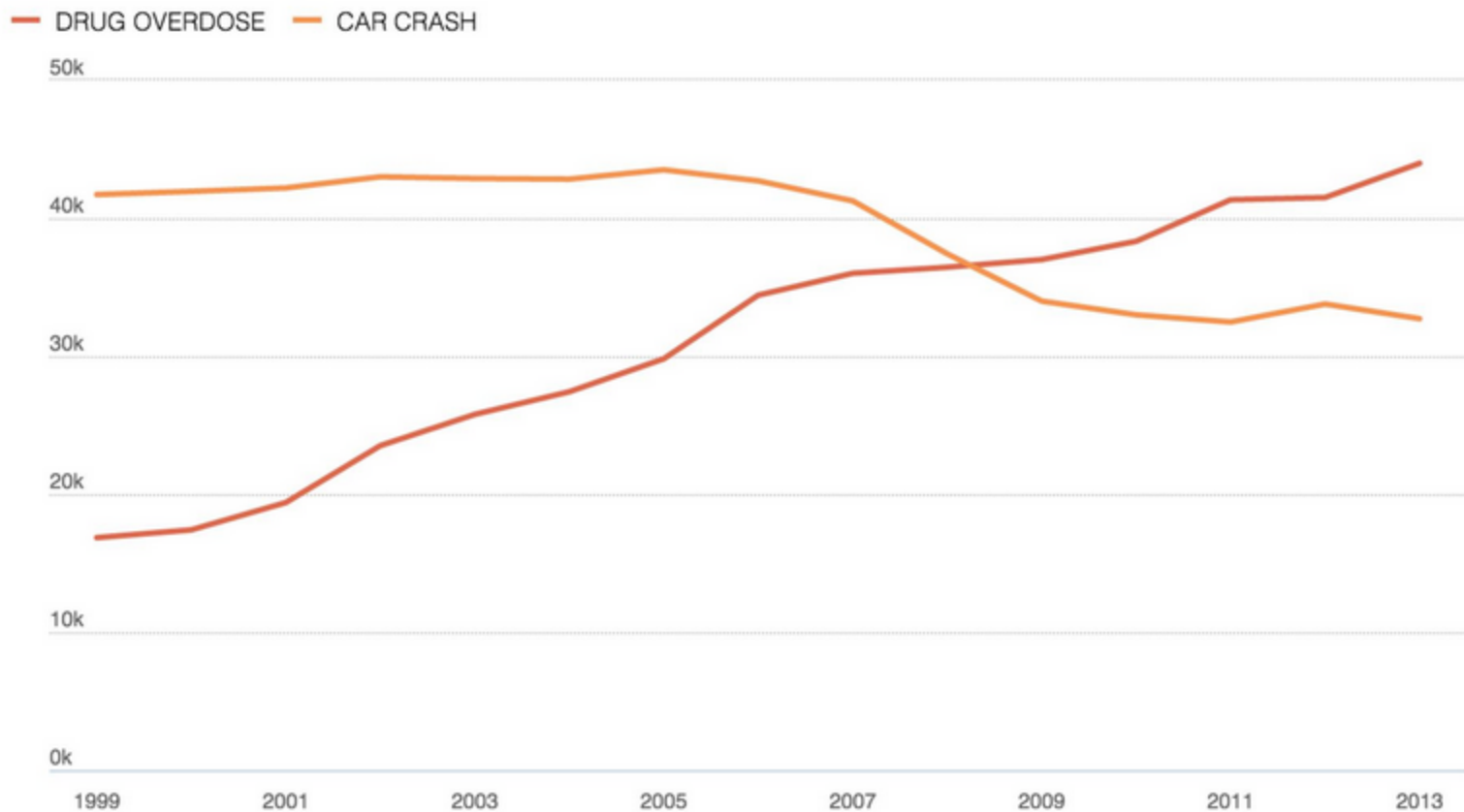
# Mr. Blonde

- 32 yo male w/ complex pelvic and LE injuries due to being pinned b/t moving van and concrete wall
- BAC undetectable; AUDIT-C = 2
- H/O heroin use disorder
  - Underwent detox, residential treatment, and continues in mutual help
  - Last opioid use > 5 yr ago

# Mr. Brown

- 46 yo male fell from 10 feet while climbing down out of deer stand & sustained uncomplicated fractures of ribs 6-8 posteriorly
- BAC and urine drug testing negative at presentation; AUDIT-C score = 4
- Pain initially required 80 total mg oxycodone to reduce pain intensity from 9/10 to 5/10
- Dose reduced somewhat in following weeks, but at 12 weeks post-injury, still reports 8/10 pain when attempts are made to DC opioids altogether

**1. Drug overdose is the leading cause of injury death and kills more people than car crashes. In 2013, 43,982 people died from drug overdoses, while 32,719 died in car crashes.**

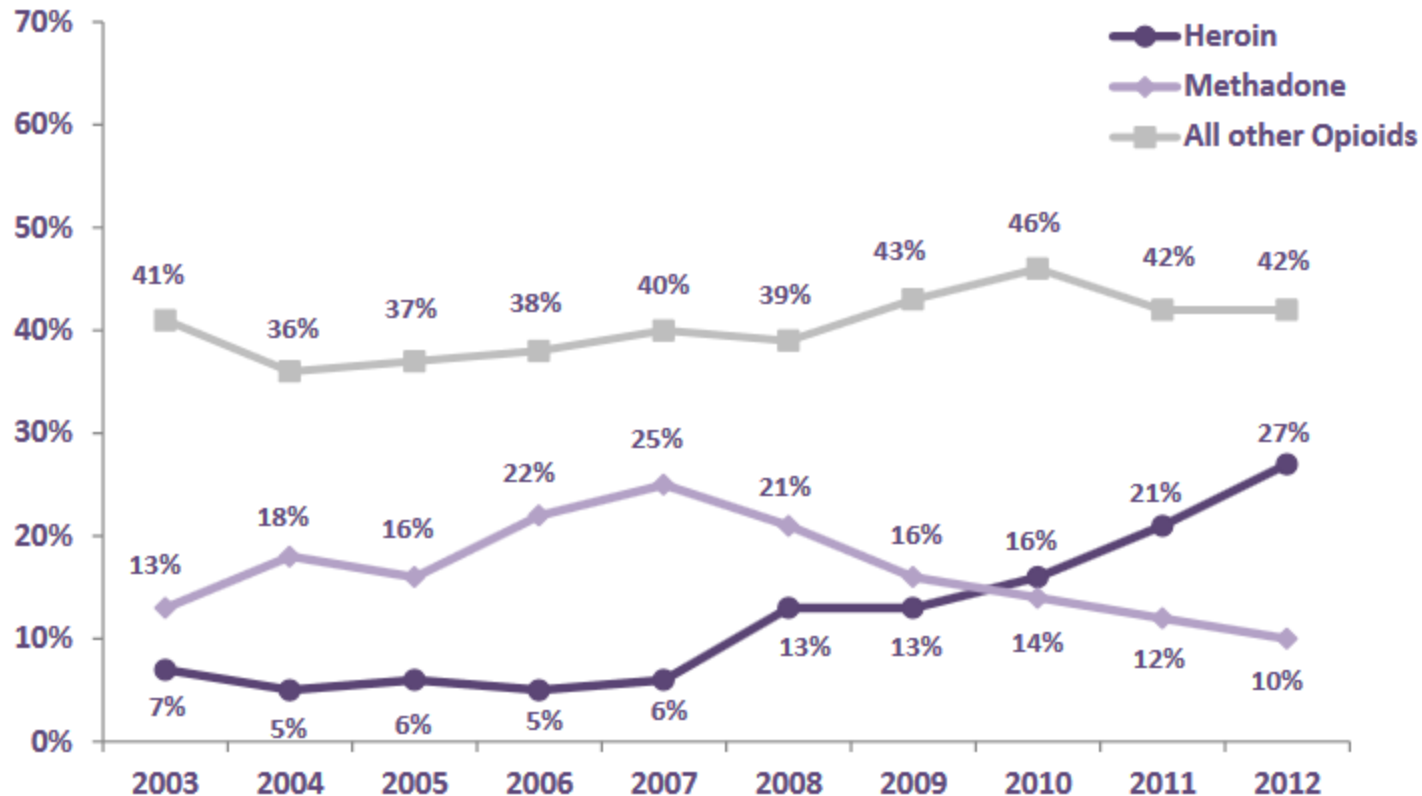


**DATA: Centers for Disease Control and Prevention**

MATT ROCHELEAU/GLOBE STAFF

## Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2014

Figure 14. Heroin, methadone and other opioid-related deaths, Wisconsin, 2003-2012



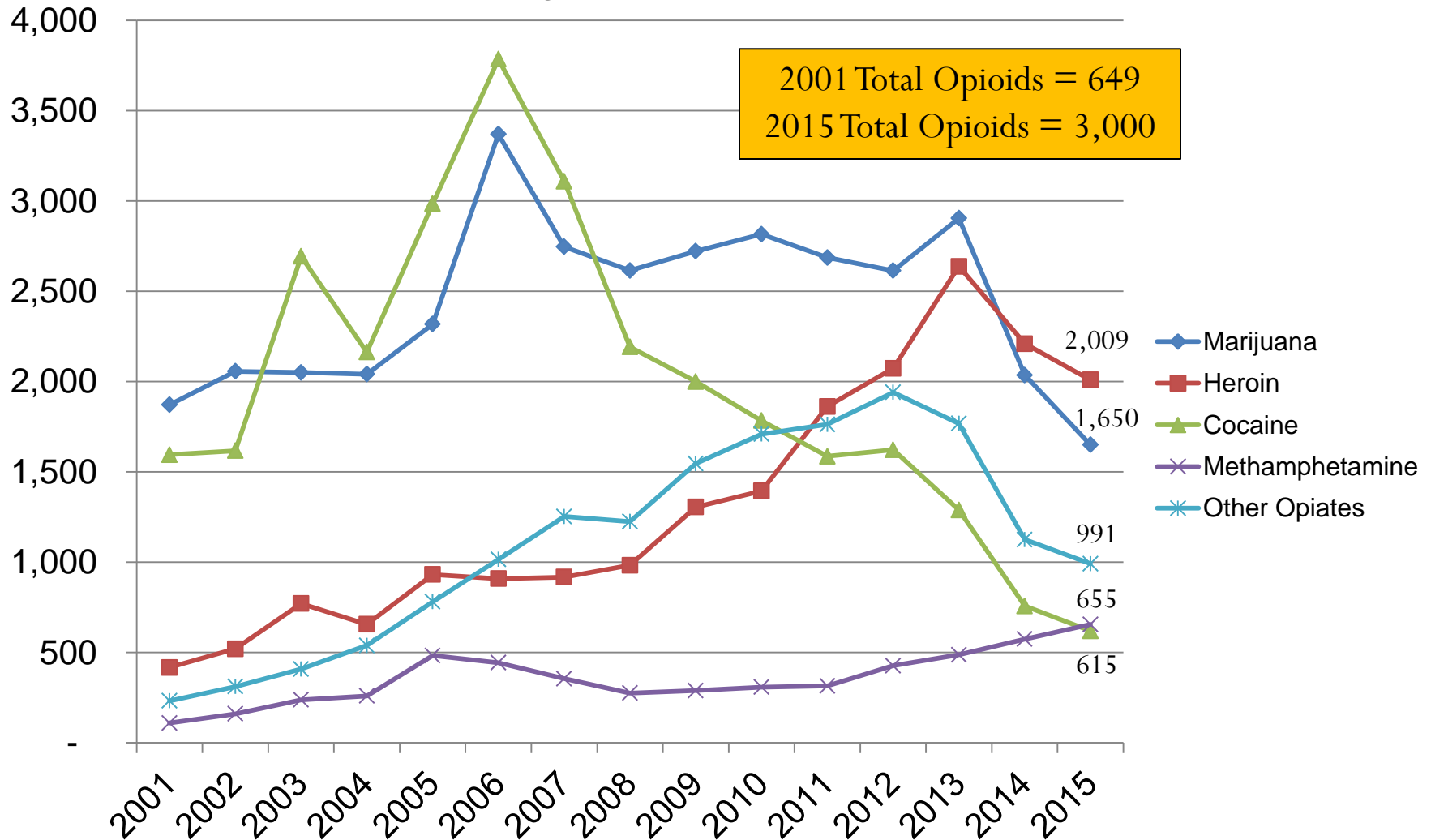
Source: Wisconsin resident death certificates, Division of Public Health, Wisconsin Department of Health Services.

Notes: Opioid refers to any prescription drug - natural or synthetic - with morphine-like effects. Some opioid deaths involve both heroin and prescription opioids.



# Publicly Funded Substance Abuse Treatment

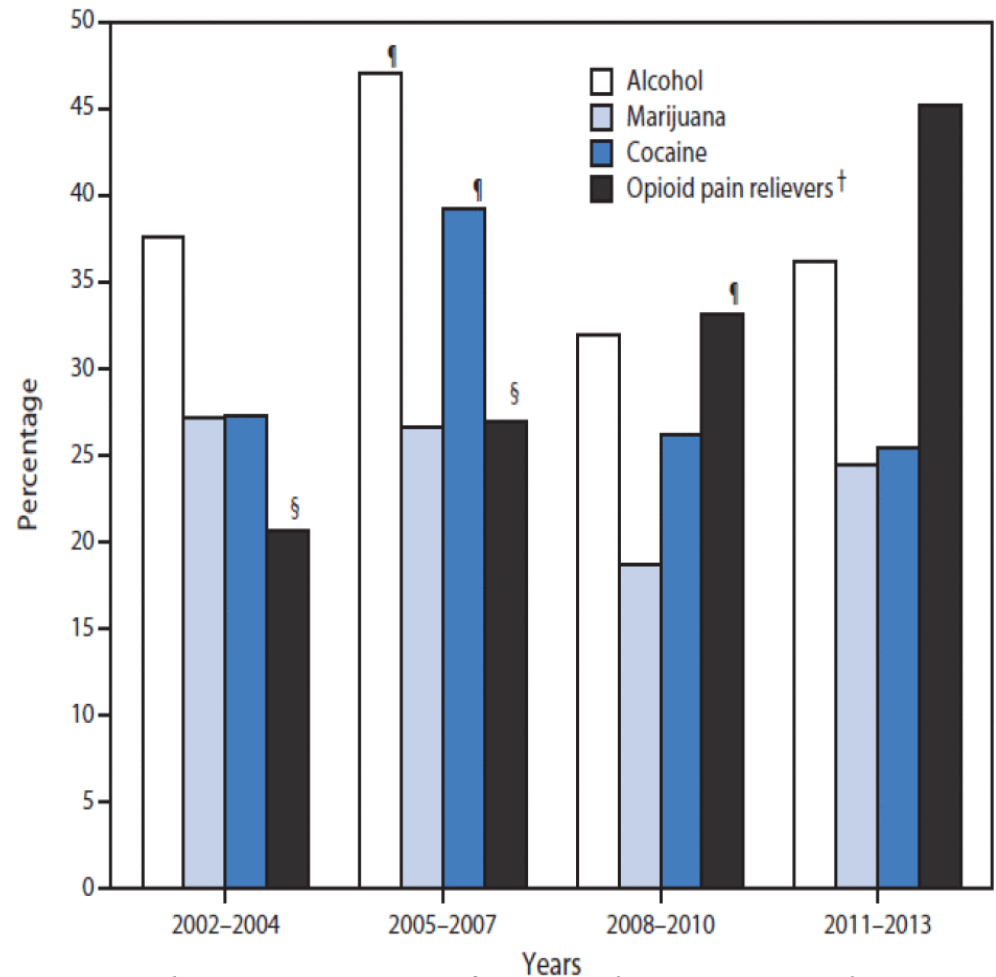
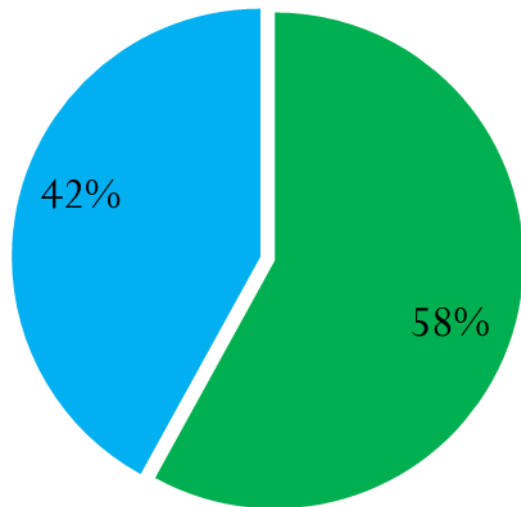
WI Admissions, ages 12 and older, number of admissions



# Prescription Misuse can increase risk of Heroin Use

## Drug Use Preceding Use of Heroin

- Other Drugs
- Prescription Opioids from ED Visit



Annual average percentage of past-year heroin users\* with past-year selected substance abuse or dependence, by time interval — United States, 2002–2013

- Victims of traumatic injury are at increased risk for opioid misuse and addiction

(Helmerhorst 2014, Lankenau 2012)

- Workflows and interventions to prevent opioid-related harm in trauma victims remain uninvestigated

# Screening in Trauma for Opioid Misuse Prevention (STOMP)

The long-term goal of this study and future work is to disseminate an opioid misuse risk screening and brief intervention protocol which effectively prevents opioid misuse, the progression from opioid misuse to opioid addiction, and opioid-misuse-related complications such as overdose.

Currently funded by WPP and approved by UW IRB



# Screening in Trauma for Opioid Misuse Prevention (STOMP)

- Are there risk factors for the development of opioid misuse after traumatic injury?
- Can these risk factors be identified?
- Would screening for these risk factors be beneficial to physicians prescribing opioids for pain related to traumatic injury?
- Would screening for these risk factors be feasible within trauma center workflow?



# Screening in Trauma for Opioid Misuse Prevention (STOMP)

## 4 Phases of Data Collection:

- Phase 1: Survey of Trauma Center Staff
- Phase 2: Focus Group of Trauma Center Staff
- Phase 3: Surveys of 295 UWHC trauma inpatients who are discharged with opioid analgesia, 4 follow ups over 6 months
- Use data from Phases 1-3 to develop regression model to predict opioid addiction risk after traumatic injury
- Phase 4: Implementation of Screening Tool in 4 WI Trauma Centers



# Summit Agenda

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8:20 am      Ann O'Rourke, MD, MPH, FACS – UW Dept. of Surgery  
Inpatient Management of Trauma-Related pain  
60 minutes + 10 minute discussion

9:30 am      Break / 20 minutes

9:50 am      Perry Fine, MD – University of Utah Health Care  
Outpatient Opioid Analgesia: Balancing Risks and Benefits  
45 minutes + 15 minute discussion

10:50 am     Joseph Glass, MSW, PhD – Group Health Research Institute  
Screening and Brief Intervention for Risky Substance Use  
45 minutes + 15 minute discussion

11:50 am     Lunch / 60 minutes

12:50 pm     Andrew Quanbeck, PhD – UW Dept. Industrial and Systems Engineering  
Systems Interventions to Reduce Opioid-Related Risks  
30 minutes + 10 minute discussion

1:30 pm      Randall Brown, MD, PhD, FASAM – UW Dept. Family Medicine and  
Community Health  
Review of Summit Survey Data  
15 minutes

1:45 pm      Panel Discussion and Closing Remarks  
45 minutes

2:30 to 4:00 pm   Focus Group (previously confirmed attendees)  
Up to 90 minutes

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# Introducing...

- Our first speaker!
- Ann O'Rourke, MD, MPH, FACS  
UW Department of Surgery