PainWeek

Pain Management at Ground Zero

Mark Garofoli, PharmD, MBA, BCGP, CPE

Faculty

- Mark Garofoli, PharmD, MBA, BCGP, CPE
  - Experiential Learning Director & Clinical Assistant Professor, WVU School of Pharmacy
  - Clinical Pain Management Pharmacist, WVU Medicine Integrative Pain Center
  - Coordinator, WV Pain Management Expert Panel (SEMP Guidelines)
  - WV PDMP Advisory Panel Member
  - CDC Grant Reviewer

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Disclosures

- Advisory Board: DSI

This presentation was not a part of the presenter's official duties at the WVU and does not represent the opinion of WVU

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Learning Objectives

- Discuss the 2016 CDC Chronic Pain Opioid Guidelines directly into clinical practice.
- Describe the best practices within pain management with particular attention to risk reduction strategies.
- Recall multi-modal pain management treatment plan options.

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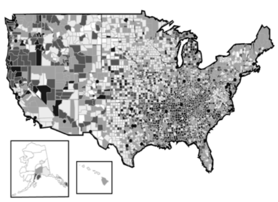
US Opioid Prescribing & Heroin Distribution



https://www.cdc.gov/drugoverdose/maps/rxcounty2016.html
https://dabrownstein.com/2015/04/27/alternative-metrics-of-americas-divided-economy-3/

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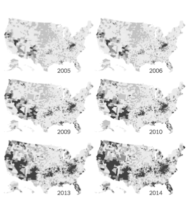
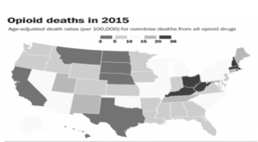
US Drug Overdose Deaths





https://www.healthnutnews.com/wp-content/uploads/2016/08/drug-overdose-deaths-in-the-us-1453224385472-master495-v2.png
http://www.wral.com/states-with-the-biggest-drug-overdose-problem/15391563/
Holly H, et al. Drug Overdose Deaths in the United States, 1999–2016. NCHS Data Brief No. 294, December 2017.

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Ground Zero Transcending to the Entire Nation…

HEALTH INC.

Drug Distributors Penalized For Turning Blind Eye In Opioid Epidemic

January 27, 2017 · 5:00 AM ET

CHARLES ORNSTEIN

FROM

Charleston Gazette-Mail

A Few Clouds 88.0 °F

HOME NEWS BUSINESS OPINION SPORTS LIFE A&E OUTDOORS BLOGS OBITUARIES MULTIMEDIA WEATHER

WV Supreme Court says addicts can sue doctors and pharmacists

Kate White, Staff Writer

May 15, 2015

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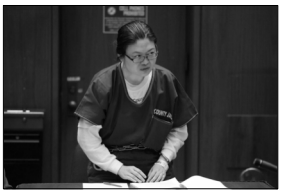
2016 Murder Conviction

Dr. Hsiu-Ying "Lisa" Tseng guilty of second-degree murder (30 years to life)

First time a doctor had been convicted of murder in the United States for overprescribing drugs



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http://www.latimes.com/local/lanow/la-me-ln-doctor-murder-overdose-drugs-sentencing-20160205-story.html

63,400 US Drug Overdose Deaths (2016)

8 minutes

Age-adjusted Drug Overdose Death Rates (per 100K)	
West Virginia	52
New Hampshire, Ohio, & D.C.	39
Pennsylvania	38

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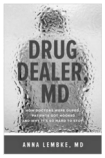
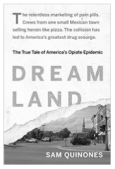
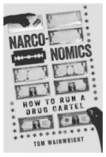
Holly H, et al. Drug Overdose Deaths in the United States, 1999–2016. NCHS Data Brief No. 294, December 2017.

"Opioid Epidemic" Literature







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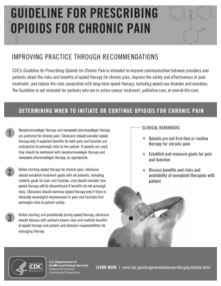
2016 CDC Chronic Pain Opioid Guidelines



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https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm

CDC Chronic Pain ***Opioid*** Guidelines

Opioid Use Decision
1. Non-Pharm, Non-Opioid, then Opioid
2. Treatment Goals
3. Risk Assessments & Side Effects

Type/Amount/Time of Opioid
4. IR not ER
5. MME >/= 50/day: Use caution
   MME >/= 90 avoid unless justified
6. Acute pain: Short duration
7. Re-evaluate 1 month, then every 3 months.

Risk/Harms of Opioid Use
8. Higher risk → naloxone
9. PDMP initially + every 1-3 months
10. UDT initially + annually
11. Avoid combining opioids & benzos
12. Opioid Use Disorder: Offer MAT

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

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Adapted from https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm

2016 West Virginia
Safe & Effective Management of Pain (SEMP) Guidelines

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West Virginia
Expert Pain Management Panel

Panel Member	Organization/Title
Mark Garofoli, PharmD, MBA, BCGP, CPE (Coordinator)	Pharmacist
Timothy Deer, MD (Chairperson)	Medical Doctor
Richard Vaglienti, MD (Vice Chairperson)	Medical Doctor
Ahmet Ozturk, MD	Medical Doctor
Denzil Hawkinberry, MD	Medical Doctor
Bradley Hall, MD	Medical Doctor
Matt Cupp, MD	Medical Doctor
Rahul Gupta, MD	Medical Doctor (Public Health)
Michael Mills, DO	Osteopathic Doctor
Jimmy Adams, DO	Osteopathic Doctor
Richard Gross, PhD	Psychologist
Jason Roush, DDS	Dentist
Stacey Wyatt, RN	Registered Nurse
Vicki Cunningham, RPh	Pharmacist (Insurance)
Felice Joseph, RPh	Pharmacist (Insurance)
Stephen Small, RPh, MS	Pharmacist
Patty Johnston, RPh	Pharmacist
Charles Ponte, PharmD, CPE	Pharmacist
James Jeffries, MS	Health & Human Resources
Michael Goff	Retired State Policeman & PDMP Administrator

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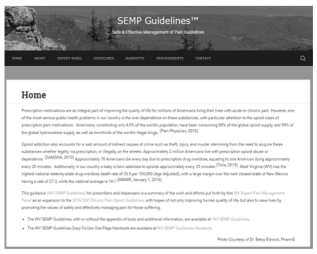
2016 West Virginia
Safe & Effective Management of Pain (**SEMP**) Guidelines



www.sempguidelines.org

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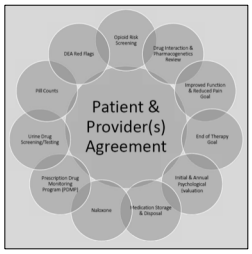

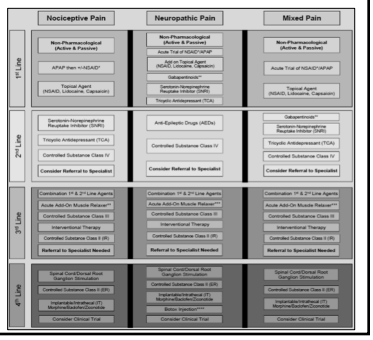

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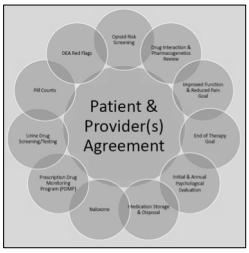
Risk Reduction Strategy



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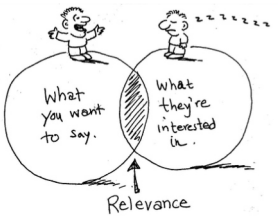
Risk Reduction Strategy



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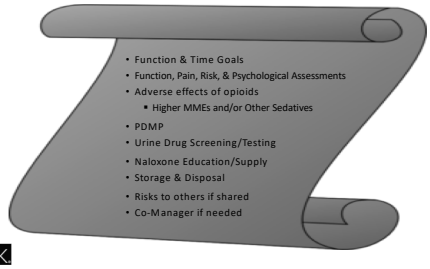
Patient & Provider Agreement Items



- Function & Time Goals
- Function, Pain, Risk, & Psychological Assessments
- Adverse effects of opioids
  - Higher MMEs and/or Other Sedatives
- PDMP
- Urine Drug Screening/Testing
- Naloxone Education/Supply
- Storage & Disposal
- Risks to others if shared
- Co-Manager if needed

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Pain Reduction & Function Improvement Goal

Pain = 5th Vital Sign ???

Analgesic ???

The goal is NOT necessarily to eliminate pain

- The goal is to Improve Function & Reduce Pain

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PEG Scale

PEG Pain Screening Tool

1. What number best describes your pain on average in the past week:

0 1 2 3 4 5 6 7 8 9 10

No pain — Pain as bad as you can imagine

2. What number best describes how, during the past week, pain has interfered with your enjoyment of life?

0 1 2 3 4 5 6 7 8 9 10

Does not interfere — Completely interferes

3. What number best describes how, during the past week, pain has interfered with your general activity?

0 1 2 3 4 5 6 7 8 9 10

Does not interfere — Completely interferes

To compute the PEG score, add the three responses to the questions above, then divide by three to get a final score out of 10.

The final PEG score can mean very different things to different patients. The PEG score, like most other screening instruments, is most useful in tracking changes over time. The PEG score should decrease over time after therapy has begun.

PEG Scale
Pain intensity (P)
Interference with Enjoyment of life (E)
Interference with General activity (G)

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Krebs E, et al. Development and Initial Validation of the PEG, a Three-Item Scale Assessing Pain Intensity and Interference. J Gen Intern Med 24(6):733–8.

Graded Chronic Pain Scale

Graded chronic pain scale: a two-item tool to assess pain intensity and pain interference

In the last month, on average, how would you rate your pain? Use a scale from 0 to 10, where 0 is "no pain" and 10 is "pain as bad as could be"? *[That is, your usual pain at times you were in pain.]*

No pain — **Pain as bad as could be**

0 1 2 3 4 5 6 7 8 9 10

In the last month, how much has pain interfered with your daily activities? Use a scale from 0 to 10, where 0 is "no interference" and 10 is "unable to carry on any activities."

No interference — **Unable to carry on any activities**

0 1 2 3 4 5 6 7 8 9 10

Pain Rating Item	Mild	Moderate	Severe
Average/Usual Pain Intensity	1–4	5–6	7–10
Pain-related interference with activities	1–3	4–6	7–10

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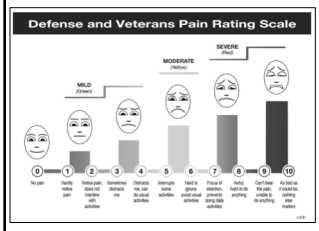
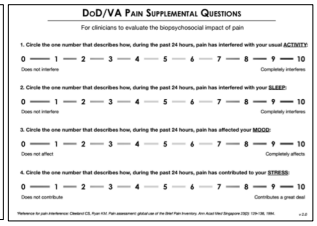
http://www.agencymeddirectors.wa.gov/Files/AssessmentTools/4-Tw%20Item%20Graded%20Chronic%20Pain%20Scale.pdf

DVPRS





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https://www.va.gov/PAINMANAGEMENT/docs/DVPRS_2slides_and_references.pdf

End of Therapy Goal

Acute Goal

- Expected time frame of healing

Chronic Goal

- Resolution of the syndrome is not always expected
- Prevent long term medication issues (possibly d/c)
  - Adverse effects, dependency, etc.

- **S** Specific
- **M** Measurable
- **A** Attainable
- **R** Relevant
- **T** Time-Bound

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Proper Medication Storage

Bathroom Medicine Cabinets → NO
- Humidity
- Unsecure
- Typically accessed at "groggy" times of day (AM/PM)

Lockable Safe Boxes → YES
- Away from children and pets
- Secure
- Still must incorporate into daily routine

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Proper Medication Disposal
EPA

1st Choice

Drug Take-Back Event

2ND CHOICE: HOUSEHOLD DISPOSAL STEPS*

1. Take your prescription drugs out of their original containers.

2. Mix drugs with an undesirable substance, such as cat litter or used coffee grounds.

3. Put the mixture into a disposable container with a lid, such as an empty margarine tub, or into a sealable bag.

4. Conceal or remove any personal information, including Rx number, on the empty containers by covering it with permanent marker or duct tape, or by scratching it off.

5. The sealed container with the drug mixture, and the empty drug containers, can now be placed in the trash.

* Drug Disposal Guidelines, Office of National Drug Control Policy, October 2009

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https://www.epa.gov/sites/production/files/2015-06/documents/how_to_dispose_medicines.pdf

Proper Medication Disposal
FDA

1. DEA Sponsored Take-Back Programs (*Same as EPA*)
2. Household Trash (*Same as EPA*)
3. DEA Authorized Collector
   - Pharmacies can Register
   - https://apps.deadiversion.usdoj.gov/webforms2/spring/disposalLogin?execution=e2s1
4. Flushing a list of ~40 CIIs
   - Drugs enter water systems through human excretion
   - No sign of environmental damage from flushing drugs yet

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https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm#who
https://www.fda.gov/Drugs/ResourcesForYou/Consumers/SafeDisposalofMedicines/SafeDisposalofMedicines/ucm274157.htm

Psychological Evaluation
PHQ-2 & PHQ-9

The Patient Health Questionnaire-2 (PHQ-2)

Patient Name _____ Date of Visit _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3

PHQ-2 Score >/= 3 → Take PHQ-9

The Patient Health Questionnaire (PHQ-9)

Patient Name _____ Date of Visit _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
Column Totals	_____ + _____ + _____			
Add Totals Together	_____			

PHQ-9 Score >/15 → Psychotherapy +/- Antidepressant

PHQ-2: http://www.cpaimh.org/pdf/tool_shs2.pdf
PHQ-9: https://www.mdcalc.com/phq-9-patient-health-questionnaire-9

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Opioid Risk Screenings

Opioid-Naïve
Patients Being Considered for Opioid Therapy

- Opioid Risk Tool (ORT)
- Drug Abuse Screening Test (DAST)
- Diagnosis, Intractability, Risk, & Efficacy Score (DIRE)

Opioid Experienced
Patients Already Receiving Opioid Therapy

- Current Opioid Misuse Measure (COMM)
- Pain Medication Questionnaire (PMQ)
- Prescription Drug Use Questionnaire (PDUQ)
- Others

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Opioid Risk Screenings

Opioid Naïve

Self Reported
- Drug Abuse Screening Test (DAST)
- Screener & Opioid Assessment for Patients with Pain (SOAPP)

Provider Reported
- Opioid Risk Tool (ORT)
- Diagnosis, Intractability, Risk, & Efficacy Score (DIRE)

Opioid Experienced

Self Reported
- Current Opioid Misuse Measure (COMM)
- Pain Medication Questionnaire (PMQ)
- Prescription Drug Use Questionnaire, Patient (PDUQp)

Provider Reported
- Prescription Drug Use Questionnaire (PDUQ)

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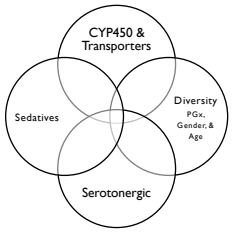
Opioid Medication Interactions



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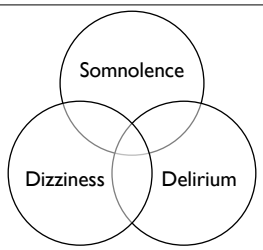
Opioids, Benzos, "Relaxants", & Hypnotics

Overlapping Sedative Side Effects…



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Opioid-Sedative Interactions "Name Game"

Drug-Drug Interaction	Proposed Name
Opioid + Benzodiazepine Sedative	"Bozo"
Opioid + "Muscle Relaxant" Sedative	"Relaxoid"
Opioid + Sedative Hypnotic	"Hypoid"
Opioid + One Other Sedative	"Deadly Duo"
Opioid + Two Other Sedatives	"Unholy Trinity"
Opioid + Three Other Sedatives	"Quattro Killer"
Benzodiazepine & Sedative Hypnotic	"Hypzo"
Benzodiazepine & "Muscle Relaxant" Sedative	"Relaxzo"

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Naloxone Products

Product	Generic Injectable	Generic Intranasal	Narcan® Nasal Spray	Evzio® Auto-Injector
Dose	0.4mg IM	1mg in each nostril	4mg in one nostril	0.4mg/2mg IM/SQ
Dosing	Inject 1mL in shoulder/thigh, may repeat in 2-3min Use 3mL 23G syringe &1" needle	Spray 1mL (half of syringe) in each nostril with atomizer, may repeat in 2-3 min	Spray 0.1mL into one nostril; may repeat in 2-3 min with 2nd device in alternate nostril	Press black side firmly onto outer thigh through clothing, hold 5 seconds, may repeat in 2-3 min
Availability	0.4mg/mL 4mg/10mL	2mL prefilled Luer-Jet syringe + Atomizer (Item # MAD-301)	0.4mg/0.1mL	0.4mg/0.4mL 2mg/0.4mL
Manufacturer	Pfizer, West-Ward, & Mylan	IMS/Amphastar	Adapt	Kaleo
Cost	$	$$	$$	$$$$$
NDC	00409-1215-01 00409-1219-01 67457-0292-01 00641-6132-25	76329-3369-01	69547-0353-02	60842-0030-01 60842-0051-01
Picture				

Adapted from: Toderika Y, Williams S. Naloxone for Opioid Overdose and the Role of the Pharmacist. Consult Pharm. 2018 Feb 1;33(2):98-104.

Naloxone Candidates

- Any patient receiving >/=50mg MME
- Opioid Rotation
- Recent Opioid Overdose
- Opioid Use Disorder
- Personal/ Family History Substance Abuse
- Respiratory Condition (COPD/Asthma, Sleep Apnea, Smoking of Anything)
- Heavy Alcohol Use
- Benzodiazepine or Other Sedatives
- Difficult Access to EMT (Rural)
- Voluntary Request (Patient/Caregiver)

https://www.samhsa.gov/medication-assisted-treatment/training-resources

Opioid Overdose Symptoms

- **Death Rattle** Gargled, Slow, Absent Breathing
- Unconscious and Unarousable
- Pinpoint Pupils
- Pale Clammy Skin
- **Hypoxia** Blue Lips & Nails
- Hypotension
- Slow or No Heartbeat

https://www.samhsa.gov/medication-assisted-treatment/training-resources

Naloxone Administration

SAMHSA Guidelines

1. Check for signs of opioid overdose
2. Call EMS to access immediate medical attention*
3. Administer naloxone (rescue position)*
4. Rescue breathe if patient not breathing*
5. Stay with the person and monitor their response until emergency medical assistance arrives. After 2-5 minutes, repeat the naloxone dose if person is not awakening or breathing well enough (10 or more breaths per minute)

*Order depending on the source of guidance

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https://www.samhsa.gov/medications-assisted-treatment/naloxone-overdose

Pill Counts

- Randomized or Scheduled
- Goals
  - Improve proper medication adherence
  - Prevent and/or detect medication diversion
- Recommend not to have support staff perform
- Use a counting tray

➢Realize Pills can be rented/borrowed (online/street)

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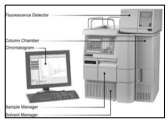
Viscomi CM, et al. Pill counts and pill rental: unintended entrepreneurial opportunities. The Clinical Journal of Pain. 29(7):623–624, JUL 2013

Urine Drug Screening/Testing

- Randomized or Scheduled
- Goals
  - Improve proper medication adherence
  - Prevent and/or detect medication diversion
- Witnessed or private

➢Realize Urine can be purchased online or shared
  - www.thewhizzinator.com



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www.asamcriteria.org

Urine Drug Screening/Testing

"I could go on and on about this. And I will. Get comfortable."

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Urine Drug Screening versus Testing

Urine Drug Screening (UDS)	Urine Drug Testing (UDT)
Immunoassay screen (i.e. Cup)	GC-MS or LC-MS/MS
In-office, point-of-care, or lab-based	Laboratory, highly specific & sensitive
Results within minutes	Results in hours or days
Detects a few legal & illicit medications by structural class	Measures concentrations of all drugs & metabolites
Guidance for preliminary treatment decisions	Definitive identification & analysis
Cross-reactivity common: more false positives	False-positive results are rare
Higher cutoff levels: more false negatives	False-negative results are rare
$	$$$

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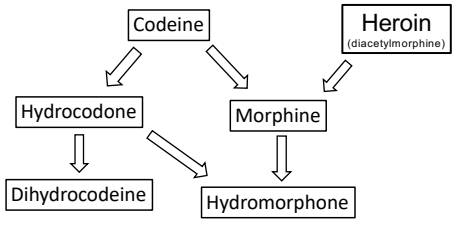
Adapted from the WV SEMP Guidelines: www.sempguidelines.org

Opioid Metabolism

Active Metabolites



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Adapted from the WV SEMP Guidelines: www.sempguidelines.org

Urine Drug Screening Panels

Urine Drug Screening Panels				
7 Panel	Marijuana (THC) Cocaine Opiates/Derivatives PCP Amphetamines Benzodiazepines Barbiturates	Methadone Propoxyphene Quaaludes	Ecstasy & Oxycodone	Fentanyl & Meperidine
10 Panel				
12 Panel				
Pain 13 Panel				

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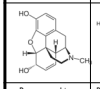
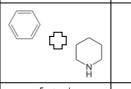
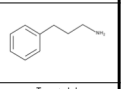
http://www.mobilehealth.net/screening/drug-screening/8-panel/the-different-drug-panels/.

Opioid Structural Classes

Phenanthrenes		Benzomorphans	Phenylpiperidines	Dipheylheptanes	Phenylpropylamines
5 Rings	4 Rings	3 Rings	2 Rings	2 Rings	2 Rings
					
Buprenorphine Codeine Diacetylmorphine Hydrocodone Morphine Naloxone Oxycodone Oxymorphone	Butorphanol Levorphanol	Diphenoxylate Loperamide Pentazocine	Fentanyl Meperidine	Methadone Propoxyphene	Tapentadol Tramadol

PainWeek

Adapted from Volkow ND, McLellan AT. NEJM 2016; 374:1253-1263.

Urine Drug Screening

Cross-Reactants

Chemical	Cross-Reactant
Cannabinoids	NSAIDs, dronabinol, promethazine, & pantoprazole
Opioids	poppy seeds, chlorpromazine, rifampin, dextromethorphan, quinolones, diphenhydramine, & quinine
Amphetamines	methylphenidate, trazodone, bupropion, amantadine, propranolol, labetalol, ranitidine, & menthol
PCP	ibuprofen, tramadol, chlorpromazine, venlafaxine, thioridazine, meperidine, dextromethorphan, diphenhydramine, & doxylamine
Benzodiazepines	oxaprozin, sertraline, & some herbals
Alcohol	asthma inhalers
Methadone	quetiapine

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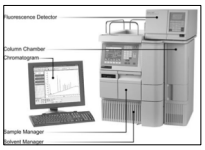
Adapted from WV SEMPP Guidelines. www.sempguidelines.org.

Urine Drug Screening/Testing



Conversation Starters

Conversation Leaders

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Prescription Drug Monitoring Programs

PDMPs

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www.pdmpassist.org

State	PDMP Legislation	PDMP Operational
California	1939	1939
Hawaii	1943	1943
Idaho	1967	1967
Illinois	1961	1968
New York	1972	1973
Pennsylvania	1972	1973
Rhode Island	1978	1979
Texas	1981	1982
Michigan	1988	1989
Oklahoma	1990	1991
Massachusetts	1992	1994
West Virginia	1995	1995
Utah	1995	1996
Nevada	1995	1997
Indiana	1997	1998
Kentucky	1998	1999
Virginia	2002	2003
Maine	2003	2004
Wyoming	2004	2004
New Mexico	2004	2005
Mississippi	2005	2005
Ohio	2005	2006
Alabama	2004	2006
Tennessee	2003	2006
Colorado	2005	2007
North Dakota	2005	2007

State	PDMP Legislation	PDMP Operational
North Carolina	2005	2007
Connecticut	2006	2008
Arizona	2007	2008
Louisiana	2006	2008
South Carolina	2006	2008
Vermont	2006	2009
Iowa	2006	2009
Minnesota	2007	2010
New Jersey	2008	2011
Alaska	2008	2011
Oregon	2009	2011
Washington	2007	2011
Kansas	2008	2011
South Dakota	2010	2011
Florida	2009	2011
Nebraska	2011	2011
Delaware	2010	2012
Montana	2011	2012
Guam	1998	2013
Wisconsin	2010	2013
Arkansas	2011	2013
Georgia	2011	2013
Maryland	2011	2013
New Hampshire	2012	2014
District of Columbia	2014	2016
Missouri	2016	2017

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www.pdmpassist.org

Verifying Identification Cards
Magnetic Strip Swipe

- States with Magnetic Stripes

  AL, AZ, AR, CA, CO, FL, KS, LA, MI, MN, MS, NH, NM, OH, PA, SC, TX, & VT

- Fast Scanning: 1 second for response

- ~$500 Device Cost

http://www.idscanner.com/products/magnetic-stripe-id-swiper/

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Verifying Identification Cards
Barcode Reader

- Process via smartphones/pads
- Link directly to state ID databases

https://www.baranddubstats.com/collections/id-scanner
http://www.neiocratic.com/idscanner-app-infinum-photopay-3140

PAINweek

DEA Red Flags
Prescribers

- Cash only patients and/or no acceptance of worker's compensation or insurance
- Prescribing of the same combination of highly-abused drugs
- Prescribing the same (high) quantities of pain drugs to most/every patient
- High number of prescriptions issued per day
- Out-of-area patient population

➢ NABP "Red Flags" Video (https://nabp.pharmacy/initiatives/awarxe/pharmacist-resources/)

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DEA Red Flags
Dispensers

- Dispensing a high percentage controlled to non-controlled drugs
- Dispensing high volumes of controlled substances generally
- Dispensing the same drugs & quantities prescribed by the same prescriber
- Dispensing to out-of area or out-of-state patients
- Dispensing to multiple patients with the same last name or address
- Sequential prescription #s for highly diverted drugs from the same prescriber
- Dispensing for patients of controlled substances from multiple practitioners
- Dispensing for patients seeking early prescription fills

➢NABP "Red Flags" Video (https://nabp.pharmacy/initiatives/awarxe/pharmacist-resources/)

DEA

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https://nabp.pharmacy/initiatives/awarxe/pharmacist-resources/

When Drug Seeking or Diversion is Suspected

➢Eliminate personal or judgmental biases

➢Calm, collected, knowledgeable, and well researched approach
- "Never pick up a phone until you've completed research"

▪Conversation with other respective healthcare professionals
- May not even be aware of the use of his/her name

▪Conversation with respective patient
- "There's two sides to every coin"
- "False positives"

??? Responsibility ???

??? Comfort Level ???

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Once Drug Seeking or Diversion is Confirmed

- Refer to a substance-use disorder (addiction) specialist/program
- Contact law enforcement if concern for the safety of the patient or others exists
- Treatment can continue with alternative therapies (e.g. non-controlled substances)
- Reference the patient and provider agreement/contract
  - Avoid patient abandonment concerns (e.g. provide 30 days of additional treatment)
- Respect all involved while complying with federal and state laws

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Reporting to the DEA

https://apps.deadiversion.usdoj.gov/rxaor/spring/main?execution=e1s1

1-877-RX-Abuse (1-877-792-2873)

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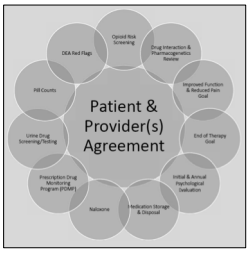
Risk Reduction Strategy



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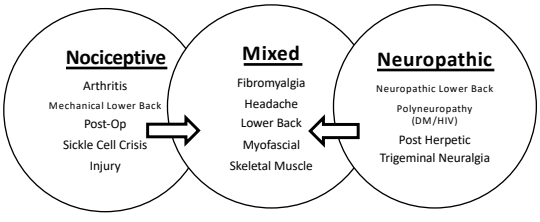
www.sempguidelines.org

3 Main Types of Pain



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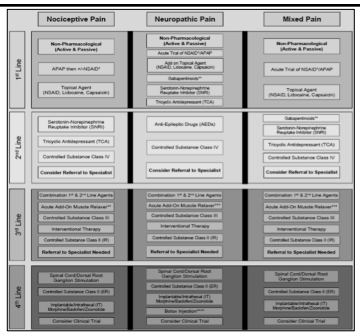
Clinical Treatment Algorithms



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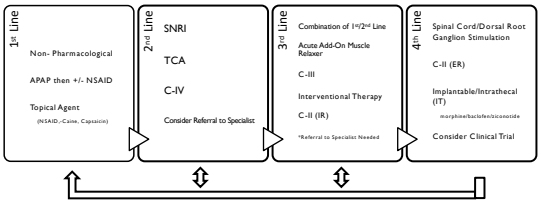
Nociceptive Pain
Clinical Treatment Algorithm



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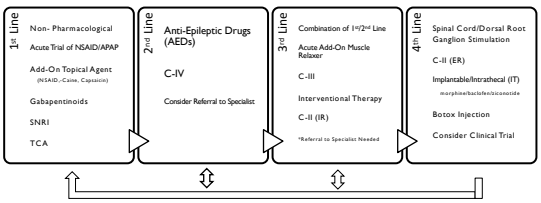
Neuropathic Pain
Clinical Treatment Algorithm



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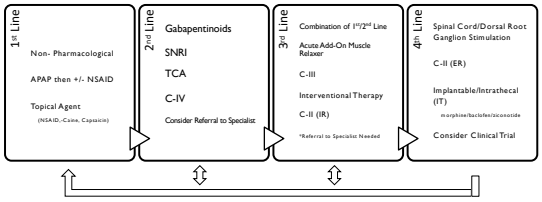
Mixed Pain Algorithm



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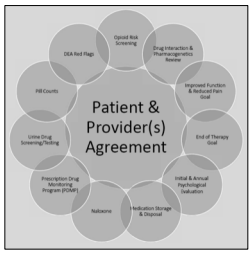
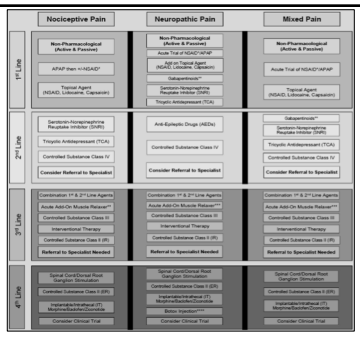
www.sempguidelines.org

www.sempguidelines.org





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The West Virginia Way

Almost Heaven…

PAINweek

Pain Management Best Practices

People Respect What You Inspect, Not What You Expect

An Ounce of Prevention, is Worth a Pound of Treatment

Never Stop Learning

Hippocratic Oath: Do No Harm

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Audience Question #1

After reading headline after headline regarding our nation's opioid crisis, Dr. Payne has decided to begin to mandate patient and provider agreements for all of his patients being prescribed opioid medications. Which of the following would NOT be recommended to include in the patient and provider agreement for his office?

a) Review of the Prescription Drug Monitoring Program (PDMP)
b) Random Urine Drug Screening and/or Testing
c) Mandatory cash payments for office visits
d) Review of the negative effects of utilized medications

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Audience Question #1 (ANSWER)

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Audience Question #2

Ms. Fay Kinet was recently diagnosed with diabetic peripheral neuropathy, a very common form of neuropathic pain. According to the West Virginia Safe & Effective Management of Pain (SEMP) Guidelines, which of the following medications would be an appropriate first line treatment?

a) Muscle Relaxant
b) TCA or SNRI Antidepressant
c) Mixed Action Opioid
d) Botox Injection

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Audience Question #2 (ANSWER)

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Audience Question #3

While at a loud club on Las Vegas Boulevard (i.e. The Strip), your friend is sitting in a VIP area 20 yards away and looks like he may have had too much to drink since he is practically asleep. What you do not know is that he inadvertently added laced Heroin to his beverage when he thought he added a sweetener. What symptom could you notice form afar that would indicate an opioid (Heroin) overdose?

a) Slow Heart Rate
b) Pin Point Pupils
c) The Death Rattle
d) Hypoxia

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Audience Question #3 (ANSWER)

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c) The Death Rattle
d) HYPOXIA

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63,400 US Drug Overdose Deaths (2016)

8 minutes

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Holly M, et al. Drug Overdose Deaths in the United States, 1999–2016. NCHS Data Brief No. 294, December 2017.

Discussion

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LinkedIn: Mark Garofoli

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