Risk for Opioid Overdose: Identifying At-Risk Patients in Your Practice Hidden in Plain Sight

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Disclosures

- ***Consultant***: Emergent BioSolutions, Inc; Magstim Company Ltd.

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Disclosures

- ***Consultant***: Eli Lilly and Company; Pfizer Inc., and Sanofi

Learning Objective 1

Recognize the distinct patient profiles of individuals at risk of opioid overdose.

Individuals At-Risk for Opioid Overdose

Individuals with opioid use disorder (OUD)

Individuals with chronic pain treated with high dose opioids or co-occurring benzodiazepines

COVID-19: "*A National Relapse Trigger*"[1]

- For those battling sobriety, shelter-in-place orders have fostered isolation, decreased access to treatment and opportunity for distraction from addictions[2]
  - In Kentucky: 17% increase in opioid overdose EMS runs to emergency department, 50% increase in overdose deaths at the scene between January 14, 2020 and April 26, 2020[3]
- Patients with chronic pain supported by physical therapy, stress reduction techniques, human connection via group treatment have limited access to services[2]

EMS = emergency medical services

1. Hoffman J. *New York Times*. March 26, 2020. https://www.nytimes.com/2020/03/26/health/coronavirus-alcoholics-drugs-online.html. Accessed September 9, 2020.; 2. Silva MJ, Kelly Z. et al. *Am J Manag Care*. 2020;26(7):e202-e204.; 3. Slavova S, et al. *Drug Alcohol Depend*. 2020;214:108176.

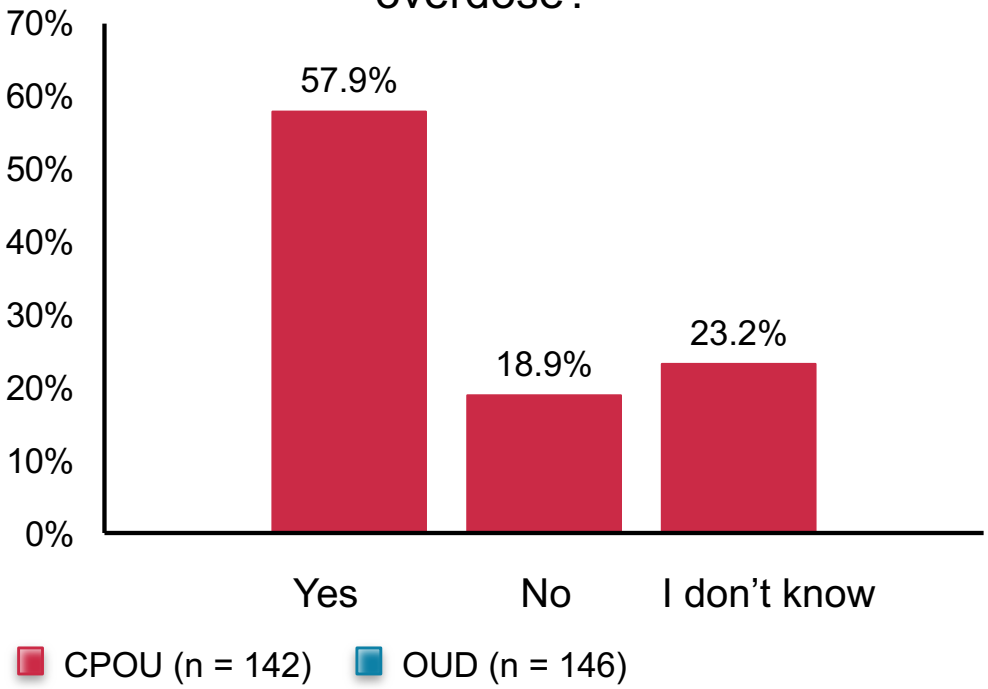
Naloxone Awareness and Perceptions in Opioid Populations (NAPOP)

- Objective: Compare risk, awareness, and perceptions associated with naloxone across two opioid using populations
  - Individuals with a history of OUD
  - Individuals with a history of chronic pain treated with prescription opioid medication that are greatest risk for opioid overdose (i.e., high dose opioids ≥ 50 MME or co-occurring use of benzodiazepine)
- IRB-approved protocol
  - Researchers and Participants Interacting Directly (RAPID) Programming originating from Washington University at St. Louis and lead by Primary Investigator, Theodore Cicero, PhD and Matthew Ellis, PhD (OUD cohort, n = 152)
  - Kelton Global/LRW market research firm (chronic pain opioid users [CPOU] cohort, n = 190)

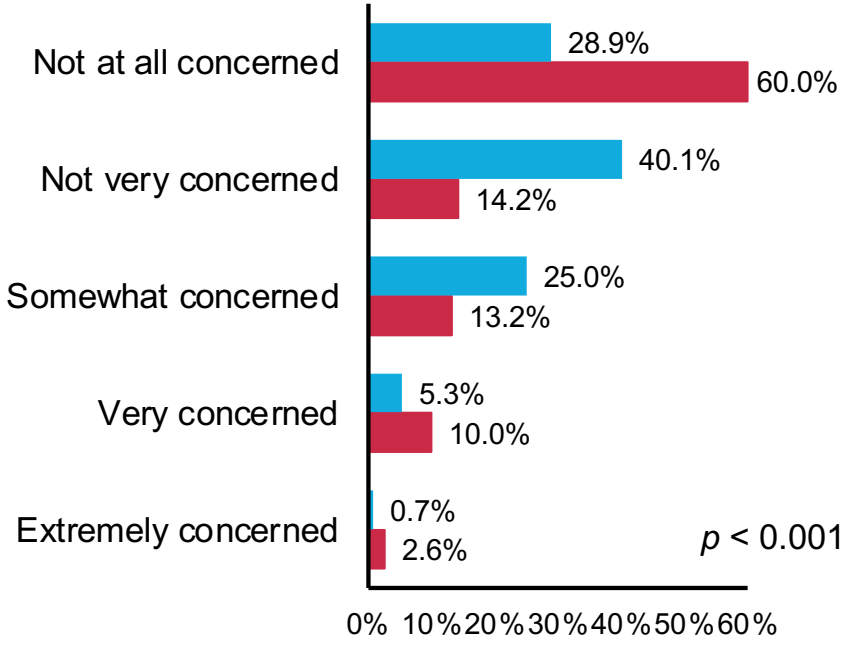
Ellis M, Kasper Z, Cicero T. Naloxone Awareness and Perceptions Among Opioid Using Populations: Preliminary Results and implications. Presented at PainWeek, September 11-13, 2020.

Knowledge of Risk of Overdose vs. Perception of Their Own Risk for Overdose

Is your opioid medication for chronic pain associated with a risk for overdose?



When using opioids, how concerned are you (were you) about overdosing?



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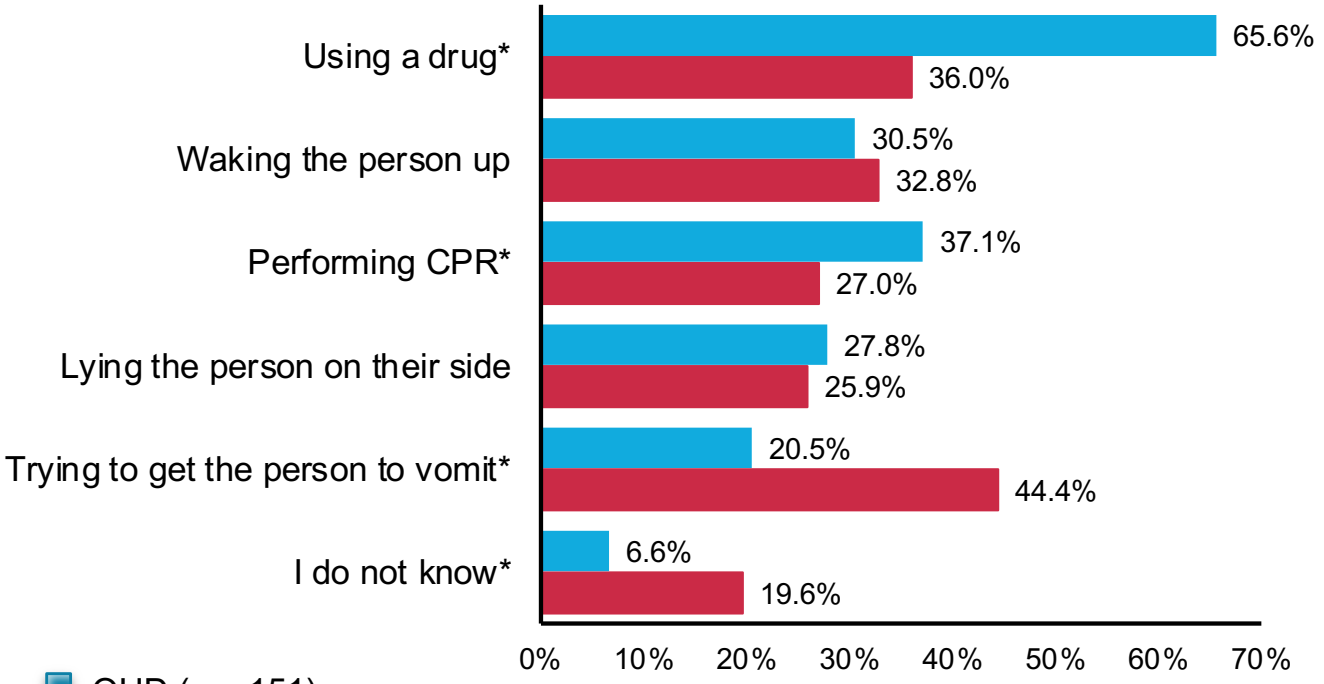
Knowledge of Methods to Reverse or Stop and Opioid Overdose

Which of the following, if any, are ways to reverse or stop an opioid overdose?



*$p < 0.001$

CPOU (n = 188) OUD (n = 151)

Respondents could endorse more than one answer.

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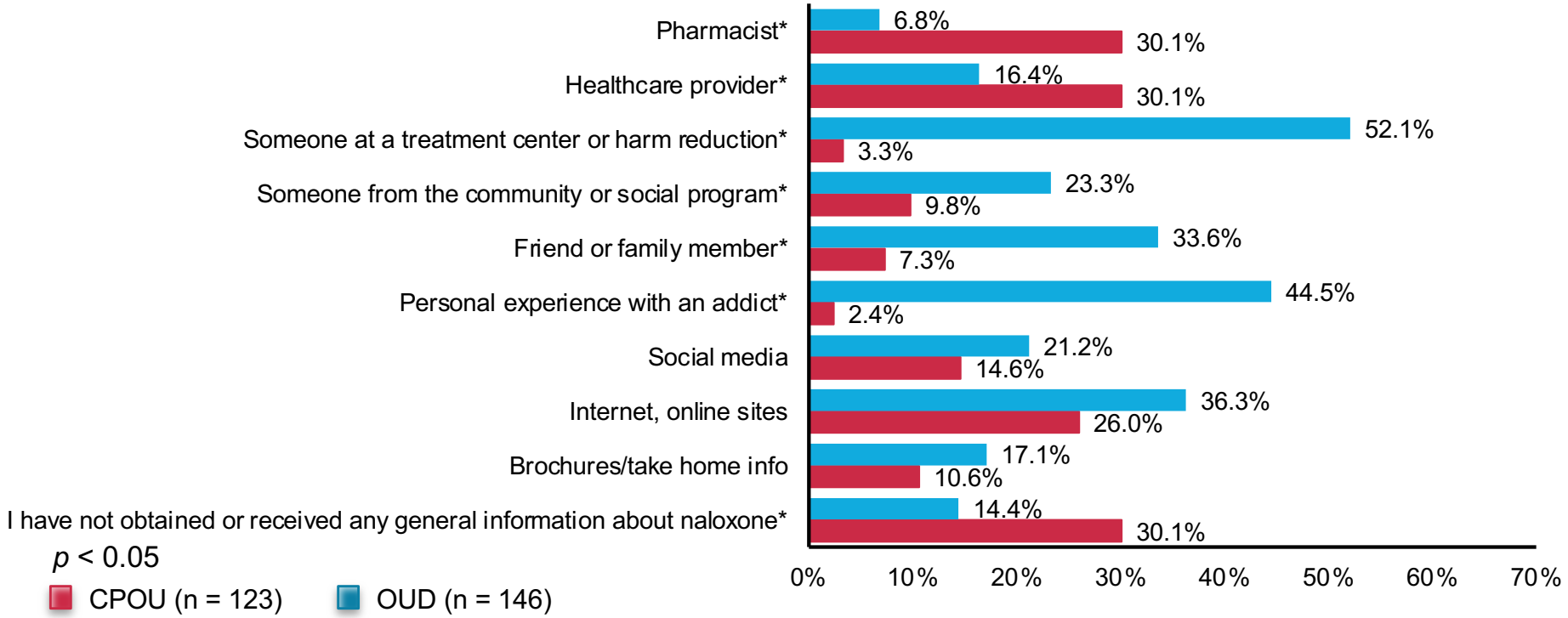
Learning Objective 2

Initiate discussions about overdose risk with chronic pain patients prescribed high dose opioids (≥ 50 MME).

Who Do Patients with Chronic Pain Depend on for Information and Guidance?

Other than formal training, where have you obtained or received general information about naloxone?



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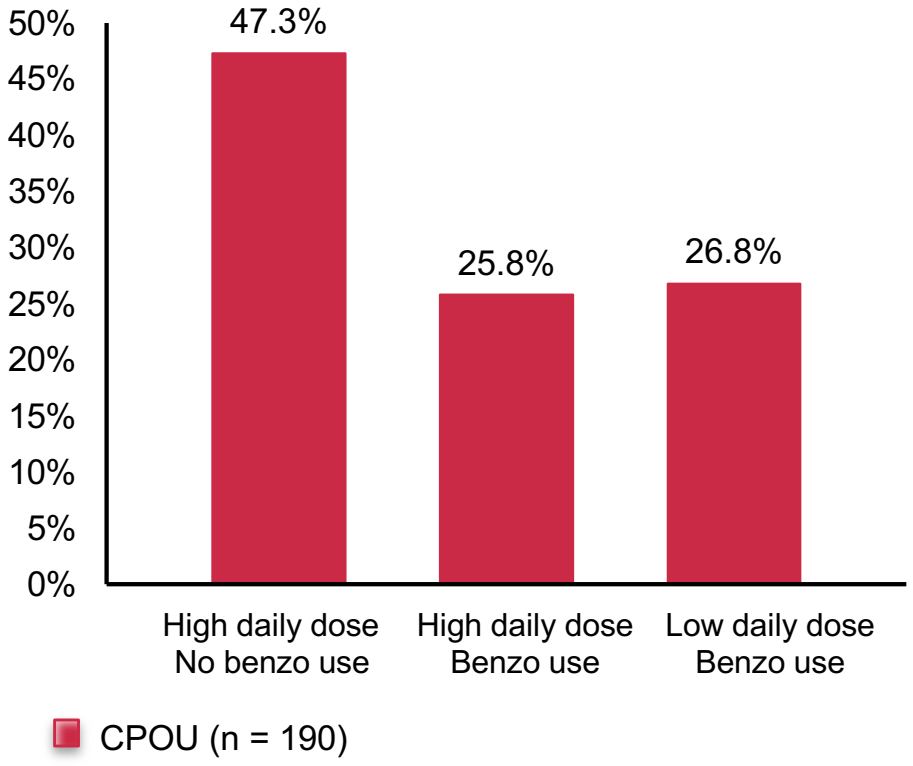
Heightened Risk of Overdose: Alcohol and Benzodiazepines

- Opioid overdose becomes lethal when CNS respiratory drive is suppressed enough to cause hypoxic respiratory failure
- Benzodiazepines and alcohol can have additive or synergistic effects with opioids on respiratory depression and neuropsychiatric outcomes
- From 1999-2017, 399,230 poisoning deaths involved opioids
  - Alcohol involvement increased linearly from **12.4%** to **14.7%**
  - Benzodiazepine involvement increase nonlinearly from **8.7%** to **21.0%**
  - Benzodiazepines were present in **33.1%** of prescription overdose deaths and **17.1%** of synthetic overdose deaths

Tori ME, et al. *JAMA Netw Open*. 2020;3(4):e202361.

Benzodiazepines + High Dose Opioid Use in Chronic Pain: A Dangerous Combination



Daily MME by High Risk CPOU Grouping				
	Mean MME	Median MME	Min MME	Max MME
High daily dose, no benzo use (n = 90)	595.98	325	50	3,600
High daily dose, benzo use (n = 49)	705.39	301.2	50	3,250
Low daily dose, benzo use (n = 51)	20.25	15	0.9	45

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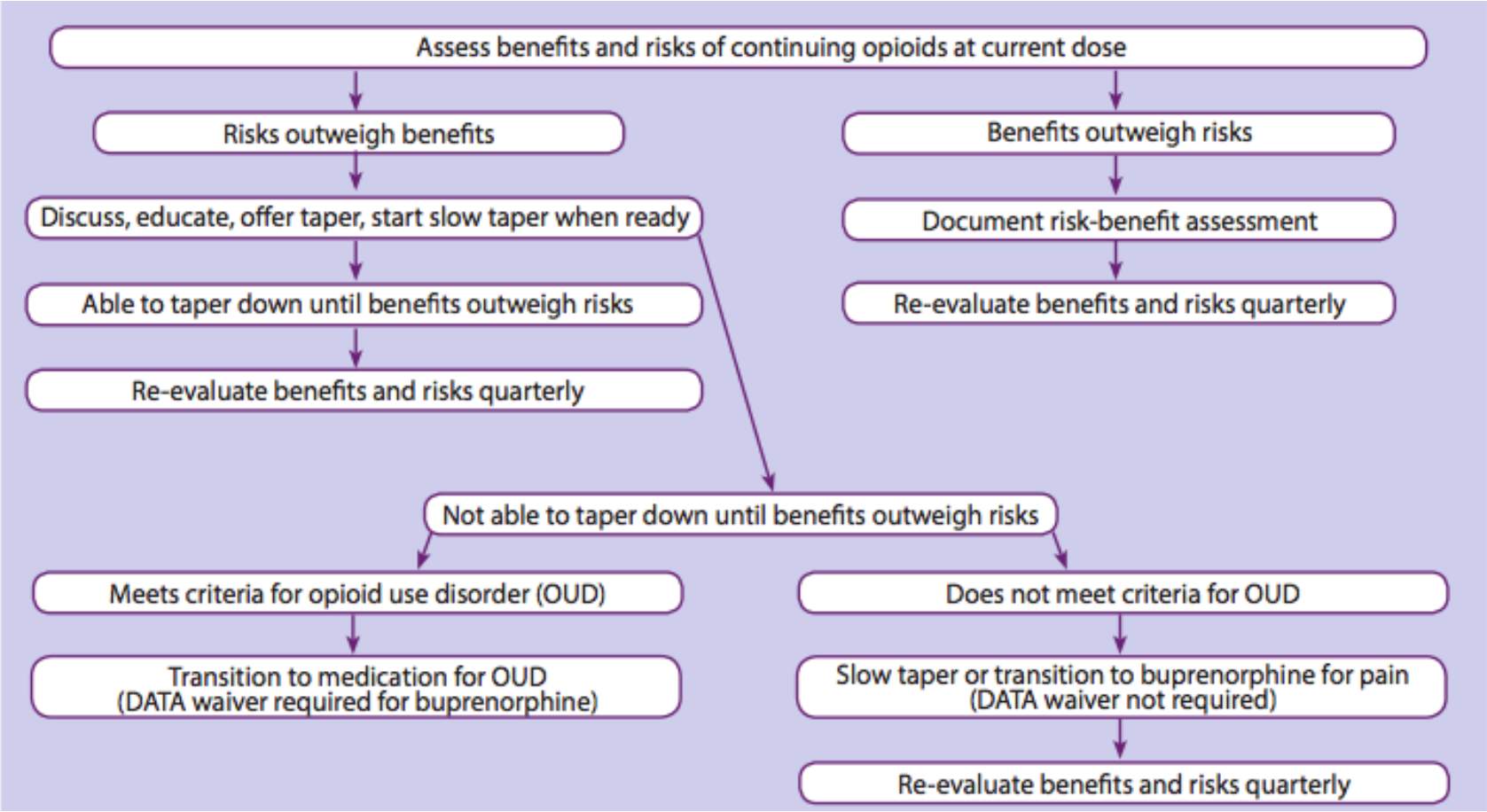
Opioid Tapering: When and How

- Undertake opioid tapering only after thorough assessment of the risk-benefit ratio
  - Consider patient-centered compassionate tapering when risks outweigh the benefits
  - Assessment should be conducted in collaboration with the patient
  - Opioids should not be tapered rapidly or discontinued suddenly
- When tapering, consider underlying comorbidities
- Consider maintaining therapy for patients who are stable on long-term opioid therapy and for who the benefits outweigh the risks

U.S. Department of Health and Human Services. *Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations.* Published May 9, 2019. Available at https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf. Accessed September 9, 2020.

Opioid Tapering Flowchart



Adapted from Oregon Pain Guidance. Tapering – Guidance & Tools. Available at https://www.oregonpainguidance.org/guideline/tapering/. *HHS Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics.* Published October 2019. Available at https://www.hhs.gov/opioids/sites/default/files/2019-10/Dosage_Reduction_Discontinuation.pdf. Access September 9, 2020.

Breaking the Ice: Opportunities for Education and Counseling

- Medicalize vs. Stigmatize
  - “Let’s discuss the risk associated with taking opioids.”
  - “You are taking sedating drugs in addition to your opioids for pain that may affect your body’s response and may affect your breathing.”
  - ”Have you ever forgotten when you took your last dose of opioids?”
  - “As part of your pain management, we want to take safety precautions. There is an emergency treatment that can reverse the effects of the opioids. Let’s talk about how to access it and use it if it’s needed.”

Learning Objective 3

Co-prescribe and counsel chronic pain patients on high dose opioids (≥ 50 MME) who are at risk for overdose about appropriate use of naloxone.

CDC Guideline for Prescribing Opioids for Chronic Pain: Strategies for Mitigating Risk

- Clinicians should incorporate strategies to mitigate risk into the management of chronic pain, including co-prescribing naloxone for patients at risk for overdose
  - Patients with a history of overdose
  - Patients with a history of substance abuse
  - Opioid use ≥ 50 MME daily
  - Co-occurring use of benzodiazepine
- Not inclusive of all at risk populations identified in the CDC Guideline

Dowell D, et al. *MMWR Recomm Rep* 2016;65(1):1-49.

Naloxone Reverses Overdoses, But Only if Available When an Overdose Occurs

- The number of naloxone prescriptions dispensed doubled between 2017-2018
- ***But,*** only 1 naloxone prescription dispensed for every 69 high-dose opioid prescriptions
- Rural counties are 3x more likely to be a low-dispensing county vs. metropolitan counties
- Naloxone dispensing is 25x greater in the highest-dispensing counties vs. the lower dispensing counties

Guy GP Jr., et al. *MMWR Morb Mortal Wkly Rep*. 2019;68:679-686.

Naloxone: Opiate Overdose Reversal

- Opioid antagonist can restore spontaneous respiration
- Naloxone is not a replacement for medical care
  - People given naloxone should be observed constantly until EMS arrives and additional doses may be required
- Can cause withdrawal symptoms in those that are opioid dependent
  - Headache, change in blood pressure, tachycardia, sweating, nausea, vomiting, tremors

National Institute on Drug Abuse. https://www.drugabuse.gov/drug-topics/opioids/opioid-overdose-reversal-naloxone-narcan-evzio. Accessed September 9, 2020.

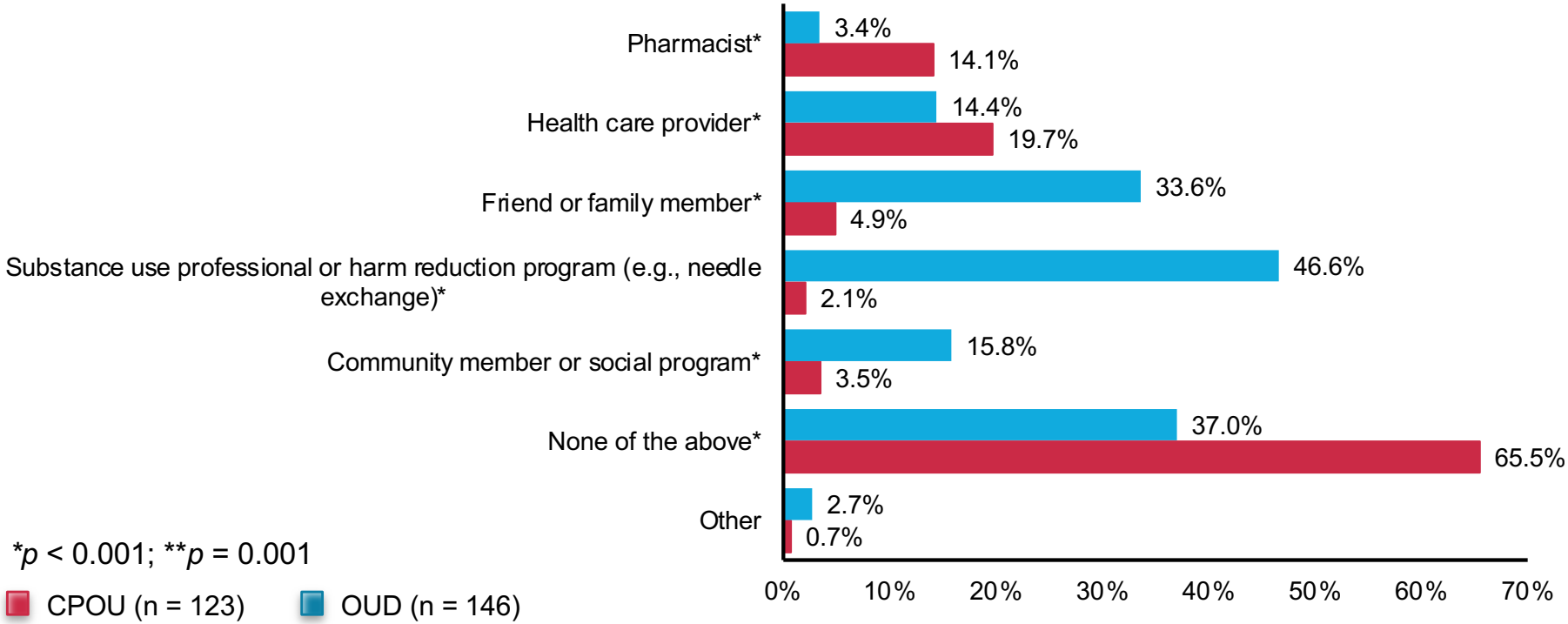
Naloxone

- Three FDA-approved formulations
  - Injectable
  - Autoinjectable
    - Prefilled autoinjection device
    - Once activated, device provides verbal instructions to the user
  - Prepackaged nasal spray, no assembly
    - Prefilled, needle-free device
    - Sprayed into one nostril while patient is placed supine
- Proper education use and administration of naloxone is critical
- Tools are available to share with your patients
  - SAMHSA Opioid Overdose Prevention Toolkit
  - Tools and videos about naloxone and its administration are available at the Patient Opioid Education Hub at www.cmeoutfitters.com

https://store.samhsa.gov/shin/content//SMA18-4742/SMA18-4742.pdf

Recommendations from Health Care Providers Matter

Which of the following, if any, have encouraged or recommended you to obtain naloxone?



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SMART Goals

Specific, Measurable, Attainable, Relevant, Timely

- Expand your index of overdose risk to patients with chronic pain who are taking high dose opioids (≥ 50 MME daily) or co-occurring use of a benzodiazepine
- Educate patients about the circumstances that may put them at risk for overdose
- Your patients trust you and look to you for recommendations and guidance! Co-prescribe naloxone to those at-risk for overdose

Questions?

How to Collect Credit for This Activity

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http://www.cmeoutfitters.com/TST43716

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Participants can print their certificate or statement of credit immediately.

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