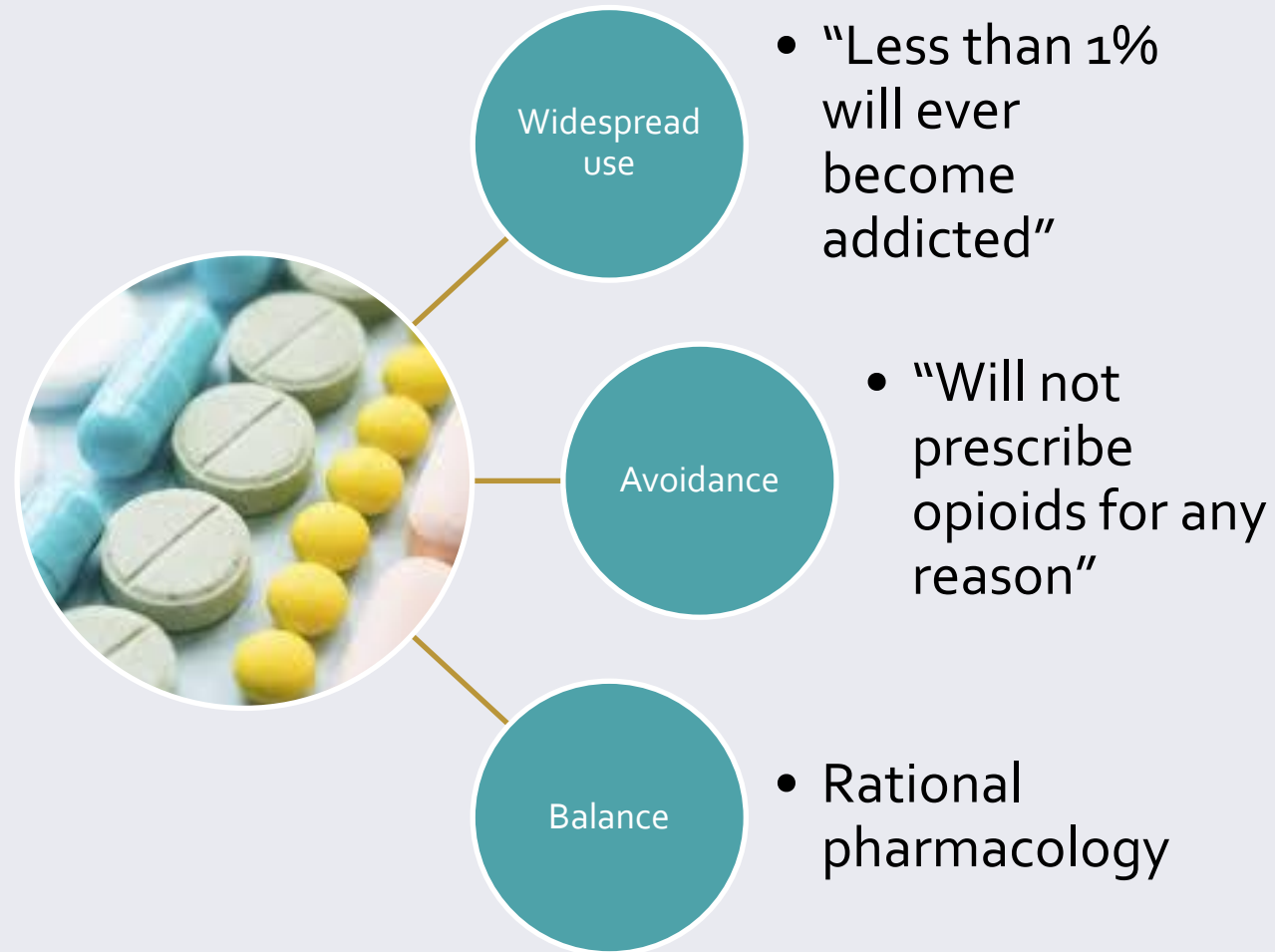
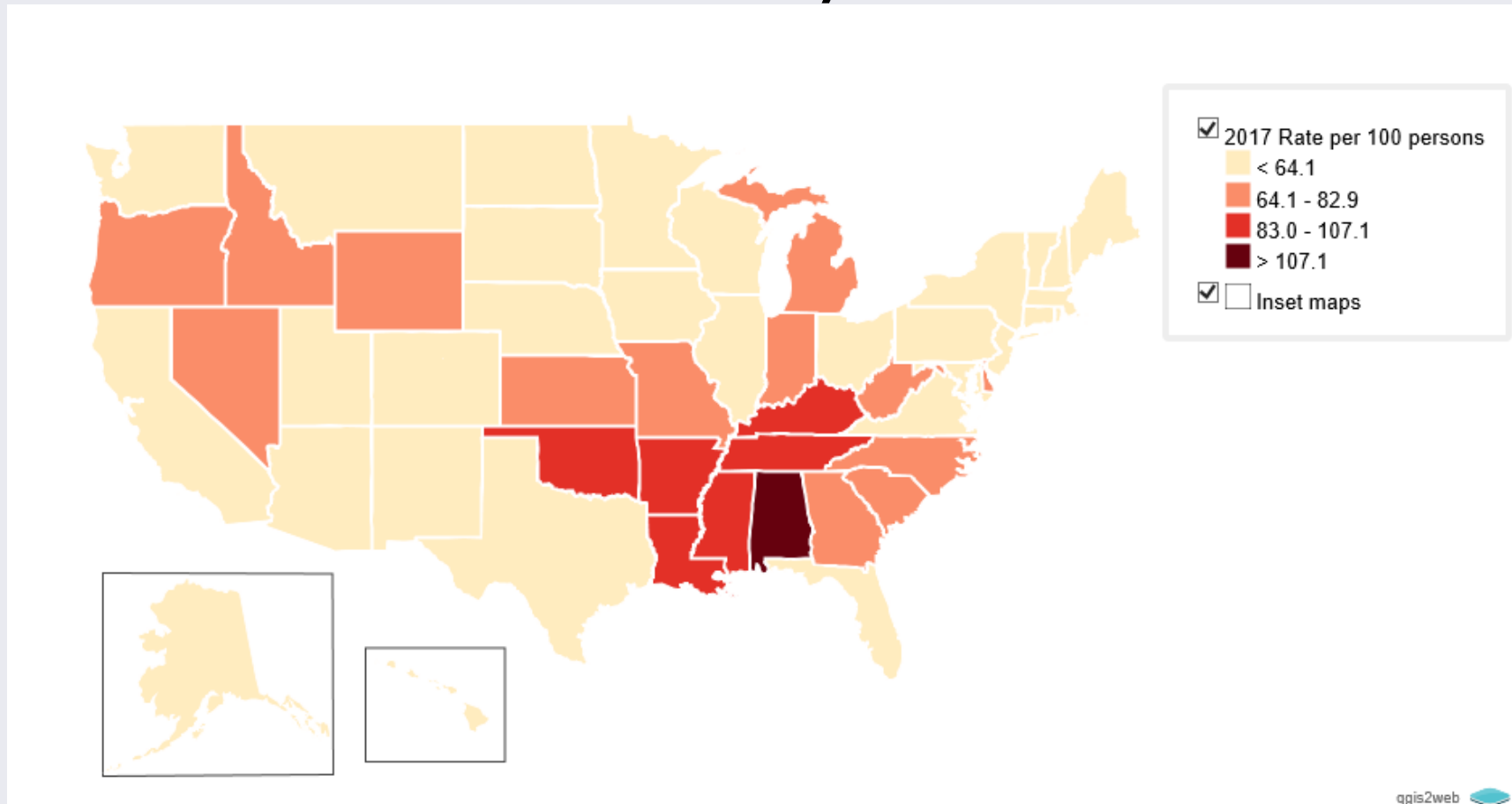


Atul A. Walia, DO  
Interventional Pain Management/ Anesthesiology  
Medical Director, INTEGRIS Pain Management  
Medical Director, Plaza Surgery Center

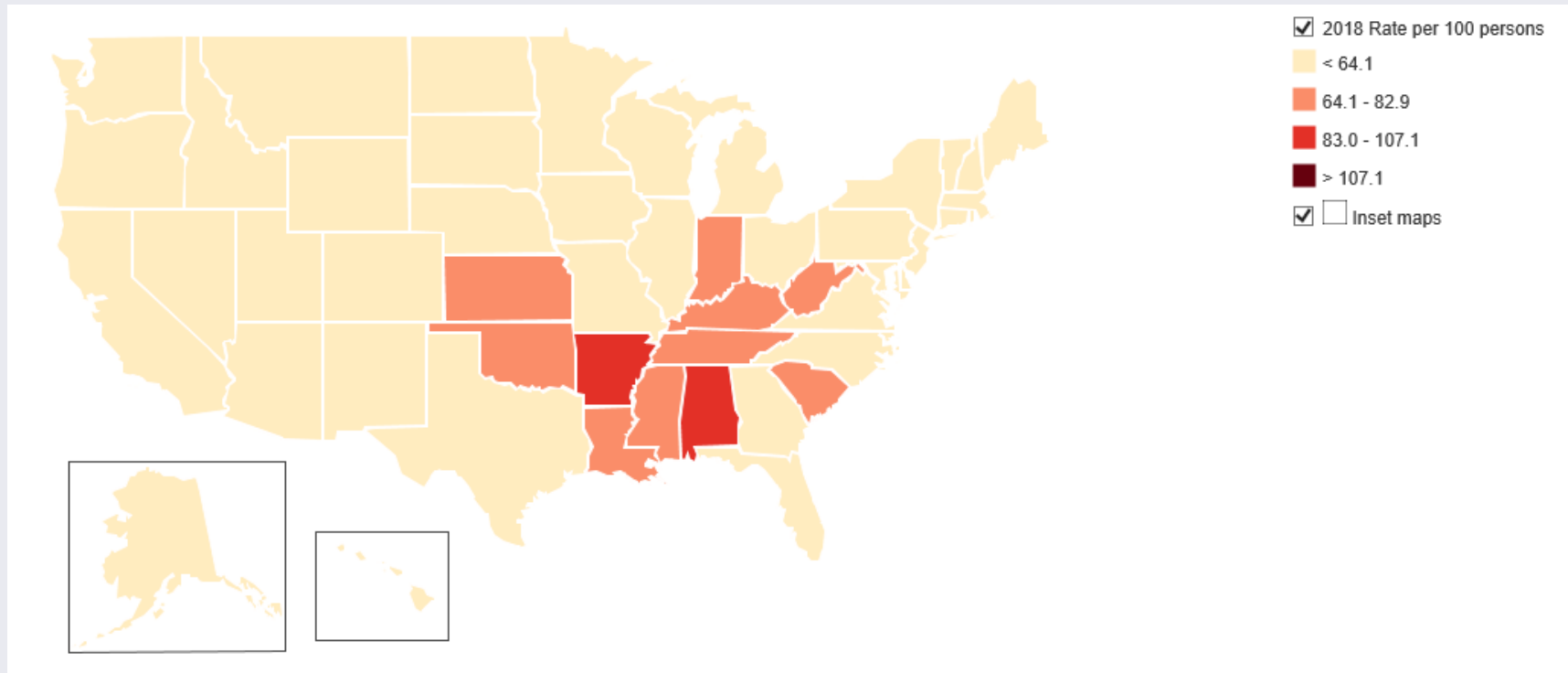
# Opioid Management – Pendulum shift



# U.S. State Prescribing Rates 2017

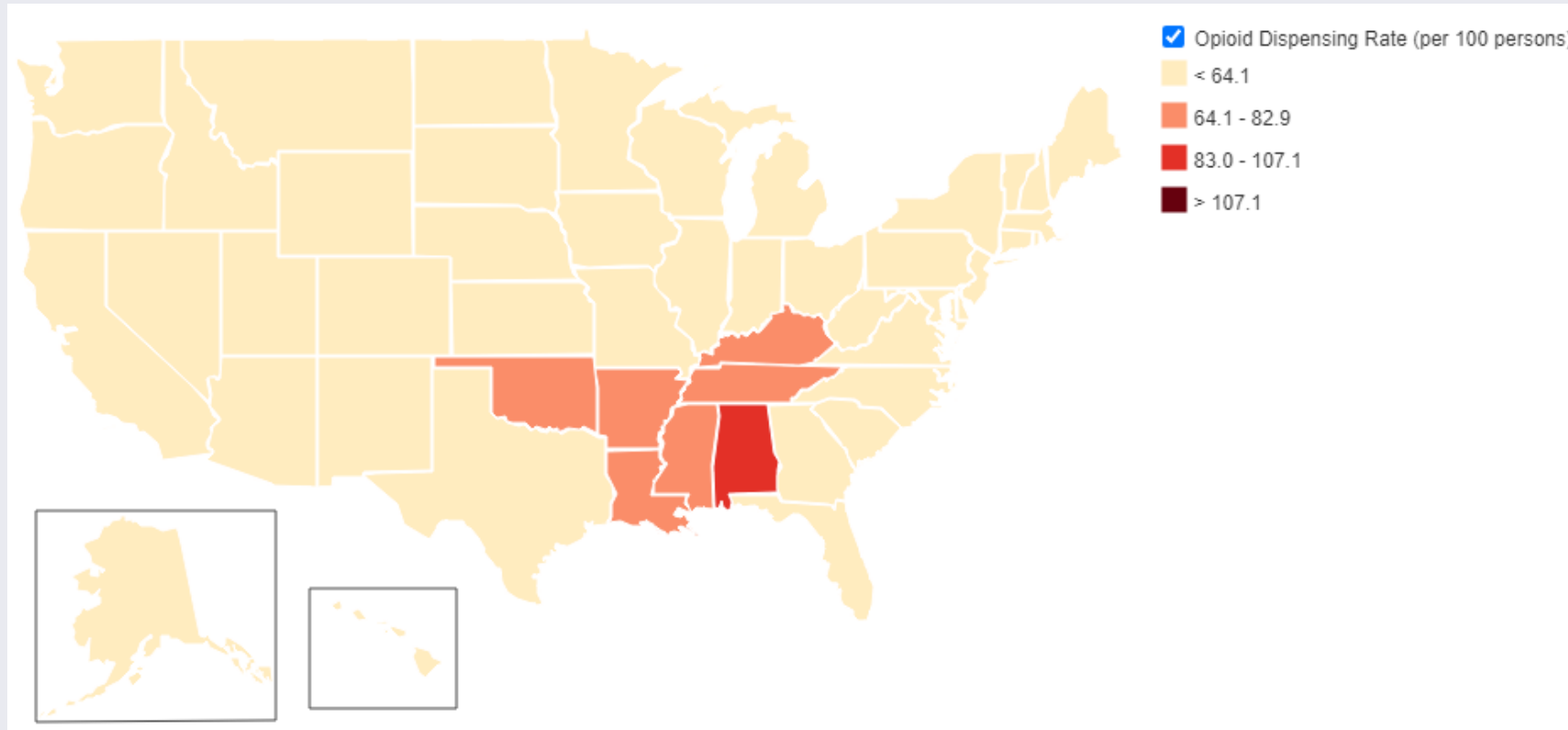


# U.S. State Prescribing Rates 2018



# U.S. State Prescribing Rates

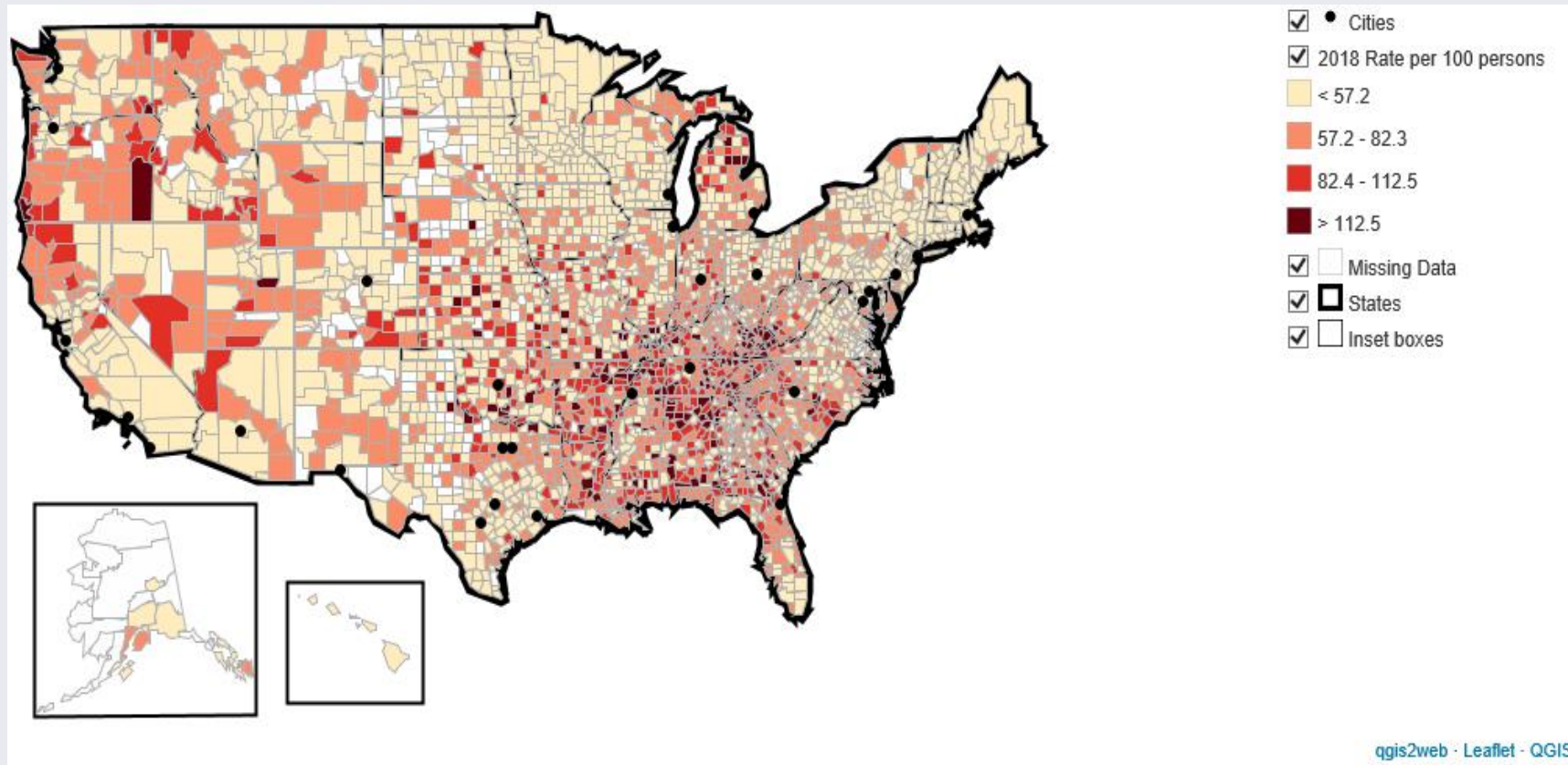
## 2019



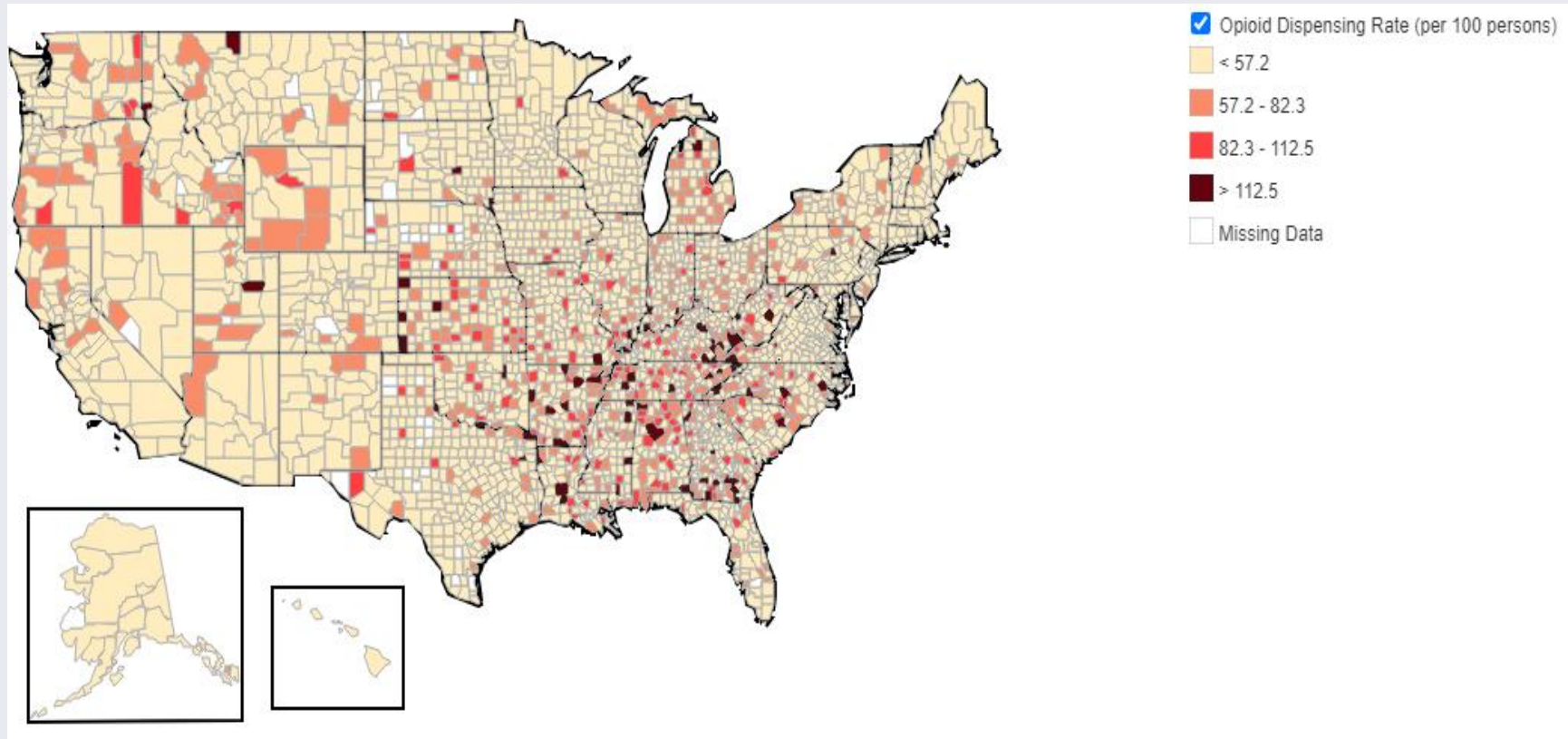
**Table 1. Total number and rate of opioid prescriptions dispensed, United States, 2006–2019**

Year	Total Number of Prescriptions	Opioid Dispensing Rate Per 100 Persons
2006	215,917,663	72.4
2007	228,543,773	75.9
2008	237,860,213	78.2
2009	243,738,090	79.5
2010	251,088,904	81.2
2011	252,167,963	80.9
2012	255,207,954	81.3
2013	247,090,443	78.1
2014	240,993,021	75.6
2015	226,819,924	70.6
2016	214,881,622	66.5
2017	191,909,384	59.0
2018	168,158,611	51.4
2019	153,260,450	46.7

# U.S. County Prescribing Rates 2018



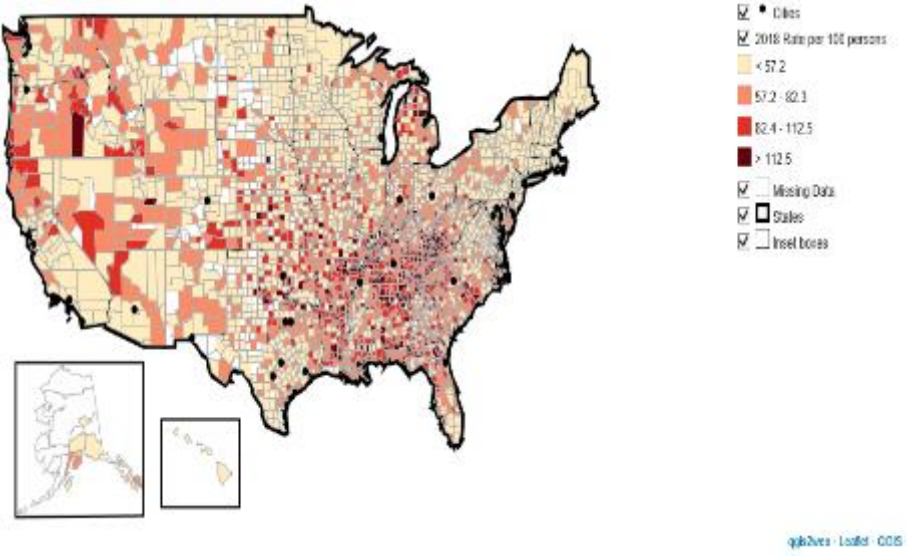
# U.S. County Prescribing Rates 2019



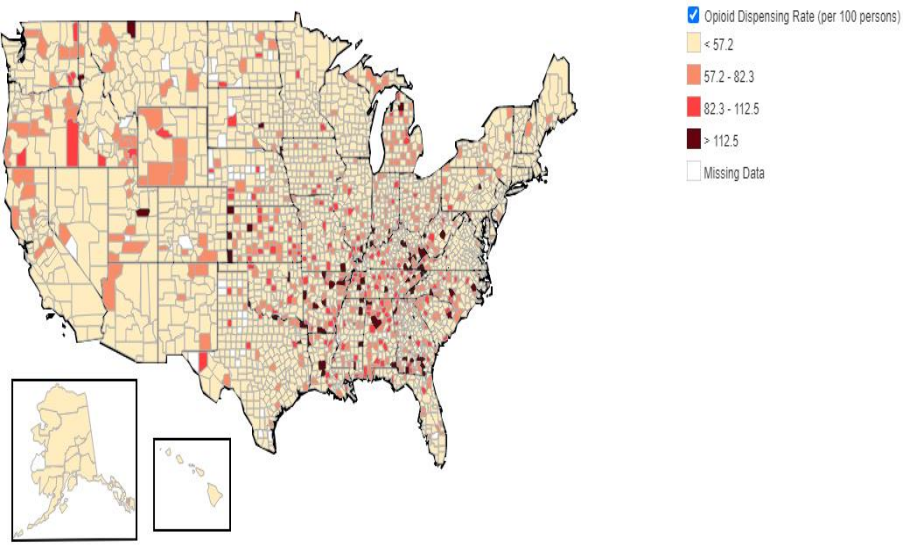


# U.S. County Prescribing Rates

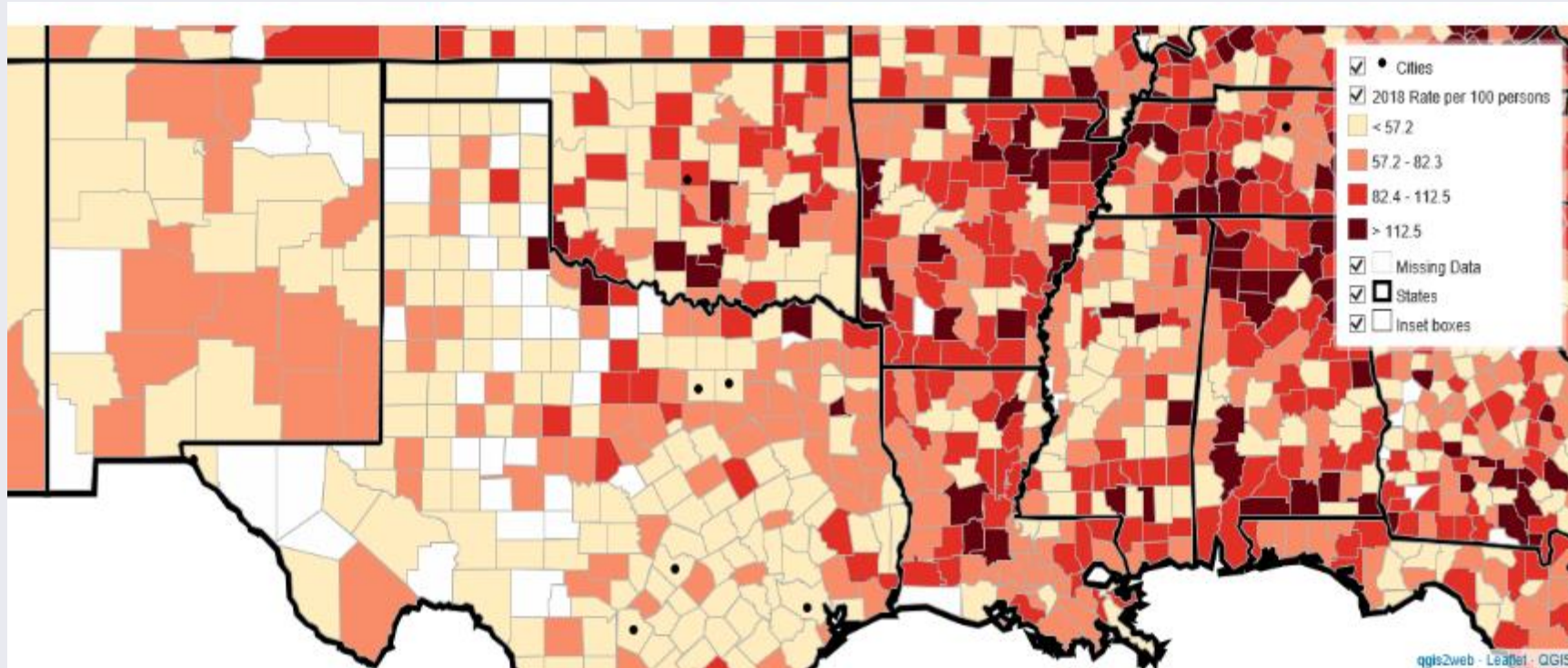
2018



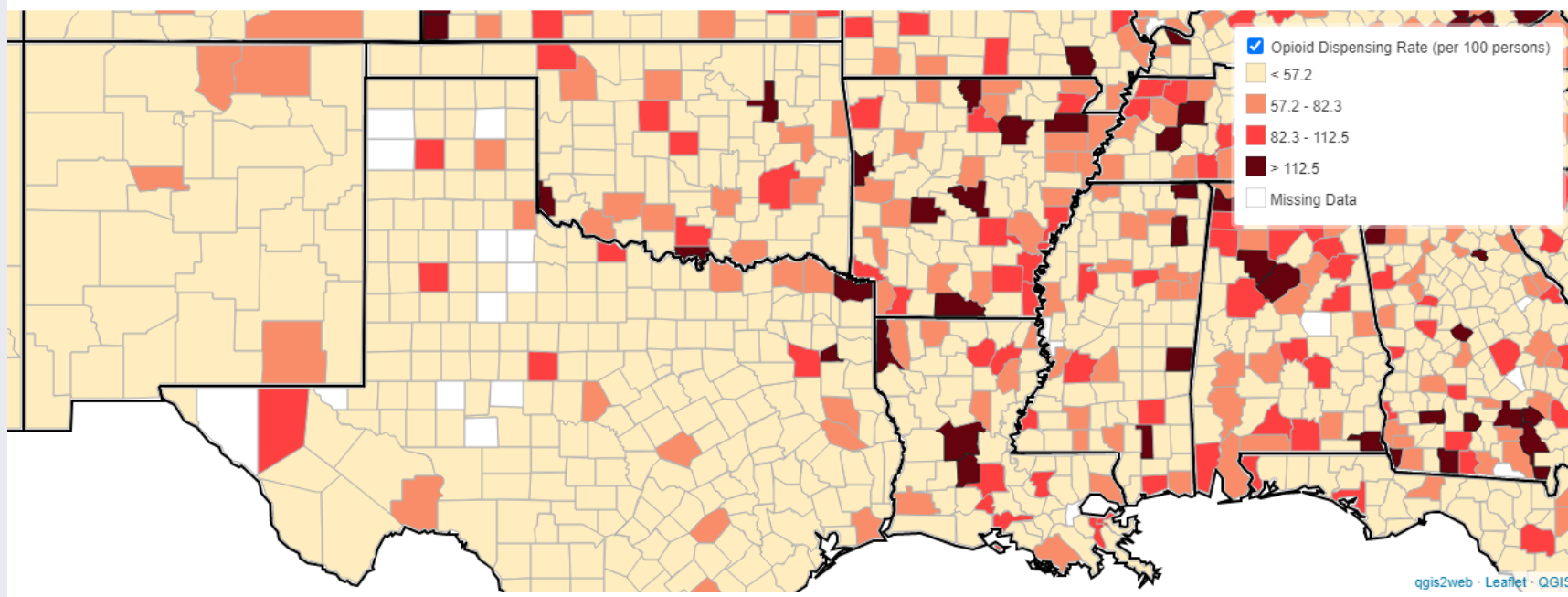
2019



# U.S. County Prescribing Rates 2018



# U.S. County Prescribing Rates 2019





# Pain Management – Best Practices



- Common Classes of Pain Management

## Medicines

- Acetaminophen
- NSAIDS
- Anticonvulsants
- Antidepressants
- Musculoskeletal agents
- Anxiolytics
- Opioids

# Pain Management – Best Practices



- Common Classes of Pain Management Medicines

## – Opioids

- Risk assessment/ P-P agreements
- Urine Drug Screening
- PMP
- State laws

# Opioid Risk Assessment Tools

Recommendation	Frequency
Screening for aberrant behavior and risk of abuse (ORT)	Initiation of therapy and annually
Depression screening (PHQ-9)	Initiation of therapy and annually
Anxiety screening (GAD-7)	Initiation of therapy and annually
Functional assessment (PEG)	Initiation of therapy and annually
Urine drug screening	Initiation of opioid therapy agreement and annually
Clinical reassessment	Individualized; SB 1446/ 848

COMPLIANCE AND BEST PRACTICE FOR AN ACT REGULATING THE USE OF OPIOID DRUGS  
OKLAHOMA SENATE BILLS 1446 & 848

**Continuing Medical Education:** Prescribers are required to complete CME in pain management every year. MDs, DOs, PAs, Optometrists and Veterinarians, one (1) hour; Podiatrists and Advanced Practice Registered Nurses, two (2) hours; Dentists, three (3) hours.

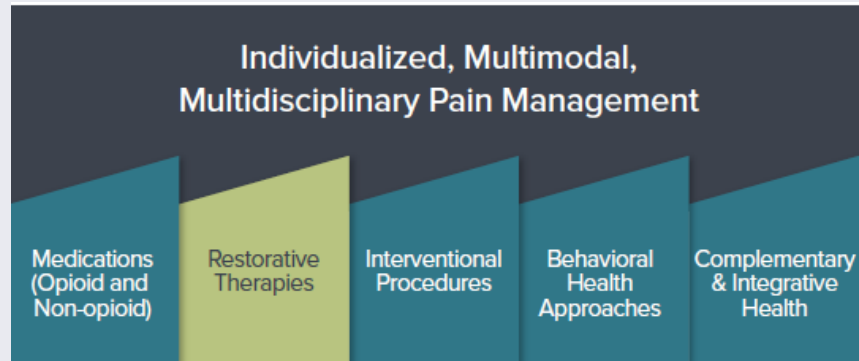
**OBND:** May provide licensing boards with unsolicited referrals of prescribers if a patient receives one (1) or more prescriptions in quantities or frequency inconsistent with accepted standards of safe practice. [63 O.S. §2-309D\(M\)](#)

**Prescription Monitoring Program – PMP:** Failure to check PMP is grounds for disciplinary action by the respective licensing board of each Prescriber. PMP must be checked at the initial prescription and then at least every 180 days. [63 O.S. §2-309D\(G\)](#)

**Acute Pain Prescription Limits:** For acute pain, prescriber shall not issue an initial prescription for an opioid drug in a quantity exceeding seven (7) day supply. Prescription shall be for the lowest effective dose of immediate-release opioid drug and must state “acute pain” on the face of the prescription. 63 O.S. §2-309I(A). Following the initial seven (7) days, after consultation\* (in person or by telephone), a subsequent 7-day prescription may be issued if prescriber determines the prescription is necessary and appropriate, documents the rationale for prescribing, and determines and documents the prescription does not present undue risk of abuse, addiction or diversion. A second 7-day prescription of an immediate-release opioid drug in a quantity not to exceed seven (7) days may be issued on the same day as the initial prescription if: (i) The subsequent prescription is due to a major surgical procedure and/or “confined to home” status as defined in 42 U.S.C. 1395n(a); (ii) The practitioner provides the subsequent prescription on the same day as the initial prescription; (iii) The practitioner provides written instruction on the subsequent prescription indicating the earliest date on which the prescription may be filled (i.e. “do not fill until” date); and (iv) The subsequent prescription is dispensed no more than five (5) days after the “do not fill until” date indicated on the

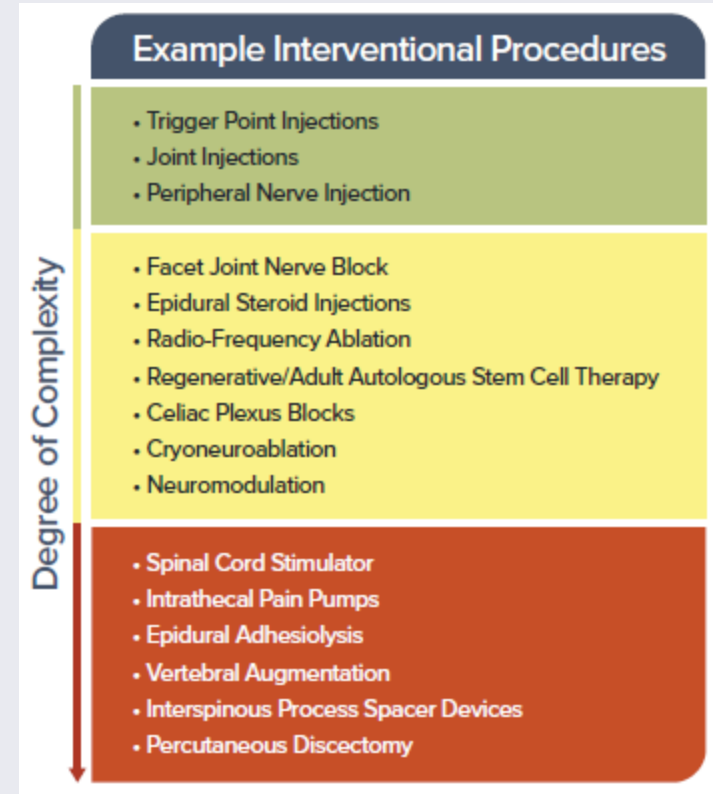
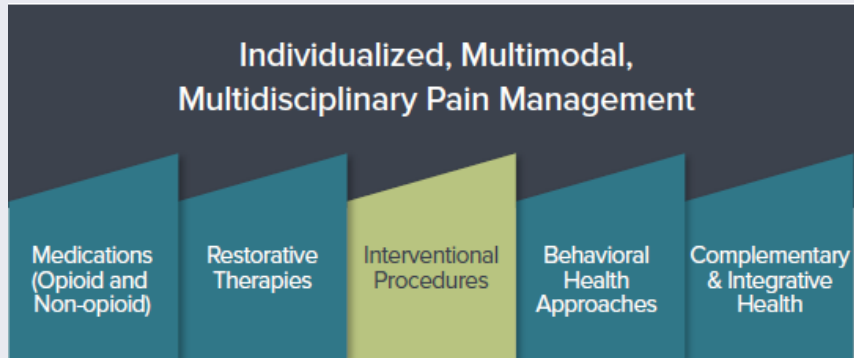


# Pain Management – Best Practices



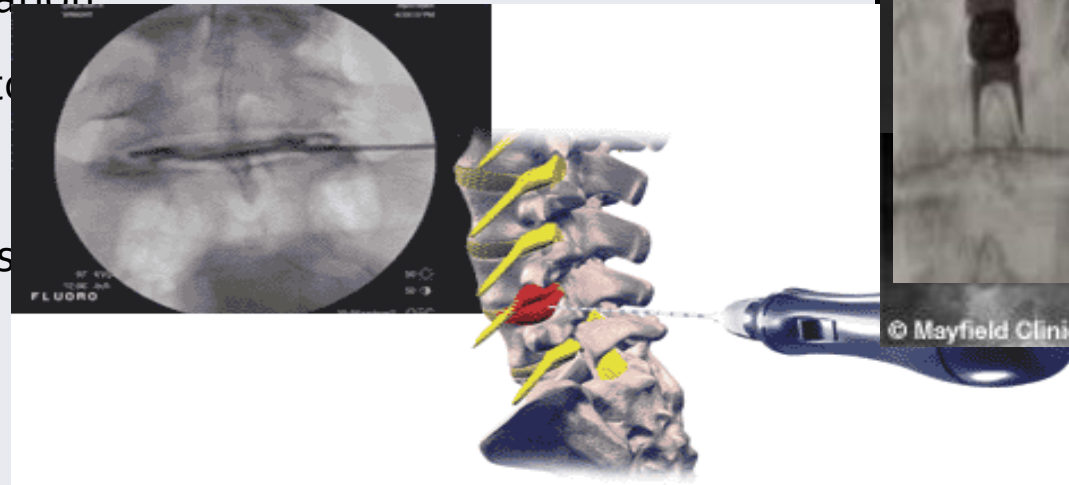
- Therapeutic exercise
- TENS
- Massage therapy
- Traction
- Cold and Heat
- Therapeutic ultrasound
- Bracing

# Pain Management – Best Practices



# Interventional Pain Management

- Interventional Treatments Offered
  - Epidural steroid injection
  - Facet joint/ Medial branch nerve injection
  - Sacroiliac joint injection
  - Discography
  - Percutaneous discectomy
  - Radiofrequency ablation
  - Spinal cord stimulation
  - Sympathetic blocks
  - Interspinous process

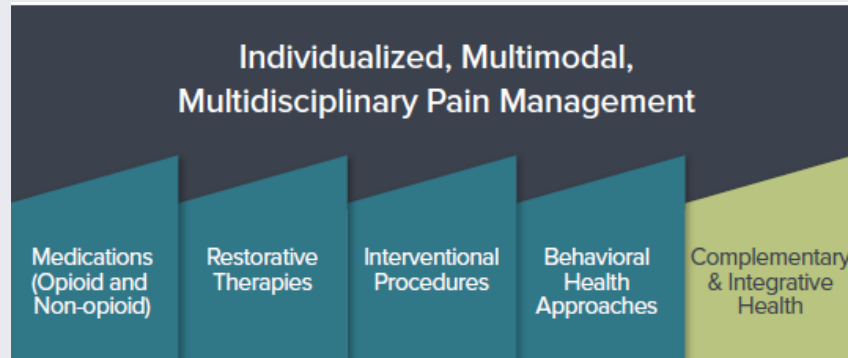


# Pain Management – Best Practices



- Behavioral therapy (BT)
- Cognitive behavioral therapy (CBT)
- Acceptance and commitment therapy (ACT)
- Mindfulness-based stress reduction (MBSR)
- Emotional awareness and expression therapy (EAET)
- Psychophysiological approaches
  - Biofeedback
  - Relaxation training
  - hypnotherapy

# Pain Management – Best Practices



- Acupuncture
- Manipulative therapies
- Yoga
- Tai chi
- Spirituality

# Pain Management – Best Practices

- Medical records
- PMP reviewed



# Opioid management – Misuse and Addiction Risk Factors

- Personal history of substance abuse
- Family history of substance abuse
- Young age
- Unemployment
- Poverty
- Criminal activity or legal problems
- Risk-taking or thrill-seeking behavior
- Heavy tobacco use
- History of severe depression or anxiety

# Opioid Risk Assessment Tools

Recommendation	Frequency
Screening for aberrant behavior and risk of abuse (ORT)	Initiation of therapy and annually
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Length of Time Drugs of Abuse Can Be Detected in Urine

Drug	Time
Alcohol	7–12 h
Amphetamine	48 h
Methamphetamine	48 h
Barbiturate	
Short-acting (eg, pentobarbital)	24 h
Long-acting (eg, phenobarbital)	3 wk
Benzodiazepine	
Short-acting (eg, lorazepam)	3 d
Long-acting (eg, diazepam)	30 d
Cocaine metabolites	2–4 d
Marijuana	
Single use	3 d
Moderate use (4 times/wk)	5–7 d
Daily use	10–15 d
Long-term heavy smoker	>30 d
Opioids	
Codeine	48 h
Heroin (morphine)	48 h
Hydromorphone	2–4 d
Methadone	3 d
Morphine	48–72 h
Oxycodone	2–4 d
Propoxyphene	6–48 h
Phencyclidine	8 d



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# Pain Management

- Goals
  - Improve patient's understanding of their situation
  - Improve their level of physical functioning
  - Modify their perceived level of pain and suffering
  - Provide coping strategies for dealing with their disability and distress